

DATE REPORT ISSUED: October 27, 2010
ATTENTION: Medical Board of California
SUBJECT: Periodic Compliance Requirements for Previously
Recognized International Medical Schools per
California Code of Regulations Section 1314.1
STAFF CONTACT: Curtis J. Worden, Chief of Licensing

RECOMMENDED ACTION:

- Determine if Board should delegate duties to the Task Force on International Medical Schools with a final recommendation on the reevaluations coming to the full Board.

If the Board opts for this recommendation from staff, then the Task Force will need to consider the following as its task assignments:

- Evaluate the current workload of the Board and current staffing, including the number of and availability of medical consultants.
- Review and evaluate the current Self-Assessment Report for possible changes. This will require several meetings with the medical consultants to provide recommendations and evaluations of the changes.
- Determine if there is a need for two different Self-Assessment Reports: one for initial evaluations and one for reevaluations.
- Recognize and consider the difficulty in obtaining out of country and/or out state travel for site visits.
- Recognize and consider the costs to the Board for the site visits for reevaluations of currently recognized medical schools.
- Determine the order of which medical schools are to be reevaluated and development of a new timeline for the reevaluations. Ross and AUC may need to update the 2008 self-assessments.

BACKGROUND AND ANALYSIS:

Currently there are 14 international medical schools that are recognized by the Board within the jurisdiction of California Code of Regulations (CCR) Section 1314.1. All of these medical schools and any future medical schools that receive recognition per CCR Section 1314.1 are to be reevaluated every seven years and the Board may require a

site visit at any other time during the seven-year period if it becomes aware of circumstances that warrant a site visit.

On February 3, 2006, the Division of Licensing (Division) adopted the following schedule for conducting reevaluations of these schools. The Division selected American University of the Caribbean (AUC), Ross, St. George's and Saba universities to be reevaluated in the first group:

<u>Name of school</u>	<u>Last inspected</u>	<u>Reevaluation due</u>
AUC	1985, 1998	2010
Ross University	1985	2010
St. George's University	1985	2010
Saba University	2004	2011

Ross University and AUC submitted their completed Self Assessment Reports in October and December 2008, respectively. Subsequent events and workload priorities prevented staff and the Medical Consultants from following the adopted timeline for reevaluating these medical schools.

The Division previously reached consensus on some, but not all, aspects of the reevaluation process that should be followed when reevaluating medical schools. In 2005, the members agreed that their reevaluation process should be modeled after the Liaison Committee on Medical Education's (LCME) and that they should seek the statutory authority to recover the full costs of reevaluation and site visit expenses. However, the subsequent search for a legislative sponsor was unsuccessful. In terms of the survey instrument that the Division should use to reevaluate previously-recognized medical schools, the members agreed that either the existing Self Assessment Report or a modified document could be used for data-collection purposes. However, no decision was reached. As late as the Division's February 2, 2007 meeting, the members planned to have the Medical Consultants review the schools' Self Assessment Reports and express their opinions as to whether site inspections should be conducted. The regulation leaves the requirement for site inspections to the Board's discretionary.

Comparison with LCME's process for reevaluating accredited schools:

LCME reviews accredited medical schools every eight years. California's regulations mandate reevaluations every seven years.

With the opening of Florida State University's new medical school in 2002, the first new U.S. medical school in 20 years, the LCME developed a process for accrediting new medical schools that involves two site inspections, two years apart during the first accreditation review. California's regulations allow for one site inspection during the review process.

The LCME's process for re-accrediting existing medical schools is just as rigorous as its process for evaluating new medical schools. Both groups of schools receive site inspections. The final site inspection for a new medical school lasts one additional day. The California Board has no experience yet with its reevaluation process.

If you have any questions concerning this memorandum, please telephone me at (916) 263-2382

**Reevaluations of Previously
Reviewed International Medical Schools
Mandated pursuant to CCR Section 1314.1 (f)(2)**

Name of School	Recognition Date*	7-Year Reevaluation Date
American Univ. of Caribbean (St. Maarten, N.A.)	9/15/1989	December 2010**
Ross University (Dominica)	6/30/1990	December 2010**
St. George's Univ. (Grenada)	9/15/1989	December 2010**
Semmelweis University (Hungary)	5/30/2002	December 2010**
Szeged University (Hungary)	9/22/2003	December 2010**
Charles University (Czech. Republic)	12/29/2003	December 2010
Saba University (Saba, N.A.)	11/5/2004***	November 2011
Debrecen University (Hungary)	4/28/2005	April 2012
Pecs Univ. (Hungary)	5/3/2005	May 2012
Jagiellonian Univ. (Hungary)	7/27/2007	July 2014
Med. Univ. of Poznan (Poland)	7/27/2007	July 2014
ELAM (Cuba)	7/27/2007	July 2014
Med. Univ. of Lublin (Poland)	7/25/2008	July 2015
St. George's UK campus	7/24/2009	July 2016

*This is the date used to calculate the seven-year reevaluation period.

**The recognition date of these schools predated December 13, 2003, the effective date of Section 1314.1. Therefore, their reevaluation date is calculated as seven years after December 13, 2003.

*** Recognition extended only to those students who matriculate at Saba on or after January 1, 2002.

Medical Board of California International Medical School Self-Assessment Report



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I. Introduction:

The purpose of this institution self-assessment report is to assess institutions, in the recognition and update phases, in the areas of institution function, structure, and performance. Included are detailed and objective analysis questions that are required for institutional recognition by the Medical Board of California.

If an institution meets the requirements set forth in Title 16 California Code of Regulations section 1314.1 (a)(1), then that institution is exempt from this process. Those requirements of Title 16 California Code of Regulations section 1314.1 (a)(1) are as follows:

- ⇒ The institution is owned and operated by the government of the country in which it is located.
- ⇒ The country is a member of the Organization for Economic Cooperation and Development.
- ⇒ The institution's primary purpose is to educate its own citizens to practice medicine in that country.

All other institutions seeking recognition from the Medical Board of California that do not fulfill the requirements of Title 16 California Code of Regulations section 1314.1 (a)(1), will be evaluated based upon this self-assessment report. A site inspection may be required by the Medical Board of California. If a site visit is requested of an institution seeking recognition from the Medical Board of California, the school must pay all site visit fees. See Title 16, California Code of Regulations, section 1314.1(e).

II. Instructions:

All responses and information provided in this self-assessment report must be accurate and applicable to the institution in question. No additional information may be included by the medical institution aside from that which is required by this self-assessment report. **If this self-assessment report is incomplete or inaccurate at the time it is submitted, it will be returned to the institution without any further review by the Medical Board of California.**

Each section of this self-assessment report shall be completed by the person(s) most knowledgeable about the topic. Care shall be taken to ensure the accuracy and consistency of data across sections of the self-assessment report (for example, by using a consistent base year for data). The institution shall ensure that the completed self-assessment report undergoes a comprehensive review to identify any missing items or inconsistencies in reported information.

A final self-assessment report should include a statement of institutional strengths and issues that require attention either to assure compliance with recognition standards or to improve institutional quality.

The self-assessment report shall reflect the participation of all constituent components of the institution: administrators of the institution, department chairs and heads of sections, junior and senior faculty members, medical students, representatives of clinical affiliates, and trustees of the institution.

The dean of the institution shall submit the self-assessment report and shall certify under penalty to the truth of its contents.

III. Mission and Objectives:

1. Provide the institution's written purpose or mission statement and objectives that include: the institution's broad expectations concerning the education students will receive; the role of research as an integral component of its mission, including the importance, nature, objectives, processes and evaluation of research in medical education and practice; and the teaching, patient care, and service to the community.
2. Describe how the institutional objectives are consistent with preparing graduates to provide competent medical care.
3. Describe how students learn how medical research is conducted.
4. Provide an assessment of how students evaluate and apply medical research results to their patient population.
5. Describe how students participate in ongoing faculty research projects.
6. Describe the breadth of the research involvement of basic science and clinical departments.
7. Describe the infrastructure supporting research including departmental or individual research incentives.
8. Describe the written objectives for all courses; explain how the objectives are used as part of program planning and evaluation; and describe how students are made aware of these objectives.
9. Complete the attached Student Status Information Chart (page 6). (Please do not submit any additional information other than what is requested by this chart.)

Student Status Information Chart (Last 5 Years)

Academic Year ¹	Number Of Students Admitted	Number Of Students Dropped Out ²	Number Of Students Dismissed ²	Number Of Students On Leave Of Absence ²	Number Of Students Graduated ³	Number Of U.S. Citizens In U.S. Post-Graduate Training	Number Of Students In Non U.S. Post-Graduate Training ⁴

¹ Information should be provided for every entering class by identifying both year and term
² Information will be used to determine the institution’s attrition rate
³ If you have not graduated any students, please enter “Not Applicable” in this column.
⁴ If not in post-graduate training, please provide status of graduate

Attach a list of the names of all students in postgraduate training programs in the United States, locations of their postgraduate training programs within the United States, and the specialty of the individual postgraduate training programs. Limit the information for the last five years.

IV. Organization:

1. Describe the manner in which the institution is organized and provide appropriate documentation to support the description. Please include a listing of the owners and the percentage of interest of each owner.
2. If applicable, provide a list of the names of the board of directors, their qualifications, their financial interests in the institution, and their curricula vitae.
3. Attach a list of the names of all officials, other than faculty members and board of directors, along with the titles of their positions. Please do not provide any further information other than the names and titles of positions.
4. Attach a graphic representation of the organizational structure of the medical institution (e.g. organizational charts etc.) Please limit the attachments to three pages.
5. Attach a copy of the charter from the jurisdiction in which the institution is domiciled.

V. Curriculum:

1. Can students receive a certificate of completion without passing either step 1 or step 2 of the USMLE?
2. Describe how the structure and content of the educational program provides an adequate foundation in the basic and clinical sciences and enables students to learn the fundamental principles of medicine, to acquire critical judgment skills, and to use those principles and skills to provide competent medical care.
3. Describe how the institution is fostering the ability of students to learn through self-directed independent study.
4. Describe the mechanisms used for curriculum planning, implementation, evaluation, management, and oversight, including the roles of faculty committees, the departments, and the central institution administration.
5. How many academic years or months of actual instruction is your program?
6. What is the total number of hours of all courses required to obtain a medical degree?
7. What is the percent of actual attendance that is required?
8. Describe how attendance is monitored.
9. Describe the formal processes for making changes to the curriculum.
10. Describe how the curriculum for all applicants provides for adequate instruction in each of the following subjects. Please limit yourself to approximately one page per subject.
 - alcoholism and other chemical substance dependency (detection and treatment)
 - anatomy (including embryology, histology and neuroanatomy)
 - anesthesia
 - bacteriology
 - biochemistry
 - child abuse detection and treatment
 - dermatology
 - family medicine
 - geriatric medicine
 - human sexuality
 - immunology
 - medicine (including all sub-specialties)
 - neurology
 - obstetrics and gynecology
 - ophthalmology

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- otolaryngology
 - pain management and end-of-life care
 - pathology
 - pharmacology
 - physical medicine
 - physiology
 - preventive medicine (including nutrition)
 - psychiatry
 - radiology (including radiation safety)
 - spousal or partner abuse detection and treatment
 - surgery (including orthopedic surgery)
 - therapeutics
 - tropical medicine
 - urology
11. Discuss where all the subjects listed above can be found in the curriculum.
 12. Complete the following curriculum tables. List only the one main principle course objective where required. If necessary, add tables for any additional years required by the institution.
 13. Complete the following tables related to performance on the USMLE. If the data is not available, please explain why.

Year One

Course	Length In Weeks	Number Of Lecture Hours	Number Of Lab Hours	Number Of Small Group Discussion Hours*	Number Of Patient Contact Hours	Total Hours	Principle Course Objective
Total							

* Includes case-based or problem solving sessions

Year Two

Course	Length in weeks	Number Of Lecture Hours	Number Of Lab Hours	Number Of Small Group Discussion Hours*	Number Of Patient Contact Hours	Total Hours	Principle Course Objective
Total							

* Includes case-based or problem solving sessions

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Year

Clerkship	Total Weeks	% Ambulatory	Number Of Sites Used*	Typical Weekly Length Of Time For Formal Instruction	Average Number Of New Patients Per Week	Average Number Of Continuity Patients Per Week

*Include the number of sites used for inpatient teaching and the number of sites used for outpatient teaching in the clerkship in the following format: #inpatient/ #outpatient

Year

Clerkship	Total Weeks	% Ambulatory	Number Of Sites Used*	Typical Weekly Length Of Time For Formal Instruction	Average Number Of New Patients Per Week	Average Number Of Continuity Patients Per Week

*Include the number of sites used for inpatient teaching and the number of sites used for outpatient teaching in the clerkship in the following format: #inpatient/ #outpatient

USMLE Step 1

Year	Number Of Students Who Took USMLE Step 1	Number Of Students Who Passed On First Attempt	Number Of Students Who Passed On Second Attempt	Number Of Students Who Passed On Or After Third Attempt	Number Of Students Who Never Passed

USMLE Step 2

Year	Number Of Students Who Took USMLE Step 2	Number Of Students Who Passed On First Attempt	Number Of Students Who Passed On Second Attempt	Number Of Students Who Passed On Or After Third Attempt	Number Of Students Who Never Passed

VI. Governance:

1. Describe how the institution's administrative and governance systems allow the institution to accomplish its objectives.
2. Describe the faculty's formal role in the institution's decision-making process and where it is documented.
3. Are students enrolled in the program permitted to serve as instructors, administrators, officers, or directors of the institution? If yes, explain.
4. Describe the mechanisms that exist for periodic review of departments and heads of departments.
5. Are there any departments experiencing significant problems? If yes, please identify which department, the nature of the problem(s), and any potential solutions the institution has identified.
6. Provide a list of the deans' names, responsibilities, credentials, date of appointment, and relationship to university officials.
7. Attach a copy of the institution's contingency plan for addressing disasters (hurricanes, earthquakes, floods, military conflict, etc.).

VII. Faculty:

1. List all faculty members and their length of employment at the institution.
2. Describe how the faculty is qualified and sufficient in number to achieve the objectives of the institution. (A "qualified" faculty member is a person who possesses either a credential generally recognized in the field of instruction or a degree, professional license, or credential at least equivalent to the level of instruction being taught or evaluated.)
3. Describe and explain the institution's formal ongoing faculty development process. Attach the institution's written policy.
4. Describe the process by which faculty participate and document their activities in continuing medical education.
5. Describe the role of faculty in the admissions process.
6. Is there any anticipated decrease in the number of faculty in the near future (for example, through a significant number of retirements)? If yes, when, why, and to what extent?
7. Does the course and clerkship review include a review of the faculty who taught the course? If yes, please describe how and who does the review?
8. Describe how the clinical faculty participates in the institution's educational program.
9. Describe how clinical faculty are involved in curriculum development.
10. List any other responsibilities the faculty have aside from teaching (e.g. research, administrative duties, etc.).

VIII. Admissions and Promotion Standards:

1. Describe the institution's standards governing admission requirements and student selection and promotion to the next semester or academic year. How are the standards consistent with the institution's mission and objectives? How does the institution adhere to these standards?
2. Describe the admissions process, including the organization and operation of the admissions committee.
3. Who makes the initial and then the ultimate decision regarding admission?
4. For students experiencing academic or other difficulties, describe how a decision is made whether to permit a student to remediate or to repeat a course.
5. Describe all the educational prerequisites for admission, including any courses or topics that are recommended but not required.
6. Describe the academic advisory system, including any programs designed to assist potentially high-risk students in the entering class or students who experience academic difficulty throughout the curriculum.
7. Describe the system for counseling students on career choice and residency application.
8. Describe any background screening process that the institution performs on potential students, including any factors that might result in a potential student being unable to obtain licensure (e.g. criminal convictions, history of disciplinary action in undergraduate education, physical or mental disabilities, etc.).
9. Describe the institution's policies for evaluating applications for transfer from students enrolled in other medical schools. Do you accept medical education from medical schools that are not approved or recognized by California? Are there criteria that describe the schools from which you will grant transfer credit? Is there a maximum limit on the amount of advanced placement credit that you will grant? Do you accept basic sciences coursework completed in schools other than medical schools? Do you accept coursework that the student completed over the Internet or in schools that require little or no attendance in classrooms and laboratories? How is the student's previous course work evaluated for academic equivalence with your curriculum? How is the student's medical knowledge tested to determine placement in the appropriate academic year?
10. Complete the following evaluation charts.

Year One

Course	Number Of Exams	Grading Formula (percent contribution to final grade)						
		Written Exams	Lab/ Practical Exams	USMLE Subject Exams	OSCE/ SP* Exams	Oral Pres. Or Paper	Faculty/ Resident Evals**	Other***

* Objective Structured Clinical Examination/Standardized Patient
 ** Include evaluations by faculty members or residents in clinical experiences and also in small group sessions (for example, a facilitator evaluation in small group or case-based teaching).
 *** Describe the specifics in the report narrative

Year Two

Course	Number Of Exams	Grading Formula (Percent Contribution To Final Grade)						
		Written Exams	Lab/ Practical Exams	USMLE Subject Exams	OSCE/ SP* Exams	Oral Pres. Or Paper	Faculty/ Resident Evals**	Other***

* Objective Structured Clinical Examination/Standardized Patient
 ** Include evaluations by faculty members or residents in clinical experiences and also in small group sessions (for example, a facilitator evaluation in small group or case-based teaching).
 *** Describe the specifics in the report narrative

Year

Grading Formula (Percent Contribution To Final Grade)

Clerkship	Who Contributes To Clinical Evaluation*	Written Exams	USMLE Subject Exams	OSCE/ SP Exams	Oral Pres. Or Paper	Faculty/ Resident Evals	Other**	Clinical Skills Observed***

* Use the following key to indicate who contributes to the final evaluation of the clerk: F (full-time faculty), V (volunteer or community clinical faculty), R (residents), O (other [describe in report narrative])

** Describe the specifics in the report narrative

*** Are all students observed performing core clinical skills? (Yes or No)

Year

Grading Formula (Percent Contribution To Final Grade)

Clerkship	Who Contributes To Clinical Evaluation*	Written Exams	USMLE Subject Exams	OSCE/ SP Exams	Oral Pres. Or Paper	Faculty/ Resident Evals	Other**	Clinical Skills Observed***

* Use the following key to indicate who contributes to the final evaluation of the clerk: F (full-time faculty), V (volunteer or community clinical faculty), R (residents), O (other [describe in report narrative])

** Describe the specifics in the report narrative

*** Are all students observed performing core clinical skills? (Yes or No)

IX. Financial Resources:

This section applies to all institutions except those that are solely owned and operated by the government of the country in which the institution is located.

1. Show evidence that the institution possesses sufficient financial resources to accomplish its mission and objectives.
2. Provide the institution's current year financial budget.
3. Describe all monetary allocations allotted to research activity.
4. Is the institution planning or engaged in any major construction or renovation projects, or other initiatives that require substantial capital investment? If yes, how will capital needs be addressed?
5. List the amount of tuition and fees, and the overall cost of attending this institution.
6. Is there anything pending that might negatively affect the institution's financial resources (e.g. existing litigation, lawsuits, etc.)? If yes, explain.
7. Include the institution's annual financial statements prepared in accordance with standards of the International Accounting Standards Board and the independent auditor's or accountant's report issued. The reports must have been prepared within one year from the date the self-assessment report is submitted.

X. Facilities:

1. Describe the institution's facilities, laboratories, equipment and library resources and how they are sufficient to support the educational programs offered by the institution and how they enable the institution to fulfill its mission and objectives.
2. Indicate whether the institution owns, leases or has other arrangements for use of the property and buildings. Describe any other arrangements aside from ownership.
3. If an institution utilizes affiliated institutions to provide clinical instruction, describe how the institution is fully responsible for the conduct and quality of the educational program at those affiliated institutions.
4. Excluding anatomy, describe the amount and nature of student performance in actual lab experience (i.e. actual specimens).
5. Explain how the institution is using computer-assisted instruction in required or optional learning experiences and/or in the evaluation of students.
6. Explain how the library's hours, services, holdings, staff, and facilities meet the needs of the faculty, residents, students, and the institution's mission and objectives.
7. Describe the library's automated databases and bibliographic search, computer and audiovisual capabilities.

XI. Medical Students:

1. Does the acceptance of transfer students, or visiting students, in the institution's teaching hospitals (including affiliates) affect the educational program of regular students (i.e., in the context of competition with the institution's own students for available resources, patients, educational venues, etc.)? If yes, explain.
2. Is the curriculum and student training educating medical students to provide sound medical care or is it focused primarily upon passing the USMLE (or some other licensing examination)? Provide specific evidence.
3. If the institution provides patient care, describe the formal system of quality assurance for its patient care program.
4. Describe how students have access to Internet and/or Intranet databases?
5. What is the general student opinion of the institution and the educational experience it provides as reflected in student surveys, evaluations, polls or other sources of information provided by students?
6. Describe how all students are systematically observed performing core clinical skills, behaviors, and attitudes.
7. Do students believe that they have adequate representation in decision-making bodies that directly affect their education? Please explain.
8. Explain the housing arrangement at affiliated locations provided by the institution, if any.

XII. Records:

1. What is the retention period for student transcripts?
2. How long will/does the institution maintain and make available for inspection any records that relate to the institution's compliance with requirements for recognition by the Medical Board of California?
3. Is there a central location where records are kept? Where are the records maintained? In what form? For how long?
4. Describe the back-up system for both paper and electronic records.
5. Describe how student records are made accessible to students who wish to review them.
6. Where and how does the institution maintain for each student a permanent, complete, accurate, and up-to-date transcript of student achievement including clinical and transfer units?
7. Describe how the institution plans to store and make available records if the institution ceases to operate.

XIII. Branch Campuses:

1. If the institution has more than one campus, describe the written policies and procedures governing the division and sharing of administrative and teaching responsibilities between the central administration and faculty, and the administration and faculty at the other locations.
2. Describe how the policies are consistent with the institution's mission and objectives.
3. Describe how the institution is fully responsible for the conduct and quality of the educational program at these sites.
4. Describe processes that are in place to ensure standardization of course content and exams between the campuses.

XIV. Affiliation Agreements:

1. The following applies to the teaching hospitals where the institution's medical school students receive their clinical training. Describe how affiliation agreements between a hospital and the institution meet the standard set forth by California's Business and Professions Code Section 2089.5:
 - A) formal affiliation documented by a written contract detailing the relationship between the institution and hospital and the responsibilities of each
 - B) institution and hospital provide to the division a description of the clinical program sufficient to evaluate the adequacy of the medical education
 - C) is accredited in accordance with the law of resident country
 - D) clinical instruction is supervised by a full-time director of medical education, and the head of the department for each core clinical course shall hold a full-time faculty appointment of the institution or institution of osteopathic medicine and shall be board certified or eligible, or have an equivalent credential in that specialty area appropriate to the country in which the hospital is located
 - E) clinical instruction is conducted pursuant to a written program of instruction provided by the institution
 - F) institution supervises the implementation of the program on a regular basis, documenting the level and extent of its supervision
 - G) the hospital based faculty evaluates each student on a regular basis and documents the completion of each aspect of the program for each student
 - H) the hospital ensures a minimum daily census adequate to meet the instructional needs of the number of students enrolled in each course area of clinical instruction, but no less than 15 patients in each course area of clinical instruction
2. Attach a brief explanation of any areas of noncompliance with the above affiliation requirements.
3. Provide proof that the affiliation agreements are up to date and explicit on the role of and expectations for medical students.
4. Provide the standardized course and clerkship evaluation forms.
5. Describe the internal structure of the clerkship, including the amount of time spent in various rotations, and the consistency of instruction across sites.
6. Provide evidence that there is an appropriate balance among the methods of instruction used, between inpatient and outpatient clinical experiences, and between clinical experiences in primary care and specialties.

7. Describe how the chief academic officer and directors of all courses and clerkships have designed and implemented a system of evaluation of the sites and course work of each student.
8. List the major hospitals and ambulatory-care facilities utilized for medical student education
9. Are students permitted to obtain clinical instruction at sites that are not included on the above list? If so, describe the process of permitting students to obtain clinical instruction at alternate sites.
10. Describe the financial arrangements that have been made between the institution and teaching hospitals.
11. Are clinical faculty compensated by the institution? If yes, how?
12. What percent of clinical instructors are working full-time and what percent are working part-time?
13. What percent of clinical instructors are hospital based and what percent are private practice based?

XV. Summary:

1. What are the areas of strength of the institution or educational program?
2. What are the areas of partial or substantial noncompliance of the institution or educational program?
3. What are the areas in transition of the institution or educational program?

NOTE: An area of strength is an aspect of the institution or its educational program that is clearly valuable for the successful achievement of one or more of the institution's principle missions or goals. It is a truly distinctive activity or characteristic worthy of emulation or adoption by other institutions or educational programs. Areas of partial or substantial noncompliance are those that do not fully comply with the requirements set forth in this self-assessment tool. Provide specific information as to the areas of noncompliance and potential reasons for deficiency. The process of listing areas in transition is intended to identify significant events or activities taking place which, depending on their final outcome, could result in noncompliance with one or more standards. Transition issues require specific information regarding the time of completion, as well as, construction or operational plans.