

## State of New Jersey

ADVISORY COMMITTEE ON ALTERNATIVELY ACCREDITED MEDICAL SCHOOL CLINICAL CLERKSHIPS
CREATED WITHIN THE COMMISSION ON HIGHER EDUCATION
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SINDY PAUL, M.D., M.P.H., F.A.C.P.M. ADVISORY COMMITTEE CHAIRWOMAN

TO:

The Honorable Richard J. Codey, Senate President

The Honorable Joseph J. Roberts, Jr., Speaker of the Assembly

DATE:

June 22, 2007

The Advisory Committee on Alternatively Accredited Medical School Clinical Clerkships was created within the New Jersey Commission on Higher Education pursuant to Public Law 2003, Chapter 133. The Advisory Committee was fully constituted in the summer of 2006.

Consistent with its charge, the Advisory Committee is pleased to provide the enclosed report regarding alternatively accredited medical school clinical clerkship programs. The report includes information about the existing clinical clerkship programs offered in New Jersey by alternatively accredited medical schools as well as recommendations for consideration by the New Jersey Legislature and the Advisory Graduate Medical Education Council.

Sincerely,

Sindy M. Auch MO, MAY

Sindy Paul, M.D., M.P.H., F.A.C.P.M., Chairwoman Advisory Committee on Alternatively Accredited Medical School Clinical Clerkships

c: Governor Jon S. Corzine

Director of Public Information, Office of Legislative Services
Laurence M. Downes, Chairman, NJ Commission on Higher Education
Jane Oates, Executive Director, NJ Commission on Higher Education
Jeanne M. Oswald, Deputy Executive NJ Director, Commission on Higher Education
Members, Advisory Committee on Alternatively Accredited Medical School Clinical
Clerkships

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# REPORT TO THE NEW JERSEY LEGISLATURE AND THE ADVISORY GRADUATE MEDICAL EDUCATION COUNCIL

# Prepared by The Advisory Committee on Alternatively Accredited Medical School Clinical Clerkships

June 2007

#### INTRODUCTION

Public Law 2003, Chapter 133 established The Advisory Committee on Alternatively Accredited Medical School Clinical Clerkships. This advisory committee was fully constituted in the summer of 2006, and held its orientation meeting in August 2006. A list of the advisory committee members is attached as Appendix A.

The specific charges to the advisory committee are listed below.

The Advisory Committee on Alternatively Accredited Medical School Clinical Clerkships shall:

- a. Recommend standards for appropriate facilities to be used in clinical clerkship programs operated by an alternatively accredited medical school;
- b. Make recommendations as to the number and type of clinical clerkship programs that may be directed by an alternatively accredited medical school at a teaching hospital in this State, based upon the capacity of that hospital and the health care needs of the community in which the hospital is located;
- c. Review the clinical clerkship programs operated by alternatively accredited medical schools in this State, and prepare a report which shall include, but not be limited to, a description and analysis of:
  - (1) the teacher to student ratio, the resident to clinical clerkship student ratio and the capacity of each teaching hospital operating a clinical clerkship program;
  - (2) the number and type of clerkship positions that are filled and the number and type of clerkship positions that are requested by alternatively accredited medical schools;
  - (3) the number of alternatively accredited medical school graduates who participated in clinical clerkships in the State and have attained residencies in New Jersey;
  - (4) the types and locations of residencies accepted by clinical clerkship students, identifying types and locations of residencies accepted by students of alternatively accredited medical schools and of medical schools located within the United States;

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- (5) the degree of success of the clinical clerkship programs operated by alternatively accredited medical schools as measured by the use of the same criteria as published in the Journal of the American Medical Association annual education report; and
- (6) any recommendations to the Legislature, including any proposed legislation, which it may desire to recommend for enactment; and
- d. Make recommendations to the Advisory Graduate Medical Education Council (AGMEC) of New Jersey with respect to the operation of clinical clerkship programs operated by alternatively accredited medical schools at teaching hospitals in this State.

As called for by statute, this report includes the results of the review of existing alternatively accredited medical school clinical clerkship programs operating in New Jersey as well as recommendations to the Legislature and AGMEC.

#### FINDINGS AND RECOMMENDATIONS

CHARGE: Review the clinical clerkship programs<sup>1</sup> operated by alternatively accredited medical schools in New Jersey and report on the six items listed on pages 1 and 2.

Consistent with its statutory charge, the Advisory Committee reviewed the clinical clerkship programs that are currently operated in New Jersey by alternatively accredited medical schools. The Committee developed two surveys — one for the two alternatively accredited medical schools that currently operate clinical clerkships in the state and one for the 10 hospitals at which those clerkships take place. The surveys were provided electronically and were completed independently by the recipients. The information is, therefore, self reported by medical school deans and the directors of medical education at the hospitals (or their designees). The following information, which was specifically requested in the law, is provided based on electronic recipient responses as well as follow-up conversations where needed.

(A list of recipients of the medical school survey and of the hospital survey is attached as Appendix B. A summary of the responses is available for each of the surveys in Appendix C.)

### 1a. Faculty to Student Ratio

The average faculty to student ratio by rotation at hospitals offering alternatively accredited medical school clinical clerkship programs is provided in Table 1. In striving for high-quality programs, the wide range in faculty to student ratio within specific rotations could be cause for concern. Ratios for individual hospitals are available in Appendix C3.

Table 1

Faculty/Student Ratios			
Rotation	Average	Ranging From:	To:
Pediatrics	2.0:1	0.6:1	4.4:1
Internal Medicine	2.1:1	0.4:1	7.8:1
General Surgery	2.1:1	0.6:1	6.3:1
OB/GYN	4.8:1	0.7:1	12.5:1
Psychiatry	2.3:1	0.8:1	5.0:1
Family Practice	0.8:1	0.6:1	1.0:1
Primary Care*	0.9:1	0.9:1	0.9:1

<sup>\*</sup>One hospital uses this term for a combination of Internal Medicine and General Surgery rotations.

<sup>&</sup>lt;sup>1</sup> Clinical clerkship programs are those provided for third-year medical students. Programs for fourth year students are considered electives or subinternships.

Additional information regarding faculty time is provided in Tables 2 and 3.

Table 2

Reported Student Time with Faculty Per Week			
Rotation	Axovogo	Ranging From	То
Pediatrics	Average 14.8	9.0	25.0
Internal Medicine	17.1	12.0	30.0
General Surgery	25.7	15.0	40.0
OB/GYN	27.6	15.0	40.0
Psychiatry	15.9	11.0	25.0
Family Practice	22.5	10.0	35.0
Primary Care*	20.0	20.0	20.0

<sup>\*</sup>One hospital uses this term for a combination of Internal Medicine and General Surgery rotations.

Table 3

	1 11010 0			
Reported Faculty Time Per Week Providing Didactic Material				
Providing	Didactic N	lateriai		
Ranging				
Rotation	Average	From	To	
Pediatrics	6.2	3.0	10.0	
Internal Medicine	7.4	3.0	10.0	
General Surgery	5.2	3.0	10.0	
OB/GYN	5.7	2.0	10.0	
Psychiatry	3.4	2.0	5.0	
Family Practice	3.5	1.0	6.0	
Primary Care*	10.0	10.0	10.0	

<sup>\*</sup>One hospital uses this term for a combination of Internal Medicine and General Surgery rotations.

The wide range among the teaching hospitals of time that students within the same rotation spend with faculty may also be cause for concern.

### 1b. Resident to Student Ratio

New Jersey statute specifically requires a minimum ratio of one resident for every two students from alternatively accredited medical schools, which speaks to the importance of sufficient human resources to high-quality programs.

Table 4 represents the ratio of all residents in each rotation to the total number of students in clinical clerkships in that rotation; it includes all students – regardless of what medical school they attend. In some cases, hospitals do not currently meet the requirement of at least one resident for every two students in some rotations. In addition, in cases where the ratio is met, the addition of more clerkship positions may require additional residents. Ratios for individual hospitals are available in Appendix C3.

Table 4

Table 4			
Reported			
Resident/Student Ratios			
Rotation	Average	Ranging From:	To:
Pediatrics	2.6:1	1.3:1	4.1:1
Internal Medicine	4.2:1	2.4:1	6.0:1
General Surgery	1.5:1	0.0:1*	3.5:1
OB/GYN	2.1:1	1.3:1	2.8:1
Psychiatry	0.6:1	0.0:1**	1.4:1
Family Practice	2.2:1	1.7:1	2.8:1
Primary Care***	_	<b>-</b> .	-

<sup>\*</sup>This hospital reported no residents on staff at the time of the survey; attending physicians were used.

Table 5 shows average student time with residents reported by the hospitals as well as the range of times reported.

Table 5

Reported Student Time with Residents Per Week			
Rotation	Average	Ranging From	То
Pediatrics	43.0	35.0	60.0
Internal Medicine	39.4	20.0	60.0
General Surgery	53.3	40.0	80.0
OB/GYN	48.0	40.0	60.0
Psychiatry	15.0	5.0	25.0
Family Practice	32.5	30.0	35.0
Primary Care***	20.0	20.0	20.0

<sup>\*\*\*</sup>One hospital uses this term for a combination of Internal Medicine and General Surgery rotations. However, Primary Care is not considered an accredited resident program by the Accreditation Council for Graduate Medical Education. Time reported is with residents represents time with residents in Internal Medicine and General Surgery.

<sup>\*\*</sup>This hospital reported that it had 2 clerkships from LCME hospitals, no current alternatively accredited clinical clerkships, and no residents.

<sup>\*\*\*</sup> One hospital uses this term for a combination of Internal Medicine and General Surgery rotations. However, Primary Care is not considered an accredited resident program by the Accreditation Council for Graduate Medical Education. Therefore, the hospital reporting this rotation does not have residents specific to this area; residents in Internal Medicine and General Surgery teach the Primary Care students.

### 1c. Capacity of Teaching Hospitals

Regarding the capacity of each teaching hospital operating an alternatively accredited medical school clinical clerkship program, each of the hospitals surveyed indicated that students rotating on an alternatively accredited medical school clinical clerkship:

- have access to a library,
- are taught by attending physicians (faculty) and residents,
- have access to an on-call room when required to stay overnight as part of the clerkship, and
- have a director with clerical support.

Eight of the clerkship rotations also have an assistant director.

Capacity from a human resources perspective, including faculty and residents, is also addressed in the data provided in 1a and 1b above.

The clinical experience in terms of the number of patients available to the students and the number of patient procedures was also assessed. The average number of patients and procedures are provided in Table 6. A specific number of patients and procedures for each hospital and clerkship is provided in Appendix C2 pages 3 and 8.

Table 6

Type of Clerkship (Rotation)	Average Annual Inpatients	Average Annual Outpatients	Average Annual Surgical inpatient Procedures	Average Annual Surgical outpatient Procedures	Average Annual Deliveries
Pediatrics	2,993	27,816			
Internal Medicine	7,029	35,157		÷.	
General Surgery	4,651	15,028	5,059	6,113	
OB/GYN	4,281	9,318			2,537
Psychiatry	1,219	50,088			
Family Practice	338	16,405			
Primary Care*	17,469	77,133			

<sup>\*</sup>One hospital uses this term for a combination of Internal Medicine and General Surgery rotations.

### 2a. Current Clerkship Positions

The Board of Medical Examiners (BME) provided a summary of approved alternatively accredited medical school clinical clerkship positions, reporting a total of approximately 160 approved clinical clerkship positions. That summary is provided in Appendix D.

Table 7 summarizes the number and type of alternatively accredited medical school clerkship positions that are approved by the state, as reported by the medical schools and the hospitals. See Appendices C1 page 1 and C2 page 1 for details by school/hospital.

Table 7

Approved Alternatively Accredited Clinical Clerkship Positions		
	Reported by Medical Schools	Reported by Hospitals
Pediatrics	29	33
Internal		
Medicine	103	81
General		
Surgery	75	57
OB/GYN	25	24
Psychiatry	38	28
Family		
Practice	20	12
Primary Care*	0	30
TOTALS	290	265

<sup>\*</sup>One hospital uses this term for a combination of Internal Medicine and General Surgery rotations.

There is a significant discrepancy in the total number of approved clinical clerkship positions for alternatively accredited medical schools as reported by BME, the medical schools, and the hospitals. The BME information reflects all students from alternatively accredited medical schools, not just third year clinical clerkship students; fourth year electives and sub-internships are included. This may also be true of the data provided by some of the hospitals and the medical schools.

The number and type of alternatively accredited medical school clinical clerkship positions that were reported as filled by the medical schools and hospitals at the time of the survey is summarized in Table 8. See Appendices C1 page 1 and C2 page 1 for details by school/hospital.

Table 8

Filled Alternatively Accredited Clinical Clerkship			
Positi	Positions at Time of Survey		
1.	Reported by Reported		
	Medical Schools	Hospitals	
Pediatrics	19	27	
Internal Medicine	55	60	
General Surgery	37	35	
OB/GYN	19	23	
Psychiatry	25	26	
Family Practice	20	12	
Primary Care*	0	10	
TOTALS	175	193	

<sup>\*</sup>One hospital uses this term for a combination of Internal Medicine and General Surgery rotations.

### 2b. Additional Clinical Clerkship Positions Desired

The total number and type of additional clinical clerkship positions desired as reported by the two currently approved alternatively accredited medical schools is summarized in Table 9. The detail for each medical school is available in Appendix C1 page 1.

Table 9

Number of Additional Positions Desired by the two Alternatively Accredited Medical Schools Currently Providing Clerkships in NJ		
Type of Clerkship	Number Desired	
Pediatrics	26	
Internal Medicine	46	
General Surgery 46		
OB/GYN 30		
Psychiatry	24	
Family Practice 20		
Primary Care* 0		
Total	192	

<sup>\*</sup>One hospital uses this term for a combination of Internal Medicine and General Surgery rotations.

One of the three currently approved alternatively accredited medical schools has not established an affiliation agreement with a hospital for submission and approval. In addition, there are at least two other off-shore medical schools that have expressed an interest in applying to offer clinical clerkship positions in New Jersey. The potential request for additional positions is likely to be well beyond the 192 reported by the two currently approved alternatively accredited medical schools.

The number of additional alternatively accredited medical school clinical clerkship positions that the 10 hospitals now hosting alternatively accredited clinical clerkships reported they would like to add is summarized in Table 10. (Teaching hospitals that do not have alternatively accredited medical school clinical clerkships were not surveyed.)

Table 10

Number of Additional Alternatively Accredited Positions Desired by the 10 Hospitals with Existing Alternatively Accredited Clerkship Positions		
Type of Clerkship Number Desired		
Pediatrics	11*	
Internal Medicine	8*	
General Surgery	6*	
OB/GYN	15*	
Psychiatry	21*	
Family Practice 5		
Primary Care** 10		
Total 76		
	n" for Pediatrics, Internal Medicine, Gen. Surgery, ditional positions are reported for Monmouth.	

<sup>\*\*</sup>One hospital uses this term for a combination of Internal Medicine and General Surgery rotations.

The number of additional positions reported by each hospital is available in Appendix C2 page 8.

### Demand for Clerkship Positions for Medical Schools in New Jersey

In and out of state public, private, and for-profit medical schools, as well as alternatively accredited schools, are competing for clerkship opportunities at the teaching hospitals. The University of Medicine and Dentistry of New Jersey (UMDNJ) has reported difficulty in finding sufficient clinical clerkship slots in some areas, which could jeopardize the students at New Jersey's state-funded medical school.

Current enrollment at UMDNJ includes 430 third year medical students (170 at New Jersey Medical School, 160 at Robert Wood Johnson Medical School, and 100 at the School of Osteopathic Medicine). It is anticipated that class size will continue to increase, and UMDNJ third-year students must complete a clerkship in each of the five major rotations at a New Jersey hospital that is affiliated with UMDNJ.

In addition, Touro Medical College has been approved to seek LCME accreditation in New Jersey. The addition of another medical school in the state would further increase the number of clerkship positions that are needed for students enrolled in medical schools within the state.

Current law (N.J.S.A. 18A:64H-14) provides priority status to students from state-funded institutions but only in cases where a state-funded institution and an alternatively accredited institution both have clinical clerkships in the same hospital, which is often not the case. The law does not address prospective for-profit New Jersey medical school students or those from other states.

# 3. Attainment of Residencies in New Jersey by students from Alternatively Accredited Medical School Clinical Clerkship programs

Two medical schools currently operate alternatively accredited medical school clinical clerkship positions in New Jersey, St. George's University School of Medicine and Ross University School of Medicine. Guadalajara University has also been approved to have students participate in clinical clerkships in New Jersey hospitals, but the school has not yet implemented affiliation agreements/clerkship programs in New Jersey or received approval of hospital sites or program parameters.

The two schools that are operating clerkship programs reported that a total of approximately 2,475 of their combined graduates have participated in clinical clerkships in New Jersey since their medical schools were approved to provide clinical clerkships in New Jersey. (Note: Graduate surveys are periodic and survey responses are voluntary, making these data estimates only.)

The two medical schools reported that a combined total of approximately 700 of their medical school graduates who had at least one clinical clerkship at a New Jersey hospital attained a residency program in New Jersey. (Note: One of the two schools did not have the specific number and reported "greater than 20," and the other noted that their number of 676 is based on graduates who have ever held a residency position in New Jersey as opposed to those who first obtained a residency position in New Jersey.)

### 4. Types and Locations of Residencies Reported by Alternatively Accredited Medical Schools

The two medical schools estimated that over 2,430 of their combined graduates since their respective clinical clerkship programs were approved to operate in New Jersey have attained a residency program in the United States outside of New Jersey. The details of the types and locations of residencies accepted by clinical clerkship students of alternatively accredited medical schools and of medical schools located within the United States were not collected.

### 5. Measurement of Success

The Advisory Committee is not able to comment on the degree of success of existing alternatively accredited medical school clinical clerkship programs in New Jersey based on criteria published in the Journal of American Medical Association (JAMA) annual education report, as called for in the law. There are no such criteria published by JAMA. The Advisory Committee's recommendations, however, provide guidance for AGMEC standards and oversight of these programs.

CHARGE: Recommend standards for appropriate facilities to be used in clinical clerkship programs operated by an alternatively accredited medical school.

The following standards and provisions drawn from the LCME are recommended regarding appropriate facilities to be used in clinical clerkship programs operated by an alternatively accredited medical school.

The parent medical school should propose an affiliate institution which must be a licensed hospital with residency programs approved by the Accreditation Council on Graduate Medical Education, the American Osteopathic Association, or another group acceptable to the Advisory Graduate Medical Education Council (AGMEC) for postgraduate training in subject area(s) of the proposed clinical training program, or which institution is part of such a program through affiliation(s) approved by the above bodies. The affiliate shall provide AGMEC with a certified copy of the approval(s).

Hospitals accredited for postgraduate training programs should not be under any obligation to accept medical students in clinical programs.

Any medical school or hospital accredited for postgraduate training programs may impose standards for admission to the clinical programs which exceed the standards set forth by the state.

A hospital or other clinical facility that serves as a site for medical student education should have appropriate instructional facilities and information resources. Appropriate instructional facilities include:

- Areas for individual student study and for group presentations and didactic sessions, conferences, presentations, etc.
- Sufficient information resources, including library holdings and support of traditional medical and audiovisual libraries necessary for medical education programs.
- Immediate access to computers to allow access to the Internet and to other educational software
- Lockers, or other secure space to store personal belongings, for student use, and call rooms for students who are required to stay over night

### CHARGE: Make Recommendations to the Legislature

The Advisory Committee's primary concerns are the quality and effectiveness of clinical clerkship programs. While the Committee's charge concerns alternatively accredited medical school clinical clerkship programs, it is essential to ensure sufficient clinical clerkship opportunities for students attending medical schools in New Jersey as the role for alternatively accredited medical schools is considered.

The committee recommends that the current procedures, requirements, and standards in the statute be maintained. The statute currently states:

The council shall approve an application if the applicant demonstrates that it meets the registration standards comparable to those promulgated by the Liaison Committee on Medical Education, which include, but are not limited to: (1) a requirement that a medical student who will participate in a clinical clerkship program shall have successfully completed the United States Medical Licensing Examination – Step 1; (2) the hospital is accredited by the Joint Commission on Accreditation of HealthCare Organizations; (3) the clinical clerkship program shall take place in a hospital with an approved Accreditation Council for Graduate Medical Education or American Osteopathic Association residency training program in the clinical area of instruction for which credit is sought; (4) clinical instruction shall be supervised by a Director of Medical Education; (5) clinical instruction shall be provided pursuant to a written agreement that includes a written curriculum for each individual clinical subject; (6) the hospital shall insure that there is a minimum daily census in each clerkship area that will meet the instructional needs of the clinical subject; (7) the hospital shall have on the premises a library facility that has adequate resources to support clinical clerkships in each core area; (8) each department chair shall be board certified in the specialty area in his department; and (9) the hospital shall ensure a ratio of no less than one medical resident for every two clinical clerkship students.

The Committee believes that the statute appropriately provides leeway for AGMEC to add additional standards that are comparable to those promulgated by the Liaison Committee on Medical Education (LCME). As such, the Committee will recommend, under the next charge, several such additions that AGMEC and the Commission may consider in adopting regulations to implement the Act.

The Committee recommends that the Legislature consider requiring a criminal background check for students from alternatively accredited medical schools before doing a clerkship in New Jersey.

The Committee recommends that, due to the limited number of clinical clerkship positions at teaching hospitals and the anticipated need for more positions, the Legislature consider exploring a means to limit clinical clerkship positions to U.S. citizens or permanent residents.

The Committee recommends that the Legislature explore a means of giving priority to medical schools in New Jersey to place their students into clinical clerkship positions in New Jersey hospitals. As stated previously, the law (N.J.S.A. 18A:64H-14) already provides priority status to students from state-funded institutions but only in cases where a state-funded institution and an alternatively accredited institution both have clinical clerkships in the same hospital, which is often not the case. The current law does not address prospective for-profit New Jersey medical school students.

The Committee acknowledges the importance of quality outcome measures, consistent with the Legislature's intent expressed in N.J.S.A. 18A:64H-10c(5). While the Journal of American Medical Association annual education report does not provide criteria by which to measure success, the Committee is recommending that AGMEC consider using the United States Medical Licensing Exam (USMLE), Step 2 Clinical Knowledge and Clinical Skills for this purpose.

CHARGE: Make recommendations regarding the number and type of clinical clerkship programs that may be directed by an alternatively accredited medical school at a teaching hospital in New Jersey

The Advisory Committee has reviewed the self-reported information from alternatively accredited medical schools that are currently operating clinical clerkships in New Jersey as well as the information from teaching hospitals at which those clerkships are operated. The Committee has also reviewed the Board of Medical Examiners former regulations regarding alternatively accredited medical school clinical clerkships and discussed issues related to the capacity of teaching hospitals in New Jersey.

The Committee's primary concerns in considering the number and type of clinical clerkship programs that should be directed by an alternatively accredited medical school at teaching hospitals in New Jersey are the overall quality of the experience of students and the capacity of the hospitals in New Jersey to serve students from out of state and out of the country without jeopardizing clinical clerkship opportunities for students at the state-funded or private LCME or AOA accredited medical schools.

The Committee recommends that AGMEC obtain information from all of the teaching hospitals in the state to get a more complete picture of the existing clinical clerkship programs, including the capacity of each hospital to offer additional clerkships in specific rotations based on human and other resources as well as patient censuses.

The Committee is unable to make generalized recommendations regarding the number and type of clinical clerkship programs that may be directed by each alternatively accredited medical school at a teaching hospital in New Jersey. That determination is best made on a case by case basis at the time applications are made by alternatively accredited medical schools, recognizing that the situation at the medical school or proposed hospitals changes over time.

The Committee recommends that the determination of an application be based on the capacity of the hospital to train students and verification of the hospital's/school's ability to meet LCME or AOA standards referenced in the statute or the pending regulations to be developed by AGMEC in consultation with the Commission on Higher Education. Particular attention should be paid to the ratio of residents to students, ensuring the required one-to-two ratio, and that sufficient resources are made available to fulfill the goals of the written curriculum for each rotation sponsored by the hospital.

The Committee recommends that in reviewing an application for additional clinical clerkship positions, AGMEC consider the total number of students already in clerkships, electives, and sub-internships who are working with the faculty and residents at the particular hospital.

The Committee recommends that consideration also be given to whether the alternatively accredited medical school is filling the clerkship slots that have already been approved.

The Committee also recommends that AGMEC periodically review the approved alternatively accredited clerkship programs to ensure they continue to meet the statutory and regulatory standards, taking action as necessary if standards are not met.

CHARGE: Make recommendations to the Advisory Graduate Medical Education Council of New Jersey with respect to the operation of clinical clerkship programs operated by alternatively accredited medical schools at teaching hospitals in the state.

Based on the discussions and review of available information and survey data, the Advisory Committee makes the following recommendations to AGMEC.

Given the limited attention directed to clinical clerkships in recent years, it would be useful for AGMEC to survey all hospitals in the state to determine if there are any clinical clerkship programs being operated by alternatively accredited medical schools that are not approved by the state.

As noted under the section above regarding the number and type of clinical clerkship programs operated by alternatively accredited medical schools, the Committee recommends that AGMEC obtain information from all the teaching hospitals in the state to try to get a more complete picture of the existing clinical clerkship programs, including the verification of capacity of each hospital to offer additional clerkships in specific rotations based on human and other resources as well as patient censuses. At the same time, effort should be made to reconcile the conflicting reports regarding the number of approved positions for alternatively accredited medical school clinical clerkships.

In making decisions regarding approval of the number and type of clerkships that can be offered in New Jersey by alternatively accredited medical schools, the Committee recommends that AGMEC consider the capacity of the particular teaching hospital(s) and how many clerkship positions can be supported consistent with standards, how many positions are filled at the hospital(s), how many are currently filled by students from other states or countries, and how many clerkship positions are available across the state for students enrolled in New Jersey medical schools.

As mentioned in the previous section, the Committee also recommends that AGMEC periodically review the approved alternatively accredited medical school clinical clerkship programs using multiple measures and verify that statutory and regulatory standards continue to be met. Priority should be given to reviewing any hospital that does not meet the required resident to student ratio and hospitals with rotations that fall in the bottom quarter of faculty hours per student. Priority should also be given to reviewing any alternatively accredited medical school clinical clerkship programs underway that were not previously approved by the Board of Medical Examiners.

In addition to the statutory standards, the Committee recommends that AGMEC consider including the following standards in regulations that it will develop in consultation with the Commission on Higher Education. These standards are drawn from LCME's *Functions and Structure of a Medical School*, and they relate to clinical clerkship programs.

- a. Medical schools should provide goals and objectives specific to the clinical clerkship as well as a means to measure if they are met.
- b. There must be a system with central oversight to assure that the faculty define the types of patients and clinical conditions that students must encounter, the appropriate clinical

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setting for the educational experiences, and the expected level of student responsibility. The faculty must monitor student experience and modify it as necessary to ensure that the objectives of the clinical education program will be met by students.

- c. There must be comparable educational experiences and equivalent methods of evaluation across all alternative instructional sites within a given discipline.
- d. Students' clinical experiences must utilize both outpatient and inpatient settings.
- e. Residents must be familiar with the educational objectives of the course or clerkship and be prepared for their roles in teaching and evaluation.
- f. Supervision of student learning experiences must be provided throughout required clerkships by members of the medical school's faculty.
- g. The directors of all courses and clerkships must design and implement a system of formative and summative evaluation of student achievement in each course and clerkship.
- h. Each student should be evaluated early enough during a unit of study to allow time for remediation.
- i. The committee responsible for the curriculum, along with medical school administration and educational program leadership, must develop and implement policies regarding the amount of time students spend in required activities, including the total required hours spent in clinical and educational activities during clinical clerkships.
- j. There must be a sufficient number of faculty members in the clinical disciplines to accomplish the educational objectives of the written curriculum and the other missions of the medical school. In the clinical sciences, the number and kind of faculty appointed should also relate to the amount of patient care activities required to conduct meaningful clinical teaching across the continuum of medical education.
- k. The medical school must have, or be assured use of, appropriate resources for the clinical instruction of its medical students. Clinical resources should be sufficient to ensure breadth and quality of ambulatory and bedside teaching. They include adequate numbers and types of patients (acuity, case, mix, age, gender, etc.) as well as physical resources.

The Committee recommends that AGMEC identify and evaluate appropriate quality measures to review the degree of success of clerkship programs and suggests they consider using the USMLE Step 2 Clinical Knowledge and Clinical Skills.

The Advisory Committee on Alternatively Accredited Medical School Clinical Clerkships is pleased to submit this report to the Legislature and the Advisory Graduate Medical Education Council.

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# ADVISORY COMMITTEE ON ALTERNATIVELY ACCREDITED MEDICAL SCHOOL CLINICAL CLERKSHIPS

### **MEMBERS**

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Dr. Nancy Perri, M.D.

Representing: Alternatively Accredited Medical School

**VACANT** 

Representing: UMDNJ Teaching Hospital w/Clinical Clerkships

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-Bergen Regional Medical Center L.P.	M. Javed Iqbal, M.D.	Ross
Paramus, NJ 07652	Director of Medical Education	
LibertyHealth - Jersey City Medical Center	Robert Lahita, M.D.	St. Georges
Jersey City, NJ 07302	Director of Medical Education	
Raritan Bay Medical Center	Abdalla Yousif, M.D.	Ross
Perth Amboy, NJ 08861	Director of Medical Student Education	
Saint Michael's Medical Center	John Sensakovic, M.D.	St. Georges
Newark, NJ 07102	Director of Medical Education	
St Barnabas Medical Center	Henry Rosenberg, M.D.	St. Georges
(St. Barnabas Health Care Sys.)	Director of Graduate Medical Education	
Livingston, New Jersey 07039		
Monmouth Medical Center	Joseph Jaeger, MPH	St. Georges
(St. Barnabas Health Care Sys.)	Associate Vice President of Academic	
Long Branch, New Jersey 07740	Affairs	
Newark Beth Israel Medical Center	Joshua S. Rosenblatt, M.D.	St. Georges
(St. Barnabas Health Care Sys.)	Director of Medical Education	
Newark, New Jersey 07112		
Trinitas Hospital	Ernest E. Federici, M.D.	St. Georges
(formerly St. Elizabeth)	Graduate Medical Education Program	Ross
Elizabeth, NJ 07202	Director	
St. Joseph's Regional Medical Center	Stanley Bernstein, M.D.	St. Georges
Paterson, NJ 07503-2621	Director of Medical Education	
Hoboken University Medical Center	Loretta England	Ross
(formerly St. Mary Hospital)	Graduate Medical Education	
Hoboken, NJ 07030	Administrator	

AAMS	DEAN OF STUDENTS
St. George's University University Centre Grenada, West Indies	C. V. Rao, PhD, Dean of Students Dr. S. Weitzman, Dean of Medical School
Ross University Administrative Offices 499 Thornall St, 10 <sup>th</sup> floor Edison, NJ 08837	Mary Coleman, M.D., Ph.D., Dean Dr. Nancy Perri, Vice President of Academic Affairs

Monday, May 21, 2007

Alternatively Accredited Medical School Survey Responses

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Alternatively Accredited Medical School	Ross University School of Medicine	St. George's University School of Medicine	Totals
. Name of Contact Person	Nancy A. Perri, MD VP Academic Affairs Dean Clinical Sciences	John A Wilbur III Office of Regulatory Data and Information	
(1) What year was the medical school first approved to send students to New Jersey for a clinical clerkship program?	1995	.i L	
2. How many currently filled positions does your medical school have at New Jersey hospitals for student clinical clarkshing in	linical clarkehine in		
(A) Pediatrics? (B) Internal Mediatrics?	0	19	19
(C) General Surgary?	18	37	55
(b) OB/GYN?	0	37	37
(E) Psychiatry?	0	19	19
(F) Family Practice	8	17	25
(G) Primary Care	9	14	20
	0	*	0
TOTAL	32	143	175
3. How many currently approved bositions does volir medical school boxe of Nilhamitals feet and the second school boxes of Nil			
(A) Pediatrics?	- 1		
(B) Internal Medicine?	0	29	29
(C) General Surgery?	18	85	103
(D) OB/GYN?	0	75	75
(E) Psychiatry?	0	25	25
(F) Family Practice	8	30	38
(G) Primary Care	9	14	20
	0	*	0
TOTAL	32	258	290
4. How many additional positions does the medical school want for student clinical clerkshins in			
(A) Pediatrics?	9	VC	
(b) Internal Medicine?	٥	22	97
(C) General Surgery?	2	04	46
(b) OB/GYN?	9	40	46
(E) Psychiatry?	10	20	30
(F) Family Practice	4	20	24
(G) Primary Care	9	14	20
	0	*	0
IOIAL	38	154	192

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Alternatively Accredited Medical School	Ross University School of Medicine	St. George's University School of Medicine	Totals
(5) How many of the medical school's graduates have participated in at least one clinical clerkship in New Jersey since the medical school has been approved to provide clinical clerkships for students in New Jersey?	greater than 50	2,412	>2,462
Comments:		SGUSOM currently has 6302 graduates total. Graduates are surveyed periodically. The graduate database is updated by survey results and data obtained from state medical boards. Survey response is voluntary. Data are estimated to be 90% to 95% accurate.	
(6) How many of the medical school's graduates who had at least one clinical clerkship at a New Jersey hospital since your school has been approved to provide clinical clerkships for students in New Jersey, attained a residency program in New Jersey?	greater than 20	929	969<
Comments:		This statistic is based on graduates who have ever held a residency postion in New Jersey as opposed to those who first obtained a residency position in New Jersey.	

Alternatively Accredited Medical School Survey Responses

Now many of the medical school's graduates who had at least one clinical clerkship at a New Jersey hospital slice your school has been approved, attained a residency program in the United States outside Comments:  Additional Comments:	one clinical clerkship at a New Jersey y program in the United States outside	greater than 700	As above, data relates to all residencies obtained. One should note that some graduates have held residencies both inside and outside New Jersey and some have either not secured residencies or have secured them outside the United States. The responses to questions	>2,430
Additional Comments:			As above, data relates to all residencies obtained. One should note that some graduates have held residencies both inside and outside New Jersey and some have either not secured residencies or have residencies or outside the United States. The	
Additional Comments:			As above, data relates to all residencies obtained. One should note that some graduates have held residencies both inside and outside New Jersey and some have either not secured residencies or have secured them outside the United States. The responses to questions	
Additional Comments:			to all residencies obtained. One should note that some graduates have held residencies both inside and outside New Jersey and some have either not secured residencies or have secured them outside the United States. The responses to questions	
Additional Comments:			outstander, othe should note that some graduates have held residencies both inside and outside New Jersey and some have either not secured residencies or have secured them outside the United States. The responses to questions	
Additional Comments:			graduates have held residencies both inside and outside New Jersey and some have either not secured residencies or have secured them outside the United States. The responses to questions	
Additional Comments:			residencies both inside and outside New Jersey and some have either not secured residencies or have secured them outside the United States. The responses to questions	
Additional Comments:			and outside New and outside New either not secured residencies or have secured them outside the United States. The responses to questions	
Additional Comments:			Jersey and some have either not secured residencies or have secured them outside the United States. The responses to questions	
Additional Comments:			either not secured residencies or have secured them outside the United States. The responses to questions	
Additional Comments:			residencies or have secured them outside the United States. The responses to questions	
Additional Comments:			secured them outside the United States. The responses to questions	
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Additional Comments:			6 and 7 do not	
Additional Comments:			necessarily add up to	
Additional Comments:			the response to	
Additional Comments:			question 5.	
			Curriculum Description	
			and clerkship	
	-		objectives are	
			described in detail in	
			the SGUSOM Clinical	
			training manual	
			three files It should be	
			noted that through it	
			SGLISOM's history	
			1500 of its students	
	-		have transferred to 89	
	-		American medical	
			Schools with advanced	
			standing.	

APPENDIX C-2

Notes	Shaded cells indicate that hospital did not report any alternatively accredited medical school clinical clerkships in these rotations.			St. Michaels reported a combined	40 for IM & General Surgey and	24-36 for Brimany Care	Broakdowne not emilially bale	DIFARCOWIIS NOT AVAILABILE, ITALI	were assigned to each for	calculations of totals and	averages			<del>''</del>				-		-	<del></del> 0			<del></del>								•	:	•	students in Family Practice			
BHCS) Tolais	Shaded cel report any s school clinic		96	3 8	0	27	24	28	12	30	265		2.0	77	200	cr cr	23	56	12	10	193		5	8	2	0	7	,	-	47	66	3 5	200	90	15	14.5	9	265.5
Nouth CS) St. Barriad CS)	2 %				•	8	4		14 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4		24			+ 0	0		4				24		Yes	Yes	200	No	S CZ	2 N		8	0	0	0	0				32
Monn	Joseph Jaeger			-1	0	part of SBHCS	overall approval				0		-	-10	16	7	and the second second second				٩	,	Yes	Yes	So. X	SP CN	S S	cN	hools).	5	٠	9 4	0 4	0 0	7			24
Sellilly	Charlotte Leonard		7.7 7.7 2.7	9	,						9		A Same Comment	9	The second of the second						0	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	ONI	S N	cX	cN	cN	ON.	LCME and AOA accredited medical schools).	多 大家 医红线的	9	Some williams of a	2				7.0 X X X X X X X X X X X X X X X X X X X	20
University St. Michael	Dr. John W. Sensakovic			20	000	P.O.				30	70		0.0000000000000000000000000000000000000	8					Ç	0.2	73	CN	200	Yes	No	No	oN.	Yes	AE and AOA accr		16	10				01	2	8
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70°06.15	Dorothy A. Kozdemba	each of the areas listed	10	10	10	ç	2 5	0.	9		56	of the areas listed?	10	10	10	01	0,	2		92	the following areas	Vac	Nay.	Yes	Yes	Yes	Yes	No	de alternatively accredited and	14	10	10	9	3	9	Age State Co. St. St. St. St. St. St.		5
EHILEH	Dr. Abdalla Mohamed Yousif	4 - )	可以在 沙龍 家屋	9	100 V V V V V V V V V V V V V V V V V V						9	lerkships in each		9	· · · · · · · · · · · · · · · · · · ·					3	┥.		Yes	No	No	ON	, No	ON.	כו		9						2	
2	Dr. Joshua Rosenblatt	accredited stude	80	12	ို	9	,	7			38	redited student of	3	4	9	9	0			91	dited medical sc	Yes	Yes	Yes	Yes	No	No	No	al clerkships in e	6	12	7	9	2			36	3
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Polica Nacion	Linda Gerson	your hospital ha	11	19	6	4	And the second of the second	The second secon			43	r hospital has for	6	16	2	2				29	al clerkship for a	Yes			Yes	No	No	No	s does your hosp	11	19	6	4				43	
05/21/07	Contact:	Currently APPROVED positions your hospital has for alternatively accredited student clerkships in	Pediatrics	Internal Medicine	General Surgery	OB/GYN	Psychiatry	Family Bractica	Discussion of the control of the con	Frimary Care	IOIALS	Currently FILLED positions your hospital has for alternatively accredited student clerkships in each	Pediatrics	Internal Medicine	General Surgery	OB/GYN	Psychiatry	Family Practice	Primary Care	TOTALS	Does your hospital have a clinical clerkship for alternatively accredited medical school students in	Pediatrics	Internal Medicine	General Surgery	OB/GYN	Psychiatry	Family Practice	Primary Care	IF YES, how many total students does your hospital have in clinical clerkships in each area? (Incl.	Pediatrics	Internal Medicine	General Surgery	OB/GYN	Psychiatry	Family Practice	Primary Care	TOTALS	

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APPENDIX C-2	Notes								VII						_	_	by UMDNJ" in Psychiatry							4	10 for Pediatrics								<i>J</i>						- 8		students not required to stay	overnight.
	nabas (S)		32	64	37	19	17	7 0	195		37	44	11.5	3	5	T		136		7.4	137	180	T	T	45	20	19.2	-	215	315	320	240	8 6	8 8	1721	1,45.1		,	.]9	9	0	-
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	MonnouthCS		-	2	2		0		9		4	4	4	4	6			18		25	30	40	40	15			30		40	40	09	00			50	2	Yes	S A	Yes	Yes	*oN	
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	Wie iavindon	ps in each area?	The second of the second				9		9	ave in clinical clerkships in each area?						2.5		2.5					4.75		10		10.0						30		30.0							Yes
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	Mark Bells BHCS) Railian Bay	r hospital have ir		٥					9	our hospital have		0						0	r week? (In hour		25	25	25	. 25			- 15	ㅋ :	00						20			Yes				
	(BS) legister (BS) legister (BS)	chools does you	9	0 8	0 0				28	schools does yo	3	4	2	0	2			11	nd with faculty pe	15	15	15	15	15			Cl chillin by	40	40	40	40				40	on call?	Yes	Yes	Yes	Yes		
	A CH Bertleri Oral	redited medical s				16			16	ccredited medica					5			5	erkship area sper					15			orkehin araa enar	nde na m dimens	Y. T. T. T. A. C. T. A. C. T.			25		三点語の学家を守	25	students who are					No	
onses	Jersey City City	alternatively acc	- 4	2 2	2				31	LCME or AOA ac	22	87	2.5	22				74.5	each clinical cl	15	GL GL	50 50	20			17.	to leach clinical of	40	40	40	40		Section 1		40	om available to	Yes	Yes	Yes	Yes		
Hospital Survey Responses	05/21/07	IF YES, now many students from alternatively accredited medical schools does your hospital have	Internal Medicine	General Surgery	OB/GYN	Psychiatry	Family Practice	Primary Care	TOTALS	in 153, now many students from LCME or AOA accredited medical schools does your hospital ha	Pediatrics	Internal Medicine	General Surgery	OB/GYN	Psychiatry	Family Practice	Primary Care	IOTALS	How much time does a student in each clinical clerkship area spend with faculty per week? (in hours/minutes)	Pediatrics	Internal Medicine	General Surgery	OB/GYN	Psychiatry	ramily Practice	AVERAGES:	How much time does a student in each clinical clerkship area smand with a recident control	Pediatrics	Internal Medicine	General Surgery	OB/GYN	Psychiatry	Family Practice	Primary Care	AVERAGES:	Does your hospital have a call room available to students who are on call?	Pediatrics	Internal Medicine	General Surgery	OB/GYN	Fsychlarry Family Dractica	Primary Care

APPENDIX C-2

05/21/07	Jetsey City	sey city and sergen	leno!	hed heiter Has least	Bay st. Joseph's	1 2	oken etsity st. Michael's	Piagra Pilaga	Anomoun (Sance)	HCS) Ramabas CS)	PHCS) TOPAGE	Notes	
Does your hospital provide meals for students who are on call?	als for students	who are on call?						ı	ı				
Pediatrics	Yes		Yes	人名英格兰英格兰人	Yes			人名英格兰地名 医动物	Yes	92	. 4		
Internal Medicine	Yes	のなっている。	Yes	No	Yes		Yes	Yes	Yes	2	9		_
General Surgery	Yes		Yes		Yes		ХeУ		Yes	S <sub>N</sub>	5		_
NAS/80	Yes	Chicago Anna Chicago	Yes		Yes	記録といるなるのでは、		No	Yes	2	4		_
Psychiatry		oN.			Yes			No	Yes		2	_	
Family Practice					Yes	S		The State of the S				-	╜
Primary Care	Section And Association			· · · · · · · · · · · · · · · · · · ·			Yes		10000000000000000000000000000000000000				ш.
Does your hospital have library services available to students?	services availal	ble to students?											aı
Pediatrics	Yes		Yes	· 100 100 100 100 100 100 100 100 100 10	Yes			\$0.5% S.C. S.C. S.C. S.C. S.C. S.C. S.C. S.C	Vec	300	u		_
Internal Medicine	Yes	が東京を表現を経済に	Yes	Yes	Yes		Yes	Yes	20/	80%	0	•	v
General Surgery	Yes		Yes	ころの おおのとなる	Yes		Yes		80/	Sal		ie:	u
OB/GYN	Yes		Yes		Yes			Yes	20/2	SA.		***	w
Psychiatry		Yes	, Xes	1000年の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の	Yes			Yes	ν	193	٥		יע
Family Practice	いるが、 はまでないか	京の下京 であるのである	· (本名為是不被法		Yes	Yes			8		0	9	
Primary Care		を表するというできます。			ののでは、大はおいまとう	Control of the Control	Vac				7		44.
Does your hospital have electronic databases available to students?	nic databases a	vailable to stude	nts?				200	8000 2000 2000			-		
Pediatrics	Yes		Yes	The second of th	Vos	100 Company (100 Company)	Section of the sectio	Control of the Contro					
Internal Medicine	Yes		Vac	200	207		N/-		Yes	Yes	2	<del>5 </del>	ч.
General Surgery	Yes	1000	200	001	200		ON.	Yes	Yes	Yes	7	~~V	ייעע
OR/GYN	Vas		2007		sa.		ON.		Yes	Yes	32	<del></del>	e
Vareidavad	Section 1	202	Ves		res			Yes	Yes	Yes	9	<del>-</del>	4
Eamily Orașion		90	201		Yes		を設定がなけれない。	Yes	Yes	語の意味を	2		_
Drimon, Coro					Yes	Yes				The State of the S	2	ode −	ω.
and initial cale							Yes			おいいかない	-	7	w
what is the annual census of inpatients available to students (for the most recent year you have	patients availar	ole to students (fo	or the most recen	t year you have data)?	.								
regiancs			3,300		3,104			のないないのである。	1,446	5,795	14,966	Ct locophy potent 2006 date:	w
internal Medicine	4,322		10,000	10980	6,031		8,735	8,417	6,390	1.359	56,234	or cosepil s noted 2000 data,	ш.
General Surgery	1,850		5,998		7,662	高い はない はないない	8,735	\$ 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1,656	2.004	Τ	Bergen noted Devotished vaterials	w
OB/GAN	4,356	The state of the s	2,300		3,882	一般 大学の大学を		1,965	4.604	8.581	Τ	beds daily sensus	-
Psychiatry		330			923			1,961	1,660	は機械が出ておいる。	4.874		m
Family Practice					0	676					676	St Michaels combined IM/Gen	ш
Primary Care	Section 1						17,469	い。これがある			17.469		٧
TOTALS:	11,849	330	21,598	10,980	21,602	676	34,938	12.343	15.756	17,739	147 811	-	-
What is the annual census of outpatients available to students (for the most recent year you ha	utpatients avails	able to students (	for the most rece	nt year you have d	ve data)?								-
Pediatrics	4,419		20,000		10, 499			語に中間の 1 mm 2 mm	3	29 030	22 440		
Internal Medicine	1,231		70,000	8,189	68,813		38,567		Not Avail-thur a	24 144	210 044	St Joe's noted 06 data for all;	V-
General Surgery			9,895	· 公司的 中国 · · · · · · · · · · · · · · · · · ·	5,990		38,567		separate health	5.661	Τ	<del>.</del>	Э.
NXO,BO	4 977		000				温度を		ctr which keeps		Τ	Bergen noted Psychiatry based on	-
NI Diago		000	8888		16,581				own stats	8,826	37,273	beds, daily census.	_
Family Droging		0,000	1/0		162,295				26,794		200,350		
Drimon Core					8,000	24,810	<b>美国教学</b> 进行				32,810	Su Michaels combined IlM/Gen	-
TOTALO		-					77,133				77,133	(1/2 round in cook)	-
וחושים	1,621	3,500	147,545	8,189	261,679	24,810	154,266	0	26,794	67,661	702,071		₩-

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	100	98	1	\		2	1		'	The /	SHCOLE	Notes
How many total accredited residency positions does the hospital have in each area?	sidency positions	does the hospit	tal have in each a		1	إ		**	J	3	1010	
Pediatrics	S 21		31		36				١			
Internal Medicine	e 45		52	24	A5		0	G	91	01	114	-
General Surgery	0	1200,440 139 134	8		2		Co	30	39	36	336	
VK5/80			13	4	0 8		2		21	28	99	
Psychiatry		29	c						6	20	99	St. Michaels Prim. Care served by
Family Practice	6							#			33	residents in other areas.
Primary Car	6				+7	47					48	
TOTALS:	78	29	104	86	110	1	0				0	
How many residents does the hospital currently have in each area?	hospital current	v have in each a			81-	47	89	34	82	94	663	
Pediatric	5 21	2000	37		00				_			
Internal Medicine	45		-		30				16	10	120	
General Surgery			γ α	7.4	42		55	30	36	36	313	
OB/GYN			730		٥		3		21	28	99	
Psychiatry		96	2	+	8				6	20	65	
Family Draction		63			2			4	が かんとうかん		35	
Drimon Caring					10	24			Carolina of the		37	
Filmary Car			10 10 10 10 10 10 10 10 10 10 10 10 10 1	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			0				5 6	
TOTALS:	22	29	100	28	107	24	58	20	6		٥	
How many AOA accredited residency positions does the hospital have?	sidency positions	does the hospit	tal have?	T			3	5	78	94	633	
Pediatrics	S 21	State of the state	37									
Internal Medicine	e 45		42				Q.		16		74	
General Surgery	У		0						36		133	
OB/GVI	-1		0						7.1		21	NBI reported their residency
Psychiatr	) A	0	0						8		20	programs in Pediatrics and
Family Practic	Φ				19			0			0	Internal Medicine as dual
Primary Can	9				7						12	AOA/ACGME accredited.
TOTALS:	14	0	79	c	c.	ļ	0				0	
How many ACGME accredited residency positions does the hospital have	residency positiv	ans does the hos	enital have?		7.1	0	9	0	82	0	260	
Pediatrics	21		ob minds		3							
Internal Medicin			60	100	as i				16	10	122	
General Surgery			350	47	45		55	30	39	36	326	
OB/GYN	12		2 6		9 6		3		21	28	28	
Psychiatry	^	8	2 0		٥				6	30	72	
Family Practice	, 0	2			0			4			33	
Primary Care	a				12	24					36	
TOTALS	, az	e e	107				0		家庭の おおがら	- The Control of the	0	
Does the hospital have a Director for the clinical of the the	afor for the clinic	22	104	574	107	24	58	34	85	104	647	
Pediatrics	S Yes	al ciel hallip prog	gram in the rollow	ving areas?								
Internal Medicine			807	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	res				Yes	Yes	2	
General Surger	l		3	Sal	res		Yes	Yes	Yes	Yes	8	
OB/GVN			7 es		Yes		Yes		Yes	Yes	9	
Maidous d			Yes		Yes		No	Yes	Yes	Yes	9	
r sychiany	<u>}</u>	Yes	No	五九十五五五十二十五十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二	Yes	1000	ON.			25.		
ramily Practic	-				3		200	99	Yes	The state of the s		
P. C.	0				Yes	Yes	ONI	168	Yes		4	

APPENDIX C-2

Jersey City City Bergen nal	ار ا	AHEWON KINDS	Wowalk Bell BHCS) Harlian Bay	s'ingasor, is	1 1/2	slagnom silving	sils.	THON	Counties (Source)	HCS)	Notes
r week does the Director devote to the	he Director devote to the clinical	te to the clinical	12	lerkship?	·l		1		1		
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9	10			4.5			. 8	15	5	48.5	10-15-Pediatrics 10-19-IM 4-5-
Fsychian February 10				4.5			. 2	15		31.5	OB/GYN, 4-5-Psychiatry
Primary Care				٥	c	20				13	OU
8.3 10 10 10		101		η, α		57	U	7	Ç	62	
Director have clerical support for the administral	ipport for the administration o	ministration o	the	stude	io area?	2	,	2	7,	93.3	re
Pediatrics Yes Yes	Yes	OF THE PERSON NAMED IN		Yes	· 大学のなどのなどのない。		N. N	Yes	Yes	5	
		Yes		Yes	10年後の変形がある	Yes	Yes	Yes	Yes	8	
General Surgery Yes Yes	Yes			Yes		Yes	880 SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	Yes	Yes	9	
Yes	Yes		100	Yes		No	Yes	Yes	Yes	9	n(
Psychiatry Yes Yes		5.00mm 100mm		Yes		No	Yes	Yes	State of State of	4	
Family Practice	一年 一		Į,	Yes	Yes			3		2	
Primary Care		はまた数を表			大衛等無 就等人可以以	Yes			10年代の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の	,	
Does the hospital have an Assistant Director for the clinical clerkship progam?	cship progam?		1								-
Pediatrics Yes No	oN		差	N	会社のあるからい。	古田の大学をよりな。	はないないのではないから	No	Yes	2	
		No		No	(1) 10 mm (1)	oN N	Š	No	Yes	2	
	No		1	ON	· · · · · · · · · · · · · · · · · · ·	No	では、大学の大学を	No	Yes	1	
Yes	No		1	No		No	No	No	Yes	2	
Psychiatry No No	No			No		No	No	No		0	~
Family Practice	· · · · · · · · · · · · · · · · · · ·		N. C.	Yes	No					-	,
Primary Care						Yes			の変化のなどの	1	
in an ai	week does the Assistant Dire	ssistant Dire	ctor d	evote to the clin	or devote to the clinical clerkship area?	12		,			
									20	25	
Internal Medicine 10					が変数を変				18	28	
General Surgery			1				を アンドラング 大学 できる		5	5	
OB/GYN 5		いるながに	41.4						2	10	
Psychiatry Programme Psychiatry		1.00 Media	S. S. S.		The Control of the Control	発養を指揮をある。	はいいないできる				
Family Practice			18.80	9			於 1. 日本教養學教			9	
		· · · · · · · · · · · · · · · · · · ·	*	からは他の数字では	不可能 的复数	法令被禁犯罪 下表	から かっている はないの	公司 不 東京			
AVERAGES: 6.7			-	6.0		25			12.0	14.8	
In an area, does the Assistant Director have clerical support for			_ O	administration	the administration of the clinical clerkship area?	kship area?					
			3.0				でする 電路を受ける		Yes	2	,
					ながらのできた				Yes	2	
General Surgery Yes		· · · · · · · · · · · · · · · · · · ·	1000				から の 対象のでなる		Yes	,	at
OB/GYN Yes		100 mm	1			The second second second second			200		
									20-	7 0	
Family Practice			4.35	Yes						-	
Primary Care		A. A		N. S.		Yes				1	ai,
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amapa's (S)	407		5	8	4	>	9	2	ĺ	2	1		96	97	62.5	43	7
oured (S	5	,	res	Yes	γaγ		Yes					-	40	2	12	25	
1		25/	Sal	Yes	Yes	,	Yes	Yes					4		2	m	
sellin.				Yes		\ Voo	83.	Yes						ļ			
silaground Historianis				Yes	Yes	ςN		ON		30,	282			9	0	20	
\ ~	rkships?								Yes			386					
Ray Saganis	students on the following clinical clerkships?	Yes	Vas	201	res	Yes	Vas	23	Yes		the students on the clarkehin in seek area	וויסווים ווו במכוו מוו	٥	13.5		,	ç
Buark Barn HCS) lawak Bay lawak Bay Rainan Bay	udents on the foll		Ye's	3							udents on the cle			4			
E Z	ek with	Yes	Yes	Vas	20-	Yes	Yes				VIII.	c		3	3		מי
Cit Bergen of	than 5 hours						Yes				n 5 hours per week						

APPENDIX C-2

05/21/07	Jersey City Jersey City	15/8	End	Walk Beth HCS   Man Bay	\	nayodor, s'idasot, ro	shanon Kitshawa	selic,	Schrout et	h(S) Ramabas (S)	Sylcs)	Notes
Does the hospital have key faculty who spend more than 5 hours per week with students on the follow	ulty who spend	more than 5 hours	s per week with	students on the fol	ing	, I		- 1	ΛĹ	2.46	1010	
Pediatrics	s Yes		Yes	-		del natura r			*			-
Internal Medicine			Yes	Yes	Yes		Nex.	Vac	Yes	Yes	2	-
General Surgery			Yes		Yes		Yes	83	Yes	Yes	8	
OB/GYN	Yes		Yes		Yes		cN	Vec	se l	Yes	9	
Psychiatry		Yes	Yes		Yes		cN	So. V	res	Yes	9	
Family Practice					Yes	Yes		20	Les		2	
Primary Care							Yes				2	
IF YES, how many faculty members spend more than 5 hours per week with the students on the clerk	bers spend mo	re than 5 hours pe	er week with the	students on the cle	thin in each	area?	200				-	
Pediatrics	3		3		8							
Internal Medicine	18		3	4	13.5				4	10	28	
General Surgery			9		5.5.7		٩	-	5	12	62.5	
OB/GYN			0 60		4 5		9		3	25	43	
Psychiatry		5	\  -		2 6			9	3	9	33	St. Joseph's reptd 12-15 for
Family Practice					7 0			2			=	Internal Medicine
Primary Care					9	-					4	
TOTALS:	3	rc.	-		1 33		5	And the second		Topical layer of the first of	5	
IF YES, how many faculty members who spend more than 5 hours nor week with the children of the	bers who spen	d more than 5 hour	re nor wook with	+	5	-	4	6	16	53	186.5	
Pediatrics	3		3	ing standing are	2	or AUA Board Certified in the	clerkship area?					
Internal Medicine	7		2		٩				4	10	28	
General Surgery	, 5		6		2		9		5	12	52	
OB/GYN		10000			+		3		3	25	43	
Psychiatry		4	,		01 6				3	9	27	
Family Practice					7 0				1		8	
Primary Care						-				The state of the s	4	
TOTALS:	20	4	13	4	42		2,4				5	
Does the hospital have faculty members who spend 1 to 5 hours per week with the students on the clarketin in each	members who	spend 1 to 5 hours	s per week with t	he students on the	clerkehin in eac	th areas	4-	0	16	53	167	
Pediatrics	se Yes		Yes	5 里	Vac	און מובמ ו						
Internal Medicine			Yes	Yes	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				Yes	Yes	5	
General Surgery	Yes		Yes		\$2. \ \ \ \		res	Yes	Yes	Yes	8	
OB/GYN	Yes		Yes	1000	Yac		res		Yes	Yes	9	
Psychiatry		Yes	Yes		200		02 Z	Yes	Yes	Yes	9	
Family Practice		Section 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			20 A		No	Yes	Yes		5	
Primary Care	100 Language 100 L				ľ	res				了	2	
if YES, how many faculty members spend 1 to 5 hours per week with the students on the claricalia	bers spend 1 to	5 hours per week	with the studen	te on the elements			Yes			本を終合されたこと	-	
Pediatrics	9		2	its on the clerkship	In each area?							
Internal Medicine	18		2	6	2 0				10	25	58	
General Surgery	9				21		01	9	3	20	102	
OB/GYN			-		3 6		5		10	25	25	
Psychiatry		15	2					6.5	10	09	85.5	F C Transfer of the Control of the C
Family Practice					1 6.			9	2		27	IIIIIII BERIO 6-7 NES IN OB/GYN
Primary Care			A			+					7	
TOTALS:	35	15	8	3	45		+ 1				4	
							•				1	

APPENDIX C-2

Jersey State Library
ALL; same
ALL; same St. Josephs reptd 5-7-lm, A-5-0B/GYN; Butter St. Joseph's reptd 8-7-lm, A-6-0B/GYN

St. Joseph's reptd 1-2 in Addicine Addiction Additional NBI reported 100%; numbers derived from answers above. Notes alego F 51.5 293 ₽ 32 22 25 28 331 1333 St. Ballabacs) 22 88 51 84 55 307 8 6 8 2 2 2 160 9.5 8 2 2 3 88888 일일의 3 45 4 167 17 15 38 166 on the clinical cierkships in the following areas? (Note: This does not include grand rounds or morning report). (SO) HAOLILION 100 3.4 88880 25 25 25 유유유 Selling 4.3 S. Jacus III. F YES, how many faculty members who spend 1 to 5 hours per week with the students are ABMS or AOA Board Certified on the clerkship area? 5.7 9 Historia Hoboken s, Idagor, 15 0 9 4.5 5.1 3.5 58 2 은 ked uented (E)Hash Bern Haway 50 How many of the clinical clerkship faculty in each area have a medical school appointment?

Pediatrics 6 5 5 How many hours per week do faculty provide didactic material solely to students Bergen 16 33 Jersey City City Tarket 36 Internal Medicine General Surgery OB/GYN Psychiatry Family Practice General Surgery OB/GYN General Surgery OB/GYN Primary Care TOTALS: Family Practice Primary Care Family Practice Primary Care Internal Medicine TOTALS: TOTALS: Internal Medicine nternal Medicine General Surgen 05/21/07

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APPENDIX	

MSSoM,	at cici variib tacuit	ricase has the medical school(s) at which clinical clerkship faculty for each area have appointm	ach area have appointments.	- 1						40	11	+
SGUSoM		NYCOM, SGUSoM, UMDNJ, MSSOM		SGUSoM, MSSoM				Drexel, SGUSoM	MSSoM, SGUSoM	MSSoM - Mt. Sinai School of Medicine SGUSOM - St. George's University School of Medicine	ool of Medicine University School of	1 00
MSSoM, SGUSoM		NYCOM, SGUSOM, UMDNJ, MSSOM	RWJH-UMDNJ	SGUSoM, MSSoM		SGUSoM; SHUSoGME; NECOM; UMNDJ	Ross U, UMD-NJMS	Drexel, SGUSoM	MSSoM, SGUSoM	NECOM - New England Medicine NYCOM - New York Col	VECOM - New England College of Osteopathic Medicine NYCOM - New York College of Osteopathic	GIC VICI
MSSoM, SGUSoM		NYCOM, SGUSOM, UMDNJ, MSSOM		SGUSoM		SGUSoM; SHUSoGME; NECOM; UMNDJ		Drexel, SGUSoM	MSSoM, SGUSoM	Medicine NYCOM SHUSOGME - Seton Ha School of Medicine	III University Graduate	Ting un
MSSoM, SGUSoM		NYCOM, SGUSOM, UMDNJ, MSSOM		SGUSoM, MSSoM			None	Drèxel, SGUSoM	MSSoM, SGUSoM	UNECOM - University of Osteopathic Medicine	f New England College o	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
MSSoM, SGUSoM	Drexel U; Ross U; SGUSoM	NYCOM, SGUSOM, UMDNJ, MSSOM		SGUSoM, MSSoM			SWI W-CWIT					G COPY
				SGUSoM, MSSoM	UMDNJ-NJMS			layain				
						SGUSoM; UNECOM; UMDNJ						1 1110 1
dures were d	one at the hospita	al in 2006?	2 700									Ť
edures were	done at the hospi	tal in 2006?	3,788	4,844	1264	7679	2,676	3,474	10,000	40,468		-
		6,500	8,141	6,861	2852	5846	4,821	8.883	5 000	48 004		<del></del>
the hospital i	n 2006?	000	000 7						2010	toe'or		Ÿ
alternatively	accredited studen	2,300		2,839	1225	-	1,845	4,011	7,000	20,297		1
		0		n m each area?		6				-		<del>-</del>
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2		0		5		9	6	*		T	mouth reported "Under	- 10
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				5	0					T	number is not available a	<u> y</u>
9	6	ĺ				10				9	this time."	
٥	æ	o	0	30	0	28	4	**	0	76		
	MSSoM, SGUSOM,	General Surgery  OB/GYN SGUSOM, SGUSOM, SGUSOM, SGUSOM, SGUSOM, SGUSOM, Ross U; SGUSOM Family Practice  Primary Care  Primary Care  How many Inpatient surgical procedures were done at the hospit How many outpatient surgical procedures were done at the hospit How many deliveries were done at the hospit How many deliveries were done at the hospit How many additional positions for alternatively accredited studer Pediatrics  Internal Medicine Pediatrics  General Surgery  Toral Surgery  Family Practice  Permany Care  Family Practice  Permany Care  Family Practice  F	MSSoM, SGUSOM, SGUSO	SoM RWJH-UMDN SoM SO	3	SGUSoM, MSSoM, M	SGUSOM, SGUSOM, SGUSOM, MSSOM, MSSOM, MSSOM, SGUSOM, MSSOM, SGUSOM, MSSOM SGUSOM, MSSOM SGUSOM, MSSOM SGUSOM, MSSOM SGUSOM, MSSOM SGUSOM, SGUS	SGUSoM, NECOM; NECOM; SGUSoM; SGUSoM; SGUSoM, NECOM; NECOM; NECOM; NECOM; NECOM; NESOM NESOM NECOM; NECOM; NESOM NESOM NECOM;	SGUSoM, NECOM; Poss U, UMP-NJMS   SGUSoM; SGUSoM; SGUSoM; SGUSoM; SGUSOM, NECOM; NMSSOM   N	SGUSoM,   NECOM;   Ross U,   Dravel, SGUSoM,   SGUSoM,   SGUSoM,   SGUSoM,   NECOM;   NECOM;   NECOM,   None   None   Nexel, SGUSoM   None   Nexel, SGUSoM   None   Nexel, SGUSoM   None   Nexel, SGUSoM   None   None	SGUSOM	SGUSoM   NECOM;   Poss U   Poss N   SGUSoM   NECOM;   N

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05/21/07	Jersey City Medical Ctr	Bergen Regional	Newark Beth Israel (SBHCS)	Raritan Bay Medical Center	St. Joseph's Regional Medical Center	Hoboken University	St. Michael's Medical Center	estinirT IstiqeoH	Monmouth (SBHCS)	St. Barnabas (SBHCS)	Average	Ranging	٥
Faculty/Student Ratio													
Pediatrics	0.8:1		0.6:1		1.6:1			が表現が変が	2.8:1	4.4:1	2.0:1	0.6:1	4 4.1
Internal Medicine	1.9:1		0.4:1	1.2:1	2.4:1		1.0:1	1.2:1	1.3:1	7.8:1	2.1:1	0.4:1	7.8:1
General Surgery	1.2:1		0.6:1		1.6:1		0.6:1		2.2:1	6.3:1	2.1:1	0.6:1	6.3:1
OB/GYN	2.5:1		0.7:1		2.2:1			12.5:1	2.6:1	8.3:1	4.8:1	0.7:1	12.5:1
Psychiatry		1.0:1	1.5:1		0.8:1			5.0:1	3.0:1	Company of the Compan	2.3:1	0.8:1	5.0:1
Family Practice					1.0:1	0,6:1					0.8:1	0.6:1	1.0:1
Primary Care							0.9:1				0.9:1	0.9:1	0.9:1
Resident/Student Ratio													
Pediatrics	1:6:1		4.1:1	- SS Workstan	2.6:1				3.2:1	1.3:1	2.6:1	1.3:1	4.1:1
Internal Medicine	2.4:1		3.5:1	4.0:1	4.5:1		3.4:1	5.0:1	6.0:1	4,5:1	4.2:1	2.4:1	6.0:1
General Surgery	0.0:1	100 May 100 Ma	1.1:1		0.6:1		0.3:1		3,5:1	3.5:1	1.5:1	0.0:1	3.5:1
OB/GYN	2.8:1		2.2:1		1.3:1		お 様子 光かった	0.0:1 ***	1,8:1	2.5:1	2,1:1	1.3:1	2.8:1
Psychiatry		1.4:1	0.0:1		0.4:1			4.0:1 ***		<b>美国教育教育</b>	1.4:1	0.0:1	4.0:1
Family Practice					1.7:1	2.8:1					2.2:1	1.7:1	2.8:1
Primary Care							0.0:1 **				0.0:1 **	0.0:1 **	0.0:1 **
Green Shaded Cells indicates that the Hospital did not report any Alternatively Aco	s that the Ho.	spital did not re	sport any Alter	matively Accre	dited Medical	credited Medical School Clinical Clerkships in that rotation.	1 Clerkships in	that rotation	報告の名の名の記録			11	

\*\* St. Michael's Clerks in Primary Care are served by Residents in other disciplines.

\*\*\* Trinitas also reported Clerkships in OB/GYN and Psychiatry, but not from Alternatively Accredited Medical Schools.

Where ranges were given, the median of the range was used for the calculation of totals, averages, and ratios.

APPENDIX D

\*CLINICAL CLERKSHIPS - NEW JERSEY HOSPITALS BY SCHOOL:

\*CLINICAL CLERKSHIPS - NEW JERSEY HOSPITALS BY SCHOOL:

### 1. ROSS UNIVERSITY:

- RARITAN BAY MEDICAL CENTER.
  - MEDICINE 6 Students per 3 months
- ST. MARY'S HOSPITAL
  - FAMILY PRACTICE 6 Students per 5 weeks.
- TRINIDAS HOSPITAL
  - OB- GYN 3 Students per 5 weeks
  - MEDICINE 6 Students on average per rotation.
- BERGEN REGIONAL MEDICAL CENTER
  - Psychiatry 8 Blocks of Students with up to 8 Students per Block in 6 week rotations.

### 2. **GUADALAJARA**:

School approved BUT no subsequent requests for specific approvals of affiliation agreements/site visits.

### 3. ST. GEORGES UNIVERSITY SCHOOL OF MEDICINE:

- ST. JOSEPH'S (50): (Increased from 40 to 50 in 1994)
  (12) (6) (5) (3)
  -MEDICINE; SURGERY; PEDS; OB/;GYN = Sub-Total (26)
  PLUS: (24) SUB-INTERNSHIP-ELECTIVES = TOTAL: 50
- ST. MICHAEL'S (40): (Increased from 30 to 40 in 1994)
  (12) (6) (4)
  MEDICINE; SURGERY; OB/; GYN = Sub-Total (22)
  PLUS: (18) SUB-INTERNSHIP ELECTIVES = 40
- ST. FRANCIS: (12)
  (6)
  (6)
  MEDICINE; SURGERY

.

### CLINICAL CLERKSHIPS - NEW JERSEY HOSPITALS BY SCHOOL:

- ATLANTIC CITY: (16) (Affiliation was discontinued??)
  (12)
  (4)
  MEDICINE; PSYCHIATRY
- UNITED HOSPITALS: (NEWARK) → 8/94; Subsequently Closed & PEDS (6) transferred to ST. MICHAELS.
   (6) (6)
   MEDICINE; PEDS
- JERSEY CITY MEDICAL CENTER
- FK MEDICAL CENTER RE. #'s & If ACTIVE?
- ST. BARNABAS
- NEWARK BETH ISRAEL
- MONMOUTH MEDICAL CENTER

AS OF APRIL 2000 - Approved for total 100  $3^{rd}$  and  $4^{th}$  year. Students at anytime across all 3 sites. (Estimate 50  $3^{rd}$  year and 50  $4^{th}$  year).