

**Agendum
Oakland University
Board of Trustees Formal Session
June 29, 2010**

DOCTOR OF MEDICINE DEGREE

A Recommendation

1. **Divisions and Departments:** Academic Affairs, Oakland University William Beaumont School of Medicine (School of Medicine)
2. **Introduction:** Both the American Medical Association (AMA) and the Association of American Medical Colleges (AAMC) advocate for an increase in medical school enrollments by as much as 30 percent – an increase that cannot be achieved without starting new medical schools. At the turn of the century there were 35 million Americans over the age of 65. That number is expected to double by 2030. The increase will be even more dramatic in Michigan, placing tremendous demands on our health care systems. According to the Council on Graduate Medical Education, the nation will face a shortage of about 85,000 physicians by 2020, due in part to the aging population.

The School of Medicine comes into existence at an extraordinary time in the history of Michigan. Faced with an economic collapse of this state's major industry, it is even more difficult for students who would infuse diversity into a medical school class to become interested in careers as physicians and to be given the opportunity to gain admission to medical school. In this context, it has been estimated that the State of Michigan will face a shortage of 4,400 physicians by the year 2020. The School of Medicine is therefore committed to training medical students from diverse backgrounds with the hope that they will choose to practice medicine in Michigan, thereby helping to ensure an appropriate number of physicians for the population while contributing to the economic diversification of this depressed area of the United States.

Oakland University, in affiliation with Beaumont Hospitals (Beaumont), has established an allopathic medical school with graduates earning an M.D. (doctor of medicine) degree. The School of Medicine will be recognized by its students and faculty members – and by their peers in the global medical community – as a premier educational environment for individuals to become physicians and to study medicine throughout their lives, to transform the practice of medicine through research, and to lead in promoting, maintaining, and restoring health to individuals and communities served by the school and its graduates.

The School of Medicine begins admitting its inaugural class of fifty medical students in the Fall 2011 semester. The enrollment plan includes an annual cohort increase of twenty-five students until the Fall 2014 cohort of 125 students. Cohort class sizes may be adjusted, depending on facility and resource availability.

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3. **Previous Board Action:** The Board of Trustees (Board) approved the Establishment of the Oakland University William Beaumont School of Medicine on July 31, 2008.

4. **Budget Implications:** The School of Medicine is privately funded, not receiving any existing state appropriation or non-medical student tuition. It will be funded through revenue generated by medical student tuition, affiliation support, extramural research, and philanthropy, as described below.

The School of Medicine is comprised of two educational components; basic science and clinical. Beaumont, through the Board approved affiliation agreement, is responsible for funding all the costs associated with the clinical component (i.e. clinical faculty, clinical administration, clinical facilities, etc.). In addition, Beaumont is funding half of the Dean's and the Dean's Assistant's compensation. Beaumont will also provide medical student scholarships and research grant support.

The basic science component, including non-clinical administration, basic science faculty, medical library, half of the Dean's and Dean's Assistant's compensation, and other operating expenses, is funded by medical student tuition, affiliation support, extramural research, and philanthropy, all under the control of Oakland University through the School of Medicine (see Attachment B). Included in the School of Medicine budget are "in-kind" expenses reflected as "University Support" (e.g. accounts payable, payroll). These are expenses the University is already incurring in support of other operating units, with no incremental cost related to the School of Medicine.

The tuition rate for the first year class, Fall 2011, FY2012, will be \$42,760, several thousand dollars below the national private medical school average, and approved by the Liaison Committee for Medical Education (LCME). In addition, as is standard at all medical schools and expected by the LCME, a nominal, non-refundable one-time secondary application fee (\$75) will be assessed to all School of Medicine applicants.

5. **Educational Implications:** The establishment of the Doctor of Medicine Degree is consistent with Oakland University's role and mission and the Oakland University Vision 2020. It will also address the growing shortage of physicians in the region and will provide a significant economic impact by creating jobs and contributing additional dollars to the state's economy. Finally, the proposed program will also contribute to a healthier Michigan.

The School of Medicine will be an integral unit of the Oakland University community, drawing upon and contributing to the intellectual life of the campus, and strengthening the already recognized programs in human health and biomedical sciences.

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6. **Personnel Implications:** Supported by the array of revenue sources described above, new faculty and administrators were hired to support the School of Medicine consistent with LCME accreditation standards.

The School of Medicine has recruited a complement of seven basic science educators, housed at Oakland University, and 387 clinical faculty members and 83 volunteer clinical faculty members housed at, and paid by, Beaumont. The School of Medicine anticipates that more than 500 clinical faculty members and 250 volunteer faculty members (adjunct appointments) will be appointed before the matriculation of the first students.

As reflected in the proforma income statement (Attachment B) additional basic science faculty and staff will be added to support enrollment growth, quality medical education, and student services, as prescribed by the LCME.

7. **University Reviews/Approvals:** The new degree proposal for the Doctor of Medicine – Oakland University William Beaumont School of Medicine was approved by the School of Medicine Faculty Assembly February 2, 2010.

It was approved by the Oakland University Graduate Council March 10, 2010. Senate Budget Review Committee unanimously approved the School of Medicine Proposal April 6, 2010. The Oakland University Senate Planning Review Committee and the University Senate approved the Proposal May 25, 2010.

In addition, the LCME granted preliminary accreditation to the School of Medicine on February 1, 2010 and the North Central Association (NCA) granted accreditation on April 29, 2010.

8. **Recommendation:**

WHEREAS, the School of Medicine New Degree Proposal for the Doctor of Medicine degree is consistent with objectives contained in Oakland University's Vision 2020 and the Oakland University William Beaumont School of Medicine will respond to demand for physicians in Michigan and across the country; now, therefore, be it

RESOLVED, that the Board of Trustees authorizes the Oakland University William Beaumont School of Medicine to offer the Doctor of Medicine; and, be it further

RESOLVED, that the FY2012 tuition rate will be \$42,760, with a \$75 non-refundable one-time secondary application fee; and, be it further

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RESOLVED, that the Senior Vice President for Academic Affairs and Provost will complete annual reviews of the Doctor of Medicine to evaluate academic quality and fiscal viability to determine whether the program should be continued.


9. **Attachments:** Attachment A – New Degree Proposal Doctor of Medicine.
Attachment B – Oakland University William Beaumont School of
Medicine FY2011 – FY2015 Proforma Income
Statement

Submitted to the President
on 6/17, 2010 by



Virinder K. Moudgil
Senior Vice President for
Academic Affairs and Provost

Recommended on 6/18, 2010
To the Board for approval by


Gary D. Russi
President

Oakland University
GRADUATE COUNCIL

NEW DEGREE PROPOSAL

DOCTOR OF MEDICINE

Oakland University William Beaumont School of Medicine

**Approved by the School of Medicine Faculty
February 2, 2010**

UNIVERSITY GOVERNANCE

**Graduate Council
Date Submitted February 2, 2010**

**Approved by the University Senate
May 25, 2010**

Board of Trustees

Presidents Council

I. Rationale

The School of Medicine and the Institution's Role and Mission

Oakland University is classified by the Carnegie Foundation as one of 83 doctoral/research institutions in the United States. Early on, Oakland initiated several biomedical and health related units and programs, including the Eye Research Institute (1968), the Medical Physics degree program (1983), the Center for Health Sciences (1972, which became the School of Health Sciences in 1985), and the School of Nursing (1974).

Biomedical research is one of Oakland's strengths. The Eye Research Institute (ERI) continues as an internationally recognized center for ophthalmic research. In its 40-year history, the ERI has received more than \$45 million from the National Eye Institute and other private and federal sources, including NASA. The ERI has full-time faculty, research associates, post-doctoral fellows, affiliated clinical faculty (including a formal association with Beaumont's Department of Ophthalmology and Associated Retinal Consultants), support staff and students. Biomedical research is also closely tied to the departments of biological sciences, chemistry, and physics (with its medical physics program). Doctoral (PhD) programs in Health and Environmental Chemistry, Medical Physics and Biological Communication were initiated during the 1980's and 1990's. Faculty members in these departments were also instrumental in founding a Research Excellence Program in Biochemistry and Biotechnology (1987), the Institute for Biochemistry and Biotechnology (1989), and the Center for Biomedical Research (1997).

The establishment of a School of Medicine therefore expands on Oakland's existing mission and programmatic themes.

Program Need

Both the American Medical Association (AMA) and the Association of American Medical Colleges (AAMC) advocate for an increase in medical school enrollments by as much as 30 percent — an increase that cannot be achieved without starting new medical schools. At the turn of the century there were 35 million Americans over the age of 65. That number is expected to double by 2030. The increase will be even more dramatic in Michigan, placing tremendous demands on our health care systems. According to the Council on Graduate Medical Education, the nation will face a shortage of about 85,000 physicians by 2020, due in part to the aging population. Michigan is projected to have a shortfall of 4,400 doctors by 2020.

Goals and Objectives

Mission statement of Oakland University William Beaumont School of Medicine

The Oakland University William Beaumont School of Medicine is a collaborative, diverse, inclusive, and technologically advanced learning community, dedicated to enabling students to become skillful, ethical, and compassionate physicians, inquisitive scientists who are invested in the scholarship of discovery, and dynamic and effective medical educators. Our mission is accomplished through a student-centered approach to biomedical education, a patient-centered approach to the delivery of healthcare, and a focus on highly original research that includes the biomedical sciences and extends beyond the laboratory to all disciplines that impact the health of patients and their communities.

Vision Statement of the Oakland University William Beaumont School of Medicine

The Oakland University William Beaumont School of Medicine will be recognized by its students and faculty members - and by their peers in the global medical community- as a premier educational environment for individuals to become physicians and to study medicine throughout

their lives, to transform the practice of medicine through research, and to lead in promoting, maintaining, and restoring health to individuals and communities served by the school and its graduates.

Goals of the School of Medicine

- To achieve and sustain excellence in medical education, research, and patient care,
- To lead the evolution of physician training toward a competency-based education, embracing the dimensions of biomedical sciences, social and behavioral sciences, diversity, and the art and practice of medicine,
- To value the medical educator, mindful of the role that biomedical scientists and physicians play as communicators and teachers,
- To inspire all students and their teachers to ask significant questions that can be addressed through careful investigation, thereby transforming the practice of medicine,
- To create a dynamic exchange of ideas between medical scholars and colleagues in other disciplines, acknowledging the potential contributions of many fields to the improvement of healthcare,
- To embrace partnerships that promote the development of novel technologies to advance medicine,
- To affirm that the patient is the focus of our activities, and
- To serve our community through the faithful execution of our mission.

Comparisons

There are only three other allopathic medical schools in the State of Michigan with population of nearly 10 million people. Nearly half of the population of Michigan - 4.8 million people - live in Southeast Michigan, served by the new Oakland University William Beaumont School of Medicine.

- Pennsylvania has six existing allopathic medical schools with one more in the pipeline in preliminary accreditation status in Scranton. Consider that Pennsylvania has a state population of 12.6 million.
- Ohio, a neighboring state with a population of 11.5 million, is served by six allopathic medical schools.
- Commonwealth Medical College in Scranton, Pennsylvania, is a new medical school that recently achieved the status of preliminary accreditation status. A 2006 study commissioned by the Northeastern Pennsylvania Medical Consortium estimated that Commonwealth Medical College will annually generate direct spending and related business expansion of \$45 million dollars just for the northeast part of the state by 2015. The study estimated 744 jobs would be created in the region by then. In August 2009, Pennsylvania State Senator Bob Mellow was quoted as saying, "Anywhere there is a medical school, there is prosperity. The Commonwealth Medical College's impact on the area can't be calculated. It will not only translate into better health for the people who live here, but it will bring improved economic health as well."
- Florida International University College of Medicine in Miami, Florida earned preliminary accreditation in February 2008. The School projects an economic impact in the millions of dollars in state revenue every year and impressive job growth in Miami-Dade County.

- The Paul L. Foster School of Medicine in El Paso, Texas, recently achieved preliminary accreditation status. This is the first new medical school in Texas since 1977. According to one study, the 10-year increase in economic activity generated by the school, directly and through multipliers, will result in an additional \$1.3 billion dollars in business revenue, \$462 million dollars in income to El Paso households, \$12 million dollars in net operating income for local government and 4,700 new jobs.
- The Association of American Medical Colleges (AAMC) has stated that every dollar spent by a medical school or teaching hospital creates an additional \$1.30 in economic activity.

II. Academic Unit

How are the goals of the University served by the unit?

The Oakland University William Beaumont School of Medicine is a new academic unit on the Oakland University campus. The School was designed to enhance the mission and goals of Oakland University, expanding Oakland's opportunities for research and scholarship in many disciplines.

Furthermore, Oakland University is dedicated to supporting the local community. The Oakland University William Beaumont School of Medicine is therefore positioned to partner with the more than 4,000 addresses in Oakland County that are related to health care and biotechnology. Our School of Medicine will help to position southeastern Michigan as a thriving center for biotechnology and biomedicine — accelerating the state's transition from a manufacturing-based to a knowledge-based economy.

There is a significant amount of community support for a new medical school in Oakland County as shown by a survey conducted for the Oakland County Medical Main Street initiative. The medical school will be an engine for growth in southeast Michigan and beyond, similar to what is taking place in other cities where medical schools are opening.

Staffing needs

The number of faculty members is appropriate for a School of Medicine as noted by the LCME accreditation site visit team. Briefly, The School of Medicine has already recruited a complement of basic science educators, well before the first class matriculates. At this time, the School of Medicine has 387 full-time geographic clinical faculty members and 83 volunteer clinical faculty members. The School anticipates that more than 500 full-time geographic clinical faculty members and 250 volunteer faculty members (adjunct appointments) will be appointed before the matriculation of the first students.

Faculty Tracks

There are five "categories" of faculty tracks in the Oakland University William Beaumont School of Medicine. The roles in each track include the following:

1) Clinical (non-tenured)

A physician who is engaged primarily in patient care and teaching and who is employed to practice medicine at Beaumont may be appointed to the clinical track. All faculty members on this track are required to master competencies in teaching medical students through programs developed by the Associate Dean for Academic Affairs, Faculty Development and Diversity.

The "clinical" modifier identifies ranks within this track, and norms for appointment to these ranks are as follows:

- **Clinical Instructor:** Faculty members at this rank participate in the educational programs of the School of Medicine and support the curriculum and activities in medical education.
- **Clinical Assistant Professor:** Faculty members at this rank participate actively in the educational programs of the School of Medicine and must demonstrate a commitment to designing teaching materials appropriate to achieve maximum learning opportunities.
- **Clinical Associate Professor:** Faculty members at this rank must demonstrate sustained commitment to the educational programs of the School of Medicine by accepting ongoing teaching assignments. Expertise and excellence must be demonstrated in the performance of such responsibilities. Faculty members must also have received peer recognition at the regional level for their achievements.
- **Clinical Professor:** Faculty at this rank must demonstrate involvement in the mission of their department and the School of Medicine. This rank may be used to recognize sustained teaching excellence or contributions in the practice of medicine that bring stature to the School of Medicine. Faculty at this rank must have received peer recognition at the national or international level for their achievements.

2) Clinical Research (non-tenured)

This non-tenured track is used for faculty members whose primary commitment to the School of Medicine is in research conducted in a clinical setting. Investigators employed at the Beaumont Research Institute may be appointed on this track. All faculty members appointed on this track are members of the Department of Biomedical Sciences and must provide credentials that qualify the individual as belonging to one or more of the traditional biomedical disciplines (e.g., anatomy and cell biology, behavioral science, biochemistry, pharmacology, physiology, population science, microbiology and pathology). Faculty members on this track belong to one or more thematic research programs within the Department of Biomedical Sciences. All faculty members on this track who teach in the School of Medicine are required to master competencies in teaching through programs developed by the Associate Dean for Academic Affairs, Faculty Development and Diversity.

The clinical research modifier identifies ranks within this track, and norms for appointment to these ranks are as follows:

- **Clinical Research Assistant Professor:** For initial appointment to this rank, the faculty member must demonstrate evidence of being capable of producing original research in the form of publications in high quality refereed journals.
- **Clinical Research Associate Professor:** Faculty members at this rank must have an established independent research program with unequivocal evidence of independent extramural funding, publications in high quality refereed journals, and national recognition. Alternatively, faculty members may achieve this rank if they contribute substantially to an established research program. If they are not principal investigators on extramural funded grants, then they must be essential members of their research teams. In this case, the faculty

member still must have generated publications in high quality refereed journals and have achieved national recognition.

- **Clinical Research Professor:** Faculty at the Research Professor rank must have demonstrated continuing excellence in research, unequivocal evidence of independence, and significant innovation in their work. They must have demonstrated leadership in their fields that brings recognition and enhanced stature to Oakland, Beaumont and the School of Medicine, and should be recognized nationally for their accomplishments.

3) Research (non-tenured)

This non-tenured track will be used for faculty members whose primary commitment to the School of Medicine is in research at Oakland. All faculty members appointed on this track are members of the Department of Biomedical Sciences and must provide credentials that qualify the individual as belonging to one or more of the traditional biomedical disciplines (e.g., anatomy and cell biology, behavioral science, biochemistry, pharmacology, physiology, population science, pathology, microbiology). Faculty members on this track belong to one or more thematic research programs within the Department of Biomedical Sciences. All faculty members on this track who teach in the School of Medicine must master competencies in teaching through programs developed by the Associate Dean for Academic Affairs, Faculty Development and Diversity.

The *research* modifier identifies ranks within this track, and norms for appointment to these ranks are as follows:

- **Research Assistant Professor:** For initial appointment to this rank, the faculty member must demonstrate evidence of being capable of producing original research in the form of publications in high quality refereed journals.
- **Research Associate Professor:** Faculty members at this rank must have an established independent research program with unequivocal evidence of independent extramural funding, publications in high quality refereed journals, and national recognition. Alternatively, faculty members may achieve this rank if they contribute substantially to an established research program. If they are not principal investigators on extramural funded grants, then they must be essential members of their research teams. In this case, the faculty member still must have generated publications in high quality refereed journals and to have achieved national recognition.
- **Research Professor:** Faculty at the Research Professor rank must have demonstrated continuing excellence in research, unequivocal evidence of independence, and significant innovation in their work. They must have demonstrated leadership in their fields that brings recognition and enhanced stature to Oakland, Beaumont and the School of Medicine, and should be recognized nationally for their accomplishments.

4) Academic (tenured)

The Academic Track is intended for full-time faculty, including visiting faculty, lecturers, and special lecturers, with responsibilities that include teaching, research, and/or service and clinical care. This is the only faculty track for which tenure applies.

This track is for faculty members, in both clinical and basic science disciplines, with significant research commitment in addition to teaching and service, including patient care where applicable. Appointment or promotion of faculty in the Academic Track depends on unequivocal evidence of actual achievement in scholarly research and teaching and both the potential and prospect for future accomplishments. The hallmark of academic achievement is the generation of new knowledge through creative and original research, and excellence in this area is the primary basis for promotion. Publications in high quality refereed journals, consistency of performance, and the extent of involvement of the faculty member in research are more important than the quantity of articles. A faculty member's record of performance with the School of Medicine will be of particular importance when considering promotion, with particular emphasis on efforts and accomplishments since the attainment of current rank.

All members of the faculty of the School of Medicine who teach are expected to strive for excellence as educators. The School of Medicine also recognizes the discipline of medical education as a potential field of research. Faculty members who engage in the scholarship of medical education may be appointed to this track. These faculty members are expected to seek extramural funding after peer review, although the School of Medicine recognizes that opportunities for such funding are limited. Therefore, academic achievement as a medical education scholar is also judged by publications in high quality refereed journals and digital learning repositories (e.g., MedEd Portal), for attendance and participation in scholarly meetings and seminars at other institutions, and service to national organizations that specialize in the scholarship of medical education in general or specific sub-disciplines of medical education. Faculty members who are medical educators on this track must not only show unequivocal evidence of significant scholarship in medical education, they must also show unequivocal evidence that they are outstanding educators regionally (for associate professor appointments) or nationally (for professor appointments).

The following ranks may be held within this track. Faculty members are appointed to the Department of Biomedical Sciences in a discipline (e.g., Associate Professor of Biomedical Sciences in Cell Biology; Professor of Biomedical Sciences in Physiology).

- **Instructor:** Faculty members at this rank must demonstrate potential for excellence in research, teaching, and service including patient care where applicable. An appointment as an Instructor will generally be given for a relatively short period of time (such as three years or less), after which faculty members at this rank can be considered for promotion to Assistant Professor.
- **Assistant Professor:** Faculty members at this rank must have demonstrated unequivocal evidence of original research in the form of publications in high quality refereed journals.
- **Associate Professor:** Faculty at this rank must be actively engaged in basic research or the scholarship of medical education. Establishment of an independent research program is required for promotion to this rank for faculty members in the traditional biomedical disciplines. Faculty members must be contributing significant new information to the literature and must have demonstrated promise of becoming leaders in their fields and must have attained some recognition at the national level.
- **Professor:** Faculty at this rank must have demonstrated continuing excellence in both teaching and research and must have shown significant innovation. They must have demonstrated

leadership in their fields to bring recognition and enhanced stature to the School of Medicine and must be recognized nationally for their accomplishments.

5) Adjunct Appointments (non-tenured)

Adjunct faculty appointments are made to individuals who provide moderate amounts of teaching, research or service to the School of Medicine on a part-time basis. Tenure does not apply to adjunct faculty. Typically, these are unpaid volunteer positions, although salaries or stipends may be made to individuals who teach regularly, in which case part-time lecturer appointments may also be formalized with the adjunct faculty members. Adjunct track faculty ranks include assistant professor, associate professor, and professor (e.g., Adjunct Professor of Pediatrics). Physician candidates must demonstrate that their clinical practice is in or associated with one of the School of Medicine's teaching hospitals.

Faculty qualifications

Beaumont physicians form an outstanding core of clinical educators. Many Beaumont physicians have held faculty appointments at other medical schools in the area, including Michigan State, Wayne State University, and the University of Michigan. Beaumont has also hosted medical students from Wayne State University and the University of Michigan on core clinical rotations for a number of years, and so experienced clerkship directors were readily identified.

Before recruiting basic science faculty members, the Dean and Associate Deans codified the organizational structure of the basic sciences. In an investigational climate that favors transdisciplinary research and the disassembly of "silos" within medical schools, it did not seem wise to develop separate departments for each basic science. Instead, one Department of Biomedical Sciences was formed, and this department was organized into Programs. Each Program is led by a Program Director who is appointed by the Dean. Program Directors are responsible for directing scholarship and research in their programs, developing and managing program budgets, recruiting new faculty members to the program, and conducting annual performance reviews. In the future, scientists from different traditional disciplines will populate each program. For example, a program in neurodegenerative diseases may draw from disciplines such as neuroscience, virology, pathology, molecular biology, and population science.

Faculty members in the Department of Biomedical Sciences may belong to more than one program. This organizational structure encourages transdisciplinary scholarship. Therefore, each faculty member in the Department of Biomedical Sciences belongs to one or more programs, declares a discipline (anatomy and cell biology, biochemistry and molecular genetics, medical education, microbiology and immunology, pharmacology, population science, or pathology), and then declares one or more scholarly focuses: investigation (research), application (clinical practice of medicine), and education.

Currently, there is one program within the Department of Biomedical Sciences – the program in Biomedical Education. Scientists in the Program of Biomedical Education are from Oakland and the Beaumont Research Institute and are drawn from such disciplines as Anatomy and Cell Biology, Biochemistry and Molecular Genetics, Microbiology and Immunology, Pharmacology, and Physiology.

The School of Medicine and Existing Resources

All instructional space on the Oakland Campus is under the control of the Registrar. For the purposes of administration, faculty offices, large instructional areas and small breakout rooms, the School of Medicine has been assigned to space in O'Dowd Hall, located at the center of the Oakland campus. The Center for Medical Student Affairs and the medical student lounge occupy space formerly occupied by the Cooley School of Law (Cooley vacated this space when it moved its operations to a campus in Auburn Hills). The School of Medicine will share existing anatomy labs on the Oakland University campus with academic units at Oakland University that utilize these labs, and the scheduling of lab use by the School of Medicine will be coordinated with the other academic units that share these facilities. Although the School of Medicine has been assigned wet labs in the Science and Engineering Building, these labs will only be used from time-to time and the scheduling for these labs will be coordinated with other academic units on the Oakland campus who utilize these facilities. Study areas and group instructional areas have been assigned to School of Medicine will be on the ground floor of the main Oakland (Kresge) Library. A School of Medicine Library Director has been hired.

The School of Medicine has access to Oakland's Information Technology services including a robust wireless network infrastructure, a Learning Management System (Moodle), and email. The requirements for the implementation of specialized information technology to advance the educational program of the School of Medicine would have overwhelmed the existing campus information technology staff. Therefore, the School of Medicine appointed an Associate Dean for Educational Information Technology in May 2009 who is charged with supporting the information technology needs of the School's students and faculty members without negatively impacting the campus' information technology staff. This Associate Dean's staff will include instructional technologists and computer support personnel. The instructional technologists will work with faculty members to develop interactive online content. The computer support personnel will be responsible for supporting student and educational IT needs.

Beaumont provides abundant resources for pre-clerkship clinical training and for clinical rotations. Resources exist to support the instructional mission of the Oakland University William Beaumont School of Medicine because Beaumont has been training medical students in clinical settings for nearly 50 years. Beaumont's Royal Oak campus admits more than 59,000 patients annually, provides a total of 1,061 in-patient beds and state-of-the art facilities, equipment, and support services. As the School's class size grows, there are more than 600 additional in-patient beds across the Beaumont Troy and Grosse Pointe campuses. Beaumont's patient mix is broad and deep and will permit our students to have strong general medicine and subspecialty training experiences as well as an extensive exposure to a wide range of career opportunities. A complete clinical simulation center is operational within Beaumont's Royal Oak hospital. All clinical training sites have been identified. Medical students will train in Family Medicine at the Beaumont Troy campus, and will train in all other disciplines at the Beaumont Royal Oak campus.

LCME Standard: The curriculum must include elective courses to supplement required courses. While electives permit students to gain exposure to and deepen their understanding of medical specialties reflecting their career interests, they should also provide opportunities for students to pursue individual academic interests.

Elective experiences developed in the curriculum will provide students an opportunity to explore medical specialties at sites and hospitals beyond the Beaumont campuses.

III. Program Plan

Admission Requirements

It is recommended and customary that a baccalaureate degree from an accredited institution be completed prior to enrollment. While there are specific subject requirements necessary to provide the foundation for medical education (see list below), the need for well-rounded educational training cannot be over-emphasized. The MCAT is required of all applicants. Only scores from tests administered within the last three years are accepted.

Following are the subject requirements for matriculation into medical school:

Prerequisite Courses

Required

2 semesters of General Chemistry with lab

1 semester of Organic Chemistry with lab

2 semesters of Biology with lab

2 semesters of Physics with lab

2 semesters of courses requiring competency in quantitative reasoning

(this requirement may be satisfied by 2 semesters of college-level mathematics or 1 semester of college level mathematics and 1 semester of statistics)

Recommended

1 semester of Biochemistry

2 semesters Social/Behavioral Sciences (sociology, psychology, anthropology)

Additional Recommended Courses/Course Categories

Humanities

Courses recommended are in disciplines such as philosophy, history, sociology, literature, language, anthropology, ethics, and theology. Studies in these areas deepen the applicant's understanding of the basis

for human values and offer the opportunity to develop an appreciation of other cultures and ethnic groups. This background is vital to health care providers.

Behavioral Science

Understanding the range of variation of behavior as a biologic, psychological, and social phenomena is essential to the practice of medicine. Courses recommended are in disciplines such as psychology, sociology, cultural anthropology, and ecology.

English

Although there is no formal course requirement for English, applicants are expected to have a strong background in writing, oral communication, and critical reading skills.

Students seeking admission to School of Medicine must demonstrate that they have acquired a broad education that extends beyond the basic sciences to include the social sciences, history, arts, and languages.

Broad academic training provides prospective physicians with the strong scientific skills necessary to continue study in medical science as well as a comprehensive understanding of social, historical

and cultural forces that affect their professional lives and the lives of their patients. We seek to admit applicants who possess personal and professional integrity, the potential for professional medical competence, the ability to deliver compassionate care, a passion for lifelong learning, intellectual curiosity, educational excellence, open-mindedness and tolerance, and a service orientation to others.

Disseminating Criteria for Selection

LCME Standard: The faculty of each (medical) school must develop criteria and procedures for the selection of students that are readily available to potential applicants.

The criteria for selection are published in the graduate catalogue and on the School of Medicine website to make them available to all potential applicants and their collegiate advisors. These criteria will also be listed in the admissions catalog, and the catalog will also be available on-line. In addition, the admissions requirements will be published in the Medical School Admissions Requirements (MSAR), which is published by the AAMC.

Anticipated Criteria for selection

The following list represents desired criteria for selection:

- Minimum undergraduate science GPA of 3.00 and overall GPA of 3.20
- OUWBH School of Medicine will use a MCAT range, with a minimum MCAT score of 24
- Meaningful medical activities (including volunteer work, shadowing, etc)
- Service to others and to the community
- Teamwork and leadership skills
- Excellence in an activity or area of interest (sports, research, or other endeavor) at a local, regional, or national level
- Evidence of intellectual curiosity and a commitment to life-long learning

Each candidate will be evaluated, taking into account other experiences and personal characteristics.

Applicants must be U.S. citizens or permanent residents of the United States. Permanent residents and U.S. citizens who did not attend U.S. or Canadian schools should complete at least one year, preferably two, in residence at an accredited college in North America. The accredited college must validate all previous academic credits. students selected for admission will adhere to this criteria.

General Admissions Process

Acceptance into School of Medicine consists of four stages - Application Submission, Initial Screening, Interview, and Decision Notification (Accept, Alternate List or Decline).

The preliminary application must be completed through the Association of American Medical Colleges online Application Service (AMCAS) (<http://www.aamc.org/students/amcas/>). This site also contains information about AMCAS deadlines, application fees, the fee assistance program, policies and procedures, and frequently asked questions. For the charter class, it anticipated:

- Applications will be accepted on June 1, 2010 or as soon as notification is received that the School of Medicine has received provisional certification if after June 1, 2010.
- Applications will be accepted through November 15.
- Supplemental applications will be available to all applicants once the completed AMCAS application has been received and reviewed by the Admissions Committee.

- Supplemental applications are due by December 31.
- The supplemental application will contain information on submitting letters of recommendation.

Admission Deadlines

The Oakland University William Beaumont School of Medicine accepts students on a rolling basis. Applicants should apply and complete application requirements early to guarantee consideration for admission.

Early May	AMCAS applications available at www.aamc.org/students/amcas
Early June	AMCAS applications may be submitted
July - December	Applicants with completed files invited to submit supplemental application materials
August - March	Select applicants invited for interviews
September	Last chance to take MCAT
October until class is full	Offers of admission made on rolling basis
Within 2 weeks of acceptance	Admitted students submit letters of acceptance w/tuition deposits (refundable until May 15)
November 15	Deadline for AMCAS application
December 31	Deadline for supplemental application and fee
January	Submit Free Application for Federal Student Aid (FAFSA)
May 15	Deadline for non-refundable tuition deposit Students may hold only one acceptance (AAMC guidelines)
August 8	Classes Begin

Admissions Committee

An admissions committee for the Charter Class has not yet been appointed. The admissions committee shall be comprised of the dean-appointed chair, a minimum of four dean-appointed full-time faculty members, and four full-time faculty members elected by the faculty at large. The term of service for faculty members is four years. There are no limits to the number of terms that can be served. The Associate Dean for Academic Affairs, Faculty Development, and Diversity is an ex officio member of this committee without vote. One first-year and second-year medical student will be elected from each class to serve for a period of two years. An attempt will be made to maintain a broad representation of disciplines, gender, and ethnicity among committee members.

Degree/Graduation Requirements

As required by the LCME, medical students must show evidence of satisfactory performance in all courses and clerkships in the curriculum (described below). In addition, all medical students must demonstrate evidence of meeting *Institutional Learning Objectives* which are also known as *Graduation Competencies*. To meet accreditation standards, each element instruction must support the institutional learning objectives. The institutional learning objectives for the Oakland University William Beaumont School of Medicine are summarized briefly:

Graduation Competencies

The learning objectives are organized around Accreditation Council for Graduate Medical Education (ACGME) competency domains. Some of the specific objectives fall into more than one competency domain. The methods for assessing successful mastery of these competencies appear in the Assessment Plan of the School of Medicine.

1. Patient-Centered Care And Clinical Skills

Graduates are expected to provide patient care that is compassionate, appropriate, and effective for the promotion and maintenance of health and the restoration to health of patients who are ill.

Specific Objectives

Before graduation, the student will have demonstrated, to the satisfaction of the medical school faculty, the ability to:

- Form an effective therapeutic relationship with patients, recognizing that the dimensions of diversity include race, ethnicity and culture, socioeconomic status, age, physical and emotional well-being, gender and gender identity, and sexual orientation and that these play major roles in the patient's approach to health care.
- Elicit and record a complete and organized history.
- Perform and record a complete physical examination.
- Interpret accurately the results of commonly ordered clinical tests, including electrocardiograms, laboratory tests, and radiology studies.
- Generate and prioritize an initial differential diagnosis, based upon key history, physical, and laboratory findings.
- Develop evidence-based diagnostic and treatment strategies that are cost-effective using appropriate information technologies.
- Perform procedures expected of primary care physicians.
- Identify and initiate initial treatment plans for emergency and life-threatening situations.
- Make decisions in the context of uncertainty, mindful of the risks of doing so.
- Apply the principles of pain management to reduce patient suffering.
- Manage patients, mindful of salient legal, ethical, spiritual, and psychosocial constructs.

2. Medical Knowledge

Graduates are expected to understand the importance of scientific discovery and to apply the scientific foundations of medicine to evidence-based practice.

Specific Objectives

Before graduation, the student will have demonstrated, to the satisfaction of the medical school faculty, mastery of:

- The normal structure and function of the human body at molecular, cellular, tissue, and anatomic levels.
- The pathogenesis of disease.
- Pharmacological and other therapeutic interventions.
- Behavioral aspects of primary care medical practice, emphasizing the interrelationships between mind and body.

- The principles of disease prevention and health maintenance.
- The critical appraisal of information that is the foundation of an evidence-based practice of medicine.

3. Practice-Based Learning And Improvement

Graduates are expected to commit to lifelong learning and improvement.

Specific Objectives

Before graduation, the student will have demonstrated, to the satisfaction of the medical school faculty, the ability to:

- Study and evaluate patient care practices in a reflective manner.
- Appraise and appropriately assimilate scientific evidence into decision-making and problem solving.
- Apply the principles of information literacy to continuous quality improvement.
- Elicit feedback about performance and develop and implement an improvement plan.
- Self-assess strengths and weaknesses and develop a plan for self-directed learning and improvement.

4. Interpersonal & Communication Skills

Graduates are expected to demonstrate interpersonal skills that facilitate effective communication with patients, families, and other members of the health care team.

Specific Objectives

Before graduation, the student will have demonstrated, to the satisfaction of the medical school faculty, the ability to:

- Listen attentively and effectively to patients, patients' family members, colleagues, and members of the healthcare team.
- Communicate effectively and compassionately with patients and their families, using appropriate verbal and non-verbal communication skills.
- Demonstrate sensitivity and respect for individuals of diverse cultural and social backgrounds.
- Collaborate with peers, staff, faculty, and other healthcare providers.
- Educate patients and their families, peers, other health professionals, and the public, commensurate with the audience's cultural and educational backgrounds.

There is only one possible sequence of courses during the first two years of medical school which eliminates the need to establish pre-requisites. Clinical clerkships may be taken in various sequences. Credit hours are not assigned to medical school courses because the curriculum requires satisfactory completion of each course and clerkship, independent of the number of hours invested in instruction. A complete listing of courses in sequence is provided in Appendix A, and a detailed course description is contained in Appendix E.

All students must take and pass Step 1 and Step 2CK and CS of the United States Medical Licensing Examination (USMLE).

5. Professionalism

Graduates are expected to approach medicine with integrity and respect for human dignity and diversity and demonstrate awareness of and commitment to ethical principles.

Specific Objectives

Before graduation, the student will have demonstrated, to the satisfaction of the medical school faculty, the ability to:

- Place the doctor/patient relationship above self-interest.
- Conduct oneself with integrity, honesty, and self-discipline.
- Project a professional image in interactions with patients, peers, faculty, residents, co-workers, and others.
- Identify and manage conflicts of interest.
- Apply ethical principles to the study and practice of medicine.
- Maintain composure in stressful situations.
- Respect generally accepted boundaries for professional relationships.
- Respect confidentiality and privacy.
- Maintain physical and mental health and recognize how and when to seek help.

6. Systems-Based Care

Graduates are expected to demonstrate an awareness of the larger context and system of health care, and to call effectively upon other resources in the health care system to provide optimal care.

Specific Objectives

Before graduation, the student will have demonstrated, to the satisfaction of the medical school faculty, the ability to:

- Identify patients at risk for inadequate medical services and develop plans to engage resources to ensure appropriate care.
- Describe policies, finances, and delivery of health care in the United States and compare these attributes with other health care systems.
- Assess accurately the strengths and weaknesses of colleagues and the patient care environment to provide constructive feedback for learning and improvement.

Curriculum Preface

The first two years of the curriculum have been developed. Years three and four are under development. It is typical for a new medical school to seek approval based on its early curriculum and then to bring the remainder of the curriculum back for review when it is completed. Below are links to governance committees at two other institutions that have recently approved new medical school curricula. Note that OUWBH SOM actually is presenting more of the curriculum for review than the other schools which began with only the first year of the curriculum.

Examples

University of Central Florida Graduate Council Curriculum Subcommittee: Paragraph entitled "Review courses for the Doctor of Medicine program, COM"

"Review courses for the Doctor of Medicine program, COM. Richard Pepler, Lynn Crespo, and Teresa Lyons-Oten presented information from the College of Medicine. The group presented an overview of the 4-year curriculum and also discussed the 4-year curriculum schematic chart. The seven courses up for review were discussed and the committee reviewed the curriculum modules. These courses were for year one of 2009. A question was raised regarding placement of graduate students and how they plan to do this. Discussion was held doing some coordinating with College of Nursing. It was pointed out that there would be no opportunity for non medical students to take these courses. These courses follow a lockstep sequence. Exams are given at check points during the course. There are no prerequisites for these courses. Teresa shared that she had met with the Common Course Numbering Committee in Gainesville for information on prefixes and course numbers. A suggestion was that it would be good to review the course descriptions for uniformity. For the Psychosocial issues course, a suggestion was made to change the word misuse to abuse. These courses received unanimous approval from the committee."
<http://www.graduatecouncil.ucf.edu/curriculum/minutes.aspx?fid=776> August 1, 2008

Florida International University Faculty Senate Motions 2008-2009
<http://www.fiu.edu/~fsenate/archives/archives.htm> October 28, 2008

"Motion #08/09: 11:

The Faculty Senate approves the first year curriculum for the Doctor of Medicine Degree"

University of California, Office of Academic Senate, Riverside, California January 24, 2008
Internal letter regarding School of Medicine Curriculum Proposal for year one from Pierre Keller, Chair on Educational Policy

"The Committee on Educational Policy discussed the School of Medicine curriculum proposal at several of its meetings this fall and after recently receiving the external recommendation letters, we voted in favor of the proposal at our January 23 meeting (8 Yes votes, 0 No votes, 0 Abstention votes)

The CEP endorses the proposed curriculum with the understanding that subsequent revisions of courses and curriculum in the School of Medicine will follow normal procedures for review and approval through the campus-wide Academic Senate"

Oakland University William Beaumont School of Medicine Curriculum

The map of the four-year curriculum appears in Appendix A. Details of the four-year curriculum are included in Appendix E-1. A typical student schedule is provided in Appendix B.

Curriculum Overview

LCME Standard: There are several widely recognized definitions of the characteristics appropriate for a competent physician, including the physician attributes described in the AAMC's Medical School Objectives Project, the general competencies of physicians resulting from the collaborative efforts of the ACGME and ABMS, and the physician roles summarized in the CanMEDS 2000 report of the Royal College of Physicians and Surgeons of Canada. To comply with this standard, a school should be able to demonstrate how its institutional learning objectives facilitate the development of such general attributes of physicians. A school may establish other objectives appropriate to its particular missions and context.

Several curriculum areas of importance include:

- Ethics-theoretical foundation for ethical decision-making

- Malpractice and professional licensure
- Death and dying – care of the terminally ill patient
- Health care systems/health care policy

These topics are taught throughout the curriculum. They are not isolated to a single course.

One example of where these topics will appear is in the course entitled, The Art and Practice of Medicine. The Summary of Course Content for this course appears in the following excerpt from the LCME database:

The Art and Practice of Medicine course introduces and develops the students' physical diagnosis history and physical examination skills in order to give them the tools to maximize the M3 and M4 clinical clerkship experiences and to begin the lifelong learning process of diagnosis. The course will incorporate and promote topics of good citizenship and professionalism and ethical practice, interpersonal and team communication skills, fundamentals of patient safety, patient privacy, and functioning in a team setting. The course is best described by examining the definitions applied to the course title:

Art of Medicine: Applying judgment, professionalism, and learned, personal, interpersonal and team skills to improve outcomes in the practice of medicine.

Practice of Medicine: Applying medical knowledge and medical skills to improving compassionate, cost effective outcomes in preventive medical care, healing the sick, and supporting the chronically ill or terminally ill patient.

The Art and Practice of Medicine (APM) course will be coordinated, as much as possible; with organ systems based units in the Integrative Foundations of Clinical Practice (IFCP) course. For example, during the IFCP unit on cardiovascular medicine, the clinical assessment of cardiovascular health will be covered in APM. Similarly, during the IFCP unit on Reproductive Medicine, students will be introduced to the pelvic and breast examination during the APM course. Specialized units at the end of the M2 year focus on systems based practice such as interprofessional interactions and health care economics.

Objectives:

By the conclusion of this course, the student will be able to:

- Perform and record a comprehensive and accurate physical examination
- Obtain and record a comprehensive and accurate medical history
- Interact professionally with patients from diverse economic, cultural, religious backgrounds and patients who are physically, emotionally, mentally, and or developmentally challenged
- Demonstrate understanding of the ethical and legal standards of the practice of medicine and practice incorporating them into patient encounters, including, but not limited to informed consent and confidentiality
- Demonstrate the ability to function as effective member of a health care team
- Demonstrate personal and team safety techniques as well as an understanding of potential safety risks in personal, interpersonal and team practices.
- Utilize the electronic medical record effectively
- Demonstrate problem solving and decision making skills

This course directly addresses the following graduation competencies:

- Patient-Centered Care and Clinical Skills
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal & Communication Skills
- Professionalism
- Systems-Based Care

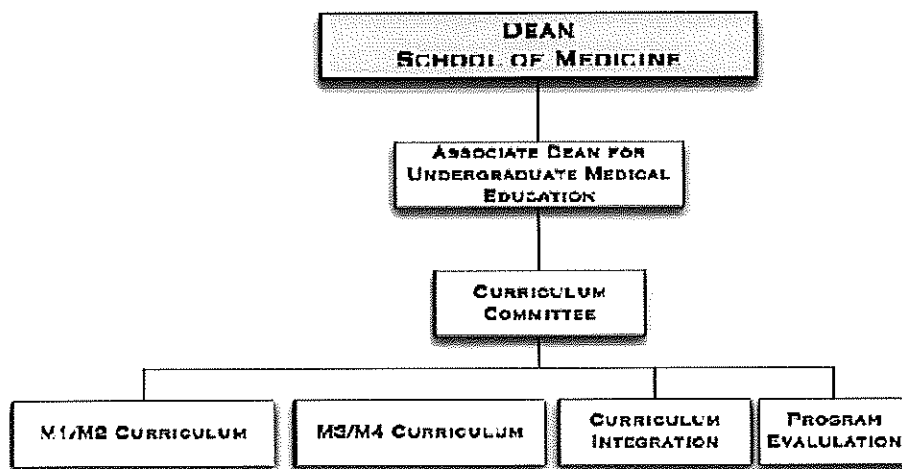
The Medical Humanities course is coordinated by the Department of Biomedical Sciences. In the first year, the course includes participation by faculty from the Departments of Pediatrics, Internal Medicine, and Psychiatry. In the second year, faculty members from the Departments of Philosophy and Sociology in the College of Arts and Sciences will join faculty members from these departments.

The course addresses a series of topics related to ethics and moral reasoning, professionalism, and the cultural context of medicine in increasing depth as the student proceeds through training. Attempts will be made to coordinate the course topics with other courses being taught at the same time. Grading will be based on written examinations, essays and papers, and ratings by small group facilitators. A narrative evaluation will be included. Facilities, including small group teaching rooms are adequate.

Academic Direction and Oversight

The LCME requires a significant plan to be implemented that provides for curriculum and program oversight.

The Oakland University William Beaumont School of Medicine has established a curriculum committee and subcommittees with the following organizational reporting structure:



The primary responsibilities of the Curriculum Committee (CC) are to provide planning and oversight for the undergraduate medical curriculum. The CC is therefore charged with determining course sequencing and content requirements, reviewing and evaluating the curriculum, making recommendations for curricular modifications, reviewing course and clerkship learning objectives, and approving new courses. The CC oversees the function of its four subcommittees (M1/M2 Curriculum, M3/M4 Curriculum, Curriculum Integration, and Program Evaluation).

Recommendations generated by any of the four subcommittees must be forwarded to the CC for approval. Ad hoc committees and task forces may be constituted by the CC to make reports and recommendations to the CC. Upon approval by the CC, these reports and recommendations are transmitted to the Associate Dean for Undergraduate Medical Education.

The oversight of curriculum management is explained in more detail in the Assessment Plan documentation submitted separately.

The LCME reviewed the database submitted by the Oakland University William Beaumont School of Medicine at its September, 2009 meeting advanced the School of Medicine from Applicant Status to Candidate School status. The LCME site team visited the School of Medicine from November 1-3, 2009 and has already issued a confidential draft of its report to the LCME accrediting body. The LCME is scheduled to meet from February 1-3, 2010 to issue its recommendation on advancing the Oakland University William Beaumont School of Medicine from Candidate School status to Provisional Accreditation, thus permitting the School of Medicine to begin recruiting students and instruction pending NCA and Board approval.

Methods of Instruction

Courses will be taught using a variety of methods.

In the M1 year, the course entitled "Biomedical Foundations of Clinical Practice" is delivered during the Fall Semester. The course encompasses an introduction to the following traditional biomedical basic science disciplines, and laboratory exercises - including computer-based simulations - are integrated into each block of the course:

- Block 1: Biochemistry, Molecular Biology, Medical Genetics, Cell Biology, Embryology, Histology, and Anatomy
- Block 2: Physiology, Pharmacology, Immunology, Microbiology, and Pathology

The organ-based approach to instruction, Integrative Foundations of Clinical Practice, follows in the Spring Semester of the M1 year and extends into the entire M2 year. For each of the organ-based courses (Cardiovascular, Respiratory, Neuroscience and Special Senses, including Behavioral Sciences, Gastrointestinal and Liver, Renal and Urinary, Endocrine, Female and Male Reproductive (including breast), Musculoskeletal, Connective Tissue and Skin, Hematopoietic, and Psychopathology), the basic sciences (Biomedical Foundations of Clinical Practice, Blocks 1 and 2, see above) are revisited in the context of the organ system, and laboratory-based exercises may once again be integrated into the instructional paradigm.

Laboratory exercises and data analyses are also built into the curriculum through the Capstone Project course. The Capstone Course begins with instruction in research methodologies including Health Information Literacy (medical library science), an Introduction to the Clinical Trial, and Introduction to Molecular Research Methodologies. Students are taught in the clinical setting using a variety of instructional modes including team-based learning and a patient-centered approach to the delivery of healthcare.

Source of Students

The School of Medicine is a privately-funded medical school and therefore seeks qualified applicants from all regions of the United States.

Recruiting Plans

In compliance with LCME standards, the Oakland University William Beaumont School of Medicine will "... select students who possess the intelligence, integrity, and personal and emotional characteristics necessary for them to become effective physicians."

The School of Medicine's commitment to diversity is consistent with the diversity policies of Oakland University, posted on the Oakland University Web Site (<http://www4.oakland.edu/?id=2732&sid=66>) and is enforced by the University's diversity infrastructure.

The School of Medicine defines diversity in multiple dimensions including:

- racial
- ethnic and cultural
- socioeconomic
- inter-generational
- ability (the physically challenged), and
- gender and gender identity

The following policies are modeled after the AAMC Holistic Review Project (March 2008 publication of "Roadmap to Diversity: Key Legal and Educational Foundations for Medical Schools"). As new volumes in this series are published, the policies listed below will be updated.

Student recruitment, selection, and retention

- The School of Medicine cannot begin the recruitment of students until after Preliminary Accreditation is granted. Nevertheless, the School of Medicine has taken steps to develop pipelines that can, in the future, identify qualified students representing diversity in all dimensions and ensure that these students are introduced to the medical school admissions process at the School of Medicine.
- The School of Medicine comes into existence at an extraordinary time in the history of Michigan. Faced with an economic collapse of this state's major industry, it is even more difficult for students who would infuse diversity into the medical school class to become interested in careers as physicians and to be given the opportunity to gain admission to medical school. In this context, it has been estimated that the State of Michigan will face a shortage of 4,400 physicians by the year 2020. The School of Medicine is therefore committed to training medical students from diverse backgrounds with the hope that they will choose to practice medicine in Michigan, thereby helping to ensure an appropriate number of physicians for the population while contributing to the economic diversification of this depressed area of the United States.

Therefore, we have already begun to focus our efforts with long-range goals in four areas:

- (1) Heighten the awareness of diverse and non-traditional high school students in geographical areas of our neighboring communities to opportunities in medicine.
- (2) Partner with community agencies that can identify non-traditional and diverse students for pre-medical education.
- (3) To develop a unique post-baccalaureate program at Oakland that provides pre-requisite courses for medical school in a geographical setting that is home to racial, ethnic, and socioeconomic diversity.

- (4) To use all methods of recruitment of non-traditional and diverse students into the School of Medicine to help to maintain a student body that reflects the composition of the community served by this medical school and its partnering hospital.

Programs	Dimensions of Diversity					
	Racial	Ethnic and Cultural	Socio-Economic	Inter-generational	Ability (Physically Challenged)	Gender and Gender Identity
<i>Heighten the awareness of diverse and non-traditional high school students in geographical areas of our neighboring communities to opportunities in medicine</i>	X	X	X		X	X
<i>Partnerships with community agencies that can identify diverse students for pre-medical education</i>	X	X	X	X	X	X
<i>Post-baccalaureate program at the Oakland University extension campus in Macomb County, Michigan</i>	X	X	X	X	X	X

Planned enrollment

The charter class of the School of Medicine is planned to be 50 students for academic year 2011-12 with growth of approximately 25 students per year (see chart below), plateauing at 125.

<u>Entering Class Year</u>	<u>Class Size</u>
2011-12	50
2012-13	75
2013-14	100
2014-15	125
2015-16	125

Advising Students

High quality academic advice and planning is essential to student success during the four years of medical school. Every student is expected to take full advantage of available resources within the school. The structure of advising and academic support is described in the Medical Student Handbook (Appendix F) and reviewed in-depth with first-year students at the orientation prior to the onset of classes. Students are expected to be familiar with the School's advising expectations as a means of staying focused and on track and of ensuring peak academic performance.

The School's academic advising system has three integrated components: (1) Mentoring Teams led by Physician Faculty Advisor, (2) Faculty Members and Course Directors, and (3) The Learning Specialist and Peer Tutors.

1. Mentoring Teams

Who: At orientation, every new medical student is assigned to a mentoring team of 10 first-year students. Students stay in their teams for all four years of medical school. A Physician Faculty Advisor who plays no role in making promotion and evaluation decisions leads each team. The Physician Faculty Advisor also serves as the students' primary advisor throughout their four years of training. Based on the nature of the activities, the mentoring teams may invite participation from multiple teams in different class years.

What: The team assists medical students in adjusting to the unique culture of medical school and provides ongoing support as students move through the program.

Where: Lounge space and meeting rooms are located in the vicinity of the Office of Student Affairs to accommodate meetings. After-hours activities on or off campus are also encouraged, and venues may include social events, cultural outings and group research projects.

When: In the first year, students are required to attend formal monthly meetings of their mentoring team with their faculty advisor. The Office of Student Affairs establishes the schedule. Monthly sessions feature formal and informal mentoring, student-organized seminars, and career advising sessions. Attendance at these gatherings is essential to forging strong relationships between the faculty advisor and the other members of the mentoring team. These sessions contribute to building rapport among medical students who are in the best position to support each other.

Policies: In addition to the group meetings of the mentoring teams, individual meetings with the Physician Faculty Advisor are mandatory. In the students' initial year of study, the first required advising session occurs at orientation (2-3 days before the start of classes); the remaining two sessions occur in November and April.

Physician Advisors

Each Physician Faculty Advisor has full access to the complete academic record of his/her student advisees - including grades, transcripts, exam results, and comments - that are securely stored in an electronic environment. If a student fails to keep an advising appointment, a representative of the Office of Student Affairs contacts the student to determine the cause. If the faculty advisor indicates that a student faces challenges or requires assistance, it is the responsibility of the Office of Student Affairs to follow up with the student to ensure that appropriate help is enlisted. Students may be referred for formal counseling when psychological/psychiatric factors are implicated in playing a role in the academic difficulties.

Student Misconduct

The School of Medicine will be responsible for developing its own misconduct policies.

2. Faculty Members and Course Directors

Medical students may contact faculty members and course directors for assistance through the on-line enterprise learning environment (currently Moodle), and may request personal meetings during

office hours or as arranged by mutual availability. Students are strongly encouraged to seek assistance from faculty members and course directors.

3. Learning Specialist and Peer Tutors

The demanding and difficult coursework of the M1 and M2 years requires that each student identify and use methods and strategies to achieve academic goals while maintaining a work-life balance.

Learning Specialist

This specialist conducts workshops, provides online resources, and extends individual help with practical strategies such as effective time management, test-taking skills, group study methods, and technical reading. The learning specialist will make presentations to mentoring teams during their monthly meetings. Students may meet individually with the learning specialist as needed.

Peer Tutors

Peer tutors are upper level medical students or, in the early years of the School of Medicine, residents at Beaumont, who work under the guidance of the learning specialist in the settings individual or group tutoring sessions. Peer tutors are paid on an hourly basis by the Dean's Office to tutor students in specific courses.

Integrating the Components of the Advising System

The Associate Dean for Student Affairs meets monthly with all mentoring team Physician Faculty Mentors to review student progress. These progress meetings may also include course directors, clerkship directors, the learning specialist, and other faculty members directly involved in medical student education.

IV. Needs and Costs of the Program

New Resources Required for the School of Medicine

Space requirements at Oakland and Beaumont were discussed above under Section II of this document. Financial resources required to support faculty and instruction is itemized in Appendix C.

Source of New Resources

Space assignments were discussed in Section II of this document. The School of Medicine is a privately funded medical school within Oakland University. State support is not being requested to launch this school. Financial support originates from tuition revenues, philanthropy, indirect cost recovery from grant funding, and support from both Oakland University and Beaumont Hospitals.

Budget and Program Revenue

Please refer to Appendix C.

Library

The LCME requires a medical library to support the educational program of the School of Medicine. The Medical Library of the School of Medicine is housed on the ground floor of the Kresge Library and houses a collection of books and periodicals - physical material - that medical students and faculty member can touch and check out. However, the majority of the medical library holdings are virtual - electronic texts and periodicals available on-line. Moreover, the medical librarian and medical library staff are available on-line to assist medical students at any location on the Oakland campus or while they are at Beaumont.

Classroom and Laboratory Needs

Please see Section II of this document (above).

Equipment Needs

The School of Medicine will replace most wet lab experiences with computer simulations and virtual microscopy. The School of Medicine will bring virtual microscopy to campus and will share this technology with every academic unit. Investigators at the Eye Research Institute have already voice interest in this technology assisting them, and Dean Sudol of the College has expressed an interest in using this technology for some undergraduate education in the College of Arts and Sciences.

Institutional Review Board Process

Students will use Oakland University's IRB process in addition to the Beaumont Hospital IRB committee process.

V. Implementation Plan and 5-year Timeline

Nearly every milestone required for launching the new medical school has already been achieved. The Dean, Associate Deans, and the Director of the Medical Library have already been recruited and a full complement of educators - basic science and clinical - have been appointed to the faculty. Additional faculty members will be recruited over the next year, especially among Beaumont's volunteer faculty, and targeted full-time recruitment will occur, commensurate with the growth of an existing medical school.

Positions for Assistant Deans and staff for various medical school support personnel have been created and budgets for these positions have been approved. Recruitment of an Assistant Dean for Admissions has been completed and recruitment of related support staff is underway so that the School can be prepared to handle applications pending notification of accreditation. Other assistant deans and support staff will be added in time to support the development of the medical school's operations after preliminary accreditation.

Space for the medical school has been completed and has been designed to accommodate planned increases in class size. With senior administration and core basic science and clinical faculty members in place, the school is prepared to launch operations by hiring a full complement of support staff pending preliminary accreditation.

The following timeline is anticipated:

February 2010	Preliminary accreditation granted by the LCME
April 2010	Notification by the Higher Learning Commission of approval for the School of Medicine
June 2010	American Medical School Application Service (AMCAS) portal opens for applications pending accreditation milestones
August 2011	Classes begin for charter class
Spring 2013	Focused site visit by LCME to advance school from Preliminary to Provisional accreditation

Spring 2015	Site visit by LCME to advance school from Provisional to Full accreditation
Spring 2015	Graduation of the charter class

VI. Program Assessment Plan and Accreditation

On January 28, 2010, the OU assessment committee approved the Assessment Plan which appears in Appendix D.

The LCME granted preliminary accreditation to the Oakland University William Beaumont School of Medicine in February 2010.

MEMORANDUM

TO: Dr. Tamara Machmut-Jhashi, Associate Provost

FROM: Dr. Gwendolyn Thompson McMillon, Chairperson
Senate Budget Review Committee

SUBJECT: Report on William Beaumont School of Medicine Doctor of Medicine Proposal

DATE: April 13, 2010

The Senate Budget Review Committee has unanimously approved the William Beaumont School of Medicine Doctor of Medicine Degree Proposal. A thorough investigation of questions and concerns raised by the SBRC was met with cooperation and willingness to provide full disclosure of all information. Results of the investigation are outlined below and supporting documents are attached.

SBRC asked Dean Folberg and Dr. Gillum to provide the following information:

1. List of OU faculty (and their OU departments) who will be teaching in the SOM

The list of faculty can be found in Appendix 1 (original list) and Appendix 2 (additional list forwarded via email).

2. List of OU department facilities that will be utilized to meet the needs of the SOM (eg. Labs, classrooms, etc.)

After reviewing the report, SBRC requested a report from Steve Shablin, OU Registrar (see Appendix 3), who stated that there is adequate classroom space for SOM courses. Department chairpersons are responsible for scheduling laboratory space and Varner Hall activities, therefore, SBRC requested information. Arthur Bull, Chair of the Department of Chemistry believed accommodating morning SOM classes would not be a problem (see Appendix 4). However, Arik Dvir, Chair of the Department of Biology considers it challenging to find additional space because they are using their space extensively (see Appendix 5). Jackie Wiggins, Chair of Music, Theatre and Dance has conversed with Dean Folberg concerning Varner Hall and explained the process to request its usage, and does not foresee any problems (Appendix 6). *It is important to reiterate that department chairs are responsible for scheduling laboratories and SOM must therefore work with them to establish dates and times that courses can be offered.*

3. Justification of fees

During the SBRC meeting with Dean Folberg and Dr. Gillum, an explanation was provided concerning tuition fees. SBRC agree that it is necessary for the SOM to separate tuition and fees in order for the SOM's tuition to be competitive with other medical schools. However, "health fees" will be included in tuition (see Appendix 7).

4. **Concerns about the financial state of the School of Medicine**

Numerous questions were asked and answered concerning the financial state of the School of Medicine. They are outlined below:

Summary paragraph from report stating that Oakland SOM is “financially sound

After responding to numerous questions about finances, Dean Folberg and Dr. Gillum explained that an outside agency reported that Oakland SOM is “financially sound” (see Appendix 8). The recent report from the Higher Learning Commission following the focused visit and review of the School of Medicine January 24-26, 2010 states:

“Overall budget planning is well documented, and the Focused Visit Team heard strong commitments from both Oakland University and the Beaumont Hospital System to maintain the necessary level of funding. The operating budget and commitment of ongoing financial resources appears adequate to meet the needs of the MD program into the foreseeable future.”

Associate Vice Provost Susan Awbrey has a complete copy of this report.

Explanation for the term “unrestricted gifts”

During the SBRC meeting with Provost Moudgil and Vice President Beaghan March 2, 2010 an explanation for the term “unrestricted gifts” was provided.

- In the School of Medicine’s proposed budget “unrestricted gifts” refers to gifts that are specifically donated to the School of Medicine without stipulations. They are undesignated funds that can be utilized to meet any need. “Unrestricted gifts that are donated to Oakland University will not be used to meet the financial obligations of the School of Medicine,” stated V.P. John Beaghan, during the meeting.

During the first 5 years anywhere from \$2 million to \$8 million of unrestricted gift funds will be used to annually cover your deficits. Do you have \$8 million in your gift fund account to cover that first year loss? If not, how much do you have? Do you have 90% of the figure raised? 50%? 10%?

If you are unable to raise the amounts claimed in this line item, how will you cover your deficits? Will you issue bonds? Will you "borrow" from the university general fund or from university gift funds? Will you rely on the OU Foundation? What is the contingency plan?

Vice President John Beaghan responded (see Appendix 9):

The Oakland University William Beaumont School of Medicine (SOM) is comprised of two components; basic science and clinical, with the clinical component being the most expensive. By contract with William Beaumont Hospital, we have permanently “fund raised” well over half of the cost of the SOM, with Beaumont completely covering the clinical component (i.e. clinical faculty, clinical administration, clinical facilities, etc.). In addition, Beaumont is funding half of the Dean’s and the Dean’s Assistant’s compensation.

The basic science component, including non-clinical administration and half of the Dean's and Dean's Assistant's compensation, is being funded by medical student tuition, SOM gifts (of which over \$24 million has been received or contractually pledged), SOM grants, SOM contracts, and SOM indirect cost. There seems to have been some confusion by those who have reviewed the LCME database budget which notes "Unrestricted Gifts" as a revenue source. "Unrestricted Gifts" in the budget refers to SOM unrestricted gifts, not University unrestricted gifts. No University unrestricted gifts, state appropriation or undergraduate tuition are being used to fund the SOM. As part of the SOM budget we also identified "in-kind" expenses and reflected them in the SOM budget as University support (e.g. accounts payable, payroll, UHR). These are expenses the University is already incurring with no incremental cost related to the SOM.

In the first few years of operation, the SOM is heavily reliant on gifts, until students are admitted and tuition revenues are realized. As enrollment increases (year 1 cohort of 50 students, year 2 cohort of 75 students, year 3 cohort of 100 students, year 4 cohort, and beyond, 125 students) the dependency on gifts evaporates; in year 5 the SOM is expected to be solvent without gifts. As of March 26, 2010, the SOM gift fund has a \$16.8 million fund balance consisting of cash and contractual unrestricted gift pledges, approximately equal to the gift budget for the first two operational years. In addition, we have permanently fund raised half of the scholarship expense line, equal to 7.5% of tuition costs. A vigorous fund raising effort is underway. We anticipate no problems with raising the additional gifts needed to fund the early stages of the SOM.

Bonds will not be issued to fund SOM operations. There is no anticipated need to "borrow" funds from the University's general fund or gift funds. There are no current plans to involve the OU Foundation in SOM fundraising. With the entire clinical component fund raised, over \$24 million in gifts and contractual pledges raised to date, the anticipation of full enrollment and student tuition to begin flowing in FY2012, no further financial contingency plans are necessary.

VP Beaghan cites \$16.8 million in "cash and contractual gift pledges." How much is "cash" and how much is "contractual gift pledges?" What is a contractual gift pledge? How binding is the contract, etc? (see Appendix 10)

- The \$16.8M consists of \$800k cash and \$16M contractual pledges. Of the \$16M in pledges, \$2M in cash is due July 1.
- The term "contractual pledges" is meant to denote that these pledges are 100% collectible due to agreements made between OU and certain anonymous donors.

SOM falls short by \$11.5 million in years 3-5. Furthermore, year 5 shows a \$2 million deficit contradicting the statement that the "SOM is expected to be solvent without gifts" in year 5. Also, provide an explanation for the statement: "There is no anticipated need to borrow funds from the university general fund or gift funds." Does this mean if an unanticipated need arises, then those funds are fair game? (see Appendix 10)

- We have 3-5 years to raise the \$11.5M gifts noted in budget years 3-5.
- The year 5 budget shows a bottom line of +\$3.9M. If you eliminate the \$2M gift revenue from the year 5 budget, the SOM has a bottom line of +\$1.9M, operational revenues exceed operational expenses, thus solvency. My statement that “in year 5 the SOM is expected to be solvent without gifts” is accurate.
- Because of success to date in SOM fund raising (i.e. 100% of the clinical component has been secured plus the previously described \$24M) and considering the SOM becomes solvent in year 5, we don’t anticipate the SOM needing to “borrow” from the University. However, to ease SBRC concerns, if for some unanticipated reason the SOM does need to “borrow” from the University, we would carefully account for such a transaction and guarantee that the SOM would pay the University back all funds borrowed, in a timely fashion.

Also cited in this paragraph is: "over \$24 million in gifts and contractual pledges raised to date..." Please explain why this number stands in contrast to the \$16.8 figure from earlier in the memo. (see Appendix 10)

- The \$24M is gross, cumulative gifts/pledges raised to date. The \$16.8M is equal to the \$24M less expenditures to date and less an accounting discount for net present value of future gifts. The two numbers tie and have been confirmed by auditors as represented in the University’s June 30, 2009 audited financial statements.

In conclusion, after thorough investigation the Senate Budget Review Committee unanimously supports the William Beaumont School of Medicine Doctor of Medicine Proposal.

To: University Senate

From: Senate Planning and Review Committee (SPRC)
Frances Jackson, Chair

Re: School of Medicine Proposal for a Doctor of Medicine Degree (M.D.)

SPRC has reviewed the proposal submitted by the Oakland University William Beaumont School of Medicine (SOM) to initiate a Doctor of Medicine Degree (MD). The committee has reviewed the relevant documents as well as submitted questions to the SOM and makes the following report.

Summary

The SOM is designed as an academic unit within OU. It is properly described as a privately funded SOM on the campus of a public university. The SOM has already received preliminary accreditation by the Liaison Committee for Medical Education (LCME) which will enable it to admit its first class in Fall of 2011.

The unique configuration of the SOM offers both challenges and opportunities. This school of allopathic medicine is a joint venture between William Beaumont Hospital (WBH) and OU. To that end, the biomedical science faculty will be employed by OU. The clinical faculty will be employed by WBH.

It is anticipated that 50 students will be admitted to the inaugural class of the SOM. The proposal details both the classes required for admission as well as admission criteria. Admission to the SOM is comprised of four stages – application, initial screening, interview and decision notification. Each year, the class size will increase by 25, reaching a steady state of 125 by academic year 2014.

The Curriculum

The curriculum of the SOM is described as student-focused and patient-centered. Students will take the Family Medicine clerkship at WBH – Troy and all other clerkships at WBH – Royal Oak. Unlike OU, the SOM will have Fall and Spring semesters instead of Fall and Winter semesters.

Medical year 1 will focus on the biomedical science foundation (biomedical foundations of clinical practice) needed by all medical students, including courses in biochemistry, biology, genetics, anatomy and embryology, physiology, pharmacology, pathology and microbiology and immunology. The Integrative Foundations of Clinical Practice courses begin in year 1 and extend through the end of year two and include the following clinical courses: neuroscience, behavioral science, cardiovascular, respiratory (these courses are in Medical year 1), gastroenterology and hepatology, renal and urinary, endocrine, reproductive, musculoskeletal, hematopoietic and lymphoid and psychoneurology (these courses are in Medical year 2).

Medical year 3 will include internal medicine, general surgery, family medicine I, pediatrics, psychiatry, anesthesiology, and OB-GYN. Students will take a second family medicine course in the fourth year. They will also take four weeks of an elective in the third year. Medical year 4 will include the second family medicine course, emergency medicine, 12 weeks of electives, a sub-internship, neurology/special senses, and diagnostic imaging.

It is important to note that such topics as the Art & Practice of Medicine, Medical Humanities, and the Promotion and Maintenance of Health are topics that are integrated throughout the curriculum. For example, when students take the neuroscience course, content from the Art & Practice of Medicine, Medical Humanities, and the Promotion and Maintenance of Health will be incorporated.

Another unique feature of this curriculum is the capstone project. It will be taught as an instructional course, including content on medical research in year one. It will then evolve into an independent study course or service-based learning project that extends into the fourth year of instruction.

According to the proposal, the first two years of the curriculum have been developed. Years three and four are under development.

The Faculty

From reading the proposal, it was difficult to determine the faculty of the SOM. In response to this question from SPRC, Dean Folberg responded that the SOM has 387 full-time geographic clinical faculty members and 83 volunteer faculty members. In addition, six full-time faculty members are paid by OU. For clarification, the 387 geographic clinical faculty members are physicians paid by WBH. The volunteer faculty are physicians who are not paid by WBH. Based on Dr. Folberg's answer, there are 476 faculty in the SOM, of whom 6 are paid by OU.

There are five categories of faculty tracks in the SOM. First, there is the Clinical, non-tenured track for physicians primarily engaged in patient care and teaching, and who are employed by WBH. The Clinical track includes the following ranks: Clinical Instructor, Clinical Assistant Professor, Clinical Associate Professor and Clinical Professor.

The second category is identified as the Clinical Research Track (non-tenured). This track is used for faculty members whose primary commitment is to clinical research. All faculty members appointed to this track are members of the Department of Biomedical Sciences and must have credential in the traditional biomedical science disciplines. These faculties are expected to be master teachers and independent researchers. This track includes the following ranks: Clinical Research Assistant Professor, Clinical Research Associate Professor and Clinical Research Professor.

The third faculty category is called Research (non-tenured). This track will be used for faculty members whose primary commitment is conducting research at OU. All faculty appointed to this track are members of the Department of Biomedical Sciences. The ranks for this track include: Research Assistant Professor, Research Associate Professor and Research Professor.

The fourth faculty category is called Academic (tenured). This track is intended for full-time faculty, including visiting faculty, lecturers and special lecturers. This track embodies the full academic role of teaching, research and/or service and clinical care. This is the only faculty track for which tenure applies. Faculty members from both the WBH side (clinical) and the OU (basic sciences) side who have significant research in addition to teaching and service will be eligible for this track. The ranks within this track include: Instructor, Assistant Professor, Associate Professor, and Professor.

The fifth and last faculty category is called Adjunct Appointments (non-tenured). This rank may be given to individuals who provide moderate amounts of teaching, research or service to the SOM on a part-time basis. These would typically be unpaid positions unless the individual teaches a course for which he/she would be compensated. Physicians holding this rank would include their clinical specialty, e.g., Adjunct Professor of Pediatrics. Adjunct track faculty ranks include Assistant Professor, Associate Professor, and Professor.

Structure and Governance

The SOM has one department, the Department of Biomedical Sciences. Under this heading, different programs will be established, each having a program director appointed by the Dean. Faculty members in the Department of Biomedical Sciences may belong to more than one program. It is believed that this structure will foster transdisciplinary scholarship. Currently there is one program within the Department of Biomedical Sciences and that is Biomedical Education. Scientists in this program are from the Oakland and Beaumont Research Institute.

The administrative affairs of the SOM are directed by one Dean, Six Associate Deans and four Assistant Deans. That is one administrator for every 5 students expected in the first class of the SOM. Student services and support should be awesome.

In response to a question posed by SPRC, Dean Folberg submitted a table detailing the committees in the SOM. There are 11 committees in the SOM, plus four sub-committees of the Curriculum committee for a total of 15 committees. Of these 15 committees, 6 are elected and 9 are appointed. There is no indication in the report given to SPRC that any of these committees report to the Faculty Assembly of the SOM. Of the total 15 committees, two, the Committee for Medical Student Admissions and the Student Performance Review Committee, are listed as being empowered to take action. The Executive Committee of the Faculty Assembly is elected but is listed as reporting to the Dean, rather than to the FA. Five committees have the authority to both recommend and take action. Since the FA is not listed as having final authority over any of these committees, at this time, it is assumed that the 13 committees that have a "recommend" function will make their recommendations to the administrator (the Dean or an Associate Dean) to whom they report.

Strengths

The SOM enjoys widespread support from the Oakland County community. That support is important since this is a privately funded medical school and donations will be needed on an on-

going basis to support the school's existence. In addition, the partnership with WBH is an important strength of this proposal. WBH has an excellent reputation. The mission of the SOM to produce more physicians will fill an important need for Michigan and wherever these graduates will do their residency. The curriculum is integrated. The assessment plan was well developed and has already received approval from the university assessment committee. It must also be acknowledged that in the big picture, having a SOM adds to the prestige of both OU and WBH.

SRPC would be remiss if we did not acknowledge that an undertaking of this magnitude requires untold hours of labor and commitment. Preparation for LCME preliminary accreditation as well as preparing for the review of the SOM by the university Senate is an awesome task. When added to the overlay that there are two institutions involved, one can only applaud the amazing amount of work that was achieved by the SOM Dean, his Administrative staff and the faculty. Whatever the outcome of this review, their hard work and dedication deserves to be acknowledged and applauded. That being said, this proposal is not without some serious concerns, some of which have tremendous implications not only for the SOM but the university as a whole.

Concerns

The first over-riding concern is the difficulty and resistance of SOM administration to providing requested information. The SOM Dean must recognize that approval by LCME of the SOM curriculum, structure, and governance does not automatically override or cancel our concerns and preclude questions by Oakland's review committees. While approval by LCME of a particular issue is considered, LCME approval may not be a sufficient response for legitimate questions posed by Senate review bodies.

A major issue of concern is the role of faculty in the SOM. It is clear that it is the perception of the SOM that faculty is defined as both WBH clinicians and OU biomedical science faculty. There are plans to have WBH physicians on SOM committees and they are even eligible to serve as Senators from the SOM to the University Senate. It must be acknowledged that with the clinical faculty all paid by WBH and the science faculty all paid by OU, that input from the WBH faculty is critical to the success of the SOM. However, the far-reaching impact of having non-OU faculty voting in the SOM, perhaps chairing SOM committees and sitting as voting members of the University Senate must be further explored and the ramifications of this structure clearly understood. It is the position of SRPC that other models by which the input of WBH faculty can be obtained without having the same privileges as OU faculty should be explored before the model presented by the SOM should be accepted. The power, participation and limits of the WBH faculty must be clearly delineated. In addition, having 5 categories of faculty appointments appears somewhat unwieldy and complicated.

The culture at OU is one of shared governance. Shared governance has a strong and long history on this campus. However, this is not the model being presented by the SOM. None of the standing committees report to the SOM FA. They all report to the Dean or an Associate Dean. Even the 6 committees elected by the faculty don't report to the SOM FA. The reasons for this are not explained.

The Dean of the SOM has the extraordinary power of appointing most SOM committees including the faculty Chair. This model is not only contrary to the culture on this campus, it is not supported or required by LCME criteria. The exclusion of the FA in these matters is also extraordinary and not supported or required by LCME criteria. SPRC is concerned that, unlike the rest of the academic units at OU, not having the committees report to the SOM FA eliminates the governance powers of the SOM faculty over matters that are deemed to be under their control. While SPRC believes that this governance issue is supported by the historical role of faculty on this campus and no other support is required, because of the importance SOM administration places on LCME approval, we cite relevant LCME criteria that support a model that is more independent of SOM administrative control:

1. Criterion ED-1: *The medical school faculty must define the objectives of its educational program. It is expected that the objectives of the educational program will be formally adopted by the Faculty, as a whole and through its recognized governance.* Under the current structure, the Curriculum Committee reports directly to the Associate Dean for Undergraduate Medical Education. If the curriculum committee does not report to the FA, where does the faculty “as a whole” adopt the objectives of the educational program?
2. Criterion ED-5: *The medical faculty must design a curriculum that provides a general professional education, and that prepares students for entry into graduate medical education.* It is clear from this criterion that the curriculum must be designed by the faculty. That being the case, there is no need for this committee to report an Associate Dean. The Curriculum Committee and its four sub-committees should report to the FA of the SOM.
3. Criterion ED-33: *There must be integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum. The phrase “integrated institutional responsibility” implies that an institutional body (commonly a curriculum committee) will oversee the educational program as a whole.” Empowerment through bylaws, or decanal mandate, to work in the best interests of the institution without regard for parochial or political influences, or departmental pressures.* This makes it clear that it is not necessary for the curriculum committee to report to an Associate Dean.

Minutes of the curriculum committee meetings and reports to the faculty governance and deans should document that such activities take place and should show the committee’s findings and recommendations. Again, this makes it clear that this committee reports to faculty governance as well as the Dean. The current structure does not provide for this pivotal committee to report to the faculty.

4. Criterion ED-36: *The chief academic officer must have explicit authority to ensure the implementation and management of the educational program, and to facilitate change when modifications to the curriculum are determined to be necessary.* The Dean’s role is to “facilitate” change, not have control over the curriculum.

5. Criterion MS-4: *The final responsibility for selecting students to be admitted for medical study must reside with a duly constituted faculty committee. Persons or groups external to the medical school may assist in the evaluation of applicants but should not have decision-making authority.* Dean Folberg's response to questions raised by SPRC supports that this is the case for this committee in the SOM. However, the Chair of the Committee on Admissions reports directly to the Associate Dean for Student Affairs, not the FA. If this committee reports to anyone, it should be the FA, not an Associate Dean. The second sentence undoubtedly speaks to the heart of the issue of defining "faculty" for the SOM, i.e., if WBH physicians are not defined as "faculty" they cannot participate in certain decisions of the SOM. However, it also reinforces the need to have the role, restrictions and privileges of the WBH physicians clearly delineated.
6. Criterion FA-14: *The full faculty should meet often enough for all faculty members to have the opportunity to participate in the discussion and establishment of medical school policies and practices.* On this campus, a full meeting of the faculty is known as the Faculty Assembly. The role of the FA was not clear to SPRC.
7. Criterion FA-13: *Strategies for assuring direct faculty participation may include peer selection or other mechanisms that bring a broad faculty perspective to the decision-making process, independent of departmental or central administration points of view.* Of the 15 committees and sub-committees in the SOM, the Dean appoints 9, including the faculty chair. With this level of control, how do we insure that the actions of the committees, the majority of which are appointed by the Dean, are "independent of central administration points of view?"

It is important to note that SPRC recognizes that medical schools have some unique governance issues and that there is a need for some differences. However, there must also be a stronger effort to design a governance model that more closely reflects the culture of OU where possible. The rationale given by Dean Folberg for the Dean having the authority to appoint so many faculty committees including the Chairs, is to ensure that members are qualified for service on SOM committees. Given the outstanding credentials of the WBH physicians and the OU SOM faculty, SPRC believes they have the ability to make this determination on their own. These are very bright people. They don't need this level of assistance. The control of the Dean over faculty matters is seriously disturbing. Even if it may be necessary for the first of these committees to be appointed by the Dean since all faculty are new, there should be a written restriction on subsequent appointments.

Another concern is that the proposal states that the first two years of the curriculum have been fully developed. That is not true. There are two courses in the second year that have not been fully developed. Thus Graduate Council only approved the first year of the SOM curriculum and established deadline dates for the remaining years to be submitted for approval.

There is no question that WBH is an outstanding clinical facility. However, concerns about students being exposed to greater ethnic and social-economic diversity remain. Clerkships at

hospitals and agencies in the city of Detroit would offer greater diversity of ethnic/racial and clinical experiences. Currently, students may take an elective at institutions other than WBH, but there is no other mechanism that ensures students will be exposed to the practice of medicine in other environments that can augment and enrich their medical education. In addition, there are no required options for exposure to rural medicine.

A final issue of concern is the admission of students from foreign countries. SPRC recognizes that setting up the infrastructure to work with international students is not easy. However it is the hope of this committee that there be at least a stated commitment and aspiration to admit students from foreign countries (besides Canada) by some defined date. The admission of international students would be consistent with the values of the high-level, internationally recognized university OU seeks to become.

Recommendation

There are serious concerns about the governance issues of the SOM and the role of WBH physicians in SOM and university governance. SPRC is also aware that Senate Steering is working on this issue which will simultaneously include making changes to the Constitution of the SOM. It is, therefore, possible that the above concerns will be resolved through this mechanism. SPRC is recommending that Senate approval of this proposal be postponed until the joint committee of members of Senate Steering and the SOM present the amended Constitution and address the issue of defining faculty in the SOM both the role, scope and limitations.

May 20, 2010

To: University Senate

From: Senate Planning & Review Committee
Frances Jackson, Chair

Re: School of Medicine Proposal for the M.D. Degree

SPRC met on May 11, 2010. This meeting was scheduled at the request of the Senate to see if some of the issues raised in our previous SOM report could be resolved. The following were the key issues under discussions:

1. SOM Senate representation. Currently, the SOM constitution would allow a Beaumont physician is not full-time at OU to represent the SOM on the University Senate. SPRC found this to be unacceptable.
2. The role of the SOM Faculty Assembly is another key issue. A number of key committees, including the Curriculum Committee are listed as reporting an Associate Dean, not the SOM FA. Such a reporting structure is not justified by LCME criteria and does not reflect the governance culture at OU.
3. The powers of the Dean of the SOM to appoint a large number of SOM Committees and the Chairs of those committees.
4. The process of physician appointments to the SOM has not be fully described in any document given to SPRC.
5. A fifth concern is the need for some assurance that the pledges of support (financial) for the SOM will be honored.
6. International student admission is not described and no plans for admitting international students have been made.
7. The Constitution of the SOM needs to include a time-line by which faculty will elect their own committees and committee chairs.

Discussion

Linda Gillum attended the meeting as a representative from the SOM. Her responses to the above issues were as follows:

1. The SOM has gotten the message about Senate representation. Only OU-paid faculty will qualify for the position of SOM Senator.

2. The SOM understands that the role of FA and the issue of shared governance is a concern of the Senate. They are working to make sure the shared governance culture of OU will be reflected in the governance of the SOM.
3. Currently, there is no time line or deadline date for SOM faculty to elect their own committee members and Chairs. This is a continuing issue that was not resolved at this meeting.
4. The SOM Committee on Appointments and Promotions will more fully develop the process for awarding faculty rank and status to Beaumont physicians. This committee is one of a few that are elected by the faculty. Dr. Gillum also stated that consistent with the titles at OU, Special Lecturers will be removed from tenure/tenure-track consideration.
5. In terms of concerns about the finances, Dr. Gillum stated that these issues were addressed in the Affiliation Agreement between Beaumont and OU. She stated emphatically that approving the MD Degree would pose no risk to OU.
6. The SOM has no plans to admit international students. SPRC is content to let this issue drop.
7. The issue of which committees would report to the SOM FA was not resolved to the satisfaction of SPRC. It was not clear from the meeting which committees would report to the SOM FA and which would continue reporting to various SOM administrators. There was no agreement to add a timeline to the SOM constitution that would indicate at which point all SOM committees and chairs would be elected by the faculty.

One major area of concern to SPRC is a statement made by Dr. Gillum that the SOM intends to have bylaws which will address some issues raised by SPRC. SPRC was not relieved to hear this. Currently, the Senate constitution does not address the bylaws of its constituent bodies. It is our strong recommendation that the bylaws of all constituent bodies be reviewed to ensure they don't contain any provisions that rightly belong in the constitution and that the bylaws of the SOM will be reviewed as part of this process.

SOM Report – Appendix 2

Professor McMillon,

Please note that we have six faculty appointments in the School of Medicine that were omitted on the excel spreadsheet that was forwarded on Friday. The names of the six faculty are listed below:

Augustyniak, Robert	Assistant Professor, School of Medicine	augustyniak@oakland.edu
Bee, Mary T.	Associate Professor, School of Medicine	bee@oakland.edu
Reygaert, Wanda	Assistant Professor, School of Medicine	reygaert@oakland.edu
Rodenbaugh, David	Assistant Professor, School of Medicine	rodenbaugh@oakland.edu
Sabina, Richard	Associate Professor, School of Medicine	sabina@oakland.edu
Schanzer, Bella	Assistant Professor, School of Medicine	shanzer@oakland.edu

These OU faculty are currently on record as faculty in the School of Medicine. Please share these with the committee. Thanks so much.

Best,
Linda

Appendix 3

From Steven Shablin <shablin@oakland.edu>

To mcmillon@oakland.edu

Date Tue, Mar 30, 2010 at 8:37 AM

Subject FW: Senate Budget Review Committee - Request for information

Dear Gwen,

I am scheduled to receive two new general purpose classrooms to replace ODH 202A/C which will be used by the SOM starting May 2011. If so, I believe that the number of general purpose classrooms is adequate for BIO/CHEM/SOM courses.

The Registrar does not schedule laboratories or Varner Recital Hall. So, I have no information regarding those two entities.

Sincerely,

Steven J. Shablin, Registrar

Oakland University

Rochester, MI 48309

248.370.4581 (phone)

Appendix 4

From Arthur Bull <abull@oakland.edu>

To Gwendolyn McMillon <mcmillon@oakland.edu>

Date Wed, Mar 31, 2010 at 1:01 PM

Subject Re: ***Urgent -Senate Budget Review Committee request for information

Dear Gwen,

As it stands today, the two rooms I believe are involved are SEB 284 and 290. We should be able to accommodate morning classes for the SOM, but most afternoons both labs are used for teaching purposes. Analytical Chem (CHM 325) in fall and spring, Biochem lab Fall, Physical Chemistry lab and Inorganic/organic lab in the winter. Fridays and evenings have sporadic laboratory exercises for our General Education courses.

So I think we can manage the SOM needs, it is essential that consultation occur before schedules are made. The laboratories do not usually show up on a schedule as the associated lecture room is shown instead. All our lab classes are at or near capacity, if previous growth trends (about 10%/year) continue, we would need to open morning sections for our lab classes. Again, this should be manageable but consultation is key.

Art Bull

Arthur W. Bull, Ph.D.

Professor and Chair

Department of Chemistry

Oakland University

248-370-2347

Appendix 5

From Arik Dvir <dvir@oakland.edu>

To Gwendolyn McMillon <mcmillon@oakland.edu>,
bull@oakland.edu

Date Wed, Mar 31, 2010 at 6:03 PM

Subject RE: ***Urgent -Senate Budget Review Committee request for information

Dear Gwen,

Our department is the sole user of several teaching labs areas in DHE, SEB, and ODH. We use these laboratories at or near capacity, with respect to operating hours and/or the number of different types of activities that we carry out there.

I am aware that some of the laboratories that are operated by our department have been also listed in certain SOM documents. However, no specific information regarding usage of laboratory and classroom space by the SOM was forwarded to me, nor was I part of any discussion in this matter. Also, it is not known at what frequency and/or capacity they are marked to be used by the SOM or whether the listing is simply as back-up and would not be needed in effect. Therefore, there is not much that I can say.

Since we are using our teaching laboratory space very extensively, (and in fact, are close to a point where we will need additional space), sharing of these labs with another unit such as the SOM would be quite the challenge.

Hope that helps,

Arik Dvir

Appendix 6

From Jackie Wiggins <jwiggins@oakland.edu>

To Gwendolyn McMillon <mcmillon@oakland.edu>

Date Wed, Mar 31, 2010 at 8:32 AM

Subject Re: ***Urgent - Senate Budget Review Committee request for information

Hi Gwen,

I have been told that the SOM does not have any intention of using the recital hall on a regular basis. If they happen to bring a guest speaker to campus and need to use the hall, they will be able to go through the same processes as anyone else on campus who wishes to use the hall. They can contact our production coordinator's office to see if the hall is available. In all likelihood it will not be, since we use it almost constantly for our own business. But there is a process in place and anyone can utilize it to make such a request.

From inquiries I have made about this issue, it is my understanding that the case they had to make to the accreditation agency was that OU is a real campus with real facilities (like a hall that would accommodate this kind of special event should they decide to host one). The dean of the SOM has assured me, as he explained to everyone who toured their new facilities, that the nature of medical education is small group conversation and interaction not huge lecture hall classes (like one might see in fictional TV shows). He does not think they will need to use the hall, but evidently, to get accredited, they had to say they had access to one, which they do. Anyone on campus has access, if it is available.

Thanks for asking. We do not see this as a problem.

Jackie Wiggins, chair

Music, Theatre and Dance

Appendix 7-1

From Linda Gillum <gillum@oakland.edu>

To Gwendolyn McMillon <mcmillon@oakland.edu>

Cc Robert Folberg <rfolberg@oakland.edu>

Date Thu, Mar 25, 2010 at 3:32 PM

Subject SBRC: Student Fee Question

Gwendolyn,

The following statement provides an update and clarification in response to the SBRC's question regarding student health fees:

There are no student health fees.

The SOM tuition will cover health insurance. Medical students will be able to choose whether or not they want to use our health center or use their own provider.

Does this answer your question? If not, please give me a call.

Linda--

Linda Gillum, Ph.D.

Associate Dean of Academic Affairs, Faculty Development and Diversity

Oakland University William Beaumont School of Medicine (OUWSOM)

478 O'Dowd Hall

Rochester, MI 48309

Direct Line: 248-370-3633

gillum@oakland.edu

Appendix 7-2

From Linda Gillum <gillum@oakland.edu>

To Gwendolyn McMillon <mcmillon@oakland.edu>

Date Thu, Mar 25, 2010 at 5:23 PM

Subject Re: SBRC: Student Fee Question

Gwen,

My statement was clarified with the earlier email.

We eliminated the health fee after the LCME site visit and rolled everything into tuition. My statement was to inform the committee that we do not have a separate fee. Indeed, that was formerly in an older copy of the SOM budget. I apologize for not noting this. I came back from the meeting and verified the recent information that I submitted to you today. There is no health fee any longer.

Thanks for your question. I truly understand how it may have confused you.

Linda

Appendix 8

From Linda Gillum <gillum@oakland.edu>

To Gwendolyn McMillon <mcmillon@oakland.edu>

Cc Susan Awbrey <awbrey@oakland.edu>,

Robert Folberg <rfolberg@oakland.edu>

Date Thu, Mar 25, 2010 at 3:21 PM

Subject Re: SBRC requests

Dear Gwendolyn,

The responses to the SBRC's question below follows:

1. A summary paragraph - stating that Oakland SOM is "financially sound." Also a brief explanation of the source of the report will be provided as well.

The recent report from the Higher Learning Commission following the focused visit and review of the School of Medicine- January 24-26, 2010 - states the following:

Overall budget planning is well documented, and the Focused Visit Team heard strong commitments from both Oakland University and the Beaumont Hospital System to maintain the necessary level of funding. The operating budget and commitment of ongoing financial resources appears adequate to meet the needs of the MD program into the foreseeable future.

Gwendolyn, a copy of this report can be requested from Associate Vice Provost Susan Awbrey.

Thanks,

Linda

Appendix 9

From John Beaghan <beaghan@oakland.edu>

To Gwendolyn McMillon <mcmillon@oakland.edu>

Date Mon, Mar 29, 2010 at 5:25 PM

Subject Re: SBRC request for final SOM information

Gwen, the following is in response to your questions below. I hope it will help you finalize your report.

The Oakland University William Beaumont School of Medicine (SOM) is comprised of two components; basic science and clinical, with the clinical component being the most expensive. By contract with William Beaumont Hospital, we have permanently "fund raised" well over half of the cost of the SOM, with Beaumont completely covering the clinical component (i.e. clinical faculty, clinical administration, clinical facilities, etc.). In addition, Beaumont is funding half of the Dean's and the Dean's Assistant's compensation.

The basic science component, including non-clinical administration and half of the Dean's and Dean's Assistant's compensation, is being funded by medical student tuition, SOM gifts (of which over \$24 million has been received or contractually pledged), SOM grants, SOM contracts, and SOM indirect cost. There seems to have been some confusion by those who have reviewed the LCME database budget which notes "Unrestricted Gifts" as a revenue source. "Unrestricted Gifts" in the budget refers to SOM unrestricted gifts, not University unrestricted gifts. No University unrestricted gifts, state appropriation or undergraduate tuition are being used to fund the SOM. As part of the SOM budget we also identified "in-kind" expenses and reflected them in the SOM budget as University support (e.g. accounts payable, payroll, UHR). These are expenses the University is already incurring with no incremental cost related to the SOM.

In the first few years of operation, the SOM is heavily reliant on gifts, until students are admitted and tuition revenues are realized. As enrollment increases (year 1 cohort of 50 students, year 2 cohort of 75 students, year 3 cohort of 100 students, year 4 cohort, and beyond, 125 students) the dependency on gifts evaporates; in year 5 the SOM is expected to be solvent without gifts. As of March 26, 2010, the SOM gift fund has a \$16.8 million fund balance consisting of cash and contractual unrestricted gift pledges, approximately equal to the gift budget for the first two operational years. In addition, we have permanently fund raised half of the scholarship expense line, equal to 7.5% of tuition costs. A vigorous fund raising effort is underway. We anticipate no problems with raising the additional gifts needed to fund the early stages of the SOM.

Bonds will not be issued to fund SOM operations. There is no anticipated need to "borrow" funds from the University's general fund or gift funds. There are no current plans to involve the OU Foundation in SOM fundraising. With the entire clinical component fund raised, over \$24 million in gifts and contractual pledges raised to date, the anticipation of full enrollment and student tuition to begin flowing in FY2012, no further financial contingency plans are necessary.

John

John W. Beaghan, CMA

Vice President for Finance & Administration and Treasurer to the Board of Trustees

Appendix 10

From: John Beaghan <beaghan@oakland.edu>

Date: Mon, Apr 5, 2010 at 1:36 PM

Subject: Fwd: Re: SBRC info for SOM and Mechatronics

To: Gwendolyn McMillon <mcmillon@oakland.edu>

Cc: lemarbe@oakland.edu

Gwen,

Tom LeMarbe forwarded the email below to me which notes several follow-up questions from Kevin Murphy, with a couple reiterated by Shea Howell. For further clarification:

- The \$16.8M consists of \$800k cash and \$16M contractual pledges. Of the \$16M in pledges, \$2M in cash is due July 1.
- The term "contractual pledges" is meant to denote that these pledges are 100% collectible due to agreements made between OU and certain anonymous donors.
- We have 3-5 years to raise the \$11.5M gifts noted in budget years 3-5.
- The year 5 budget shows a bottom line of +\$3.9M. If you eliminate the \$2M gift revenue from the year 5 budget, the SOM has a bottom line of +\$1.9M, operational revenues exceed operational expenses, thus solvency. My statement that "in year 5 the SOM is expected to be solvent without gifts" is accurate.
- Because of success to date in SOM fund raising (i.e. 100% of the clinical component has been secured plus the previously described \$24M) and considering the SOM becomes solvent in year 5, we don't anticipate the SOM needing to "borrow" from the University. However, to ease SBRC concerns, if for some unanticipated reason the SOM does need to "borrow" from the University, we would carefully account for such a transaction and guarantee that the SOM would pay the University back all funds borrowed, in a timely fashion.
- The \$24M is gross, cumulative gifts/pledges raised to date. The \$16.8M is equal to the \$24M less expenditures to date and less an accounting discount for net present value of future gifts. The two numbers tie and have been confirmed by auditors as represented in the University's June 30, 2009 audited financial statements.

If these answers do not fully address the SBRC's outstanding issues, I would suggest we get together again to iron out any remaining issues. This will help the SBRC avoid submitting a report with "concerns noted".

John

Proforma Income Statement

Program Title Oakland University William Beaumont School of Medicine
 Program Type: (New, INC, CRCE, MUC) New School - New Program
 Five Year Fiscal Year Budget FY2011 to FY2016
 Fund Number Org # 0100

	Acct	FY2011- Year1	FY2012- Year2	FY2013- Year3	FY2014- Year4	FY2015- Year5
Revenue Variables:						
Headcount			50	125	225	350
Number of Sections @ other						
Total Credit Hours						
Undergraduate						
Graduate						
Doctoral						
UG FYES						
Graduate FYES						
Doctoral FYES						
Total FYES			50	125	225	350
Tuition Rate						
Graduate		\$ -	\$ 42,760	\$ 44,470	\$ 46,249	\$ 48,099
Other Fees						
Revenue						
Tuition			\$ 2,138,000	\$ 5,558,800	\$ 10,406,074	\$ 16,834,715
Application Fees		\$ 225,000	\$ 262,500	\$ 262,500	\$ 262,500	\$ 262,500
Indirect Cost Recovery		\$ 250,000	\$ 250,000	\$ 250,000	\$ 250,000	\$ 250,000
University Support (In Kind)		\$ 730,796	\$ 749,660	\$ 769,089	\$ 789,102	\$ 809,715
Hospital Support		\$ 1,593,467	\$ 1,829,053	\$ 2,136,594	\$ 2,545,589	\$ 3,067,341
Unrestricted Gifts		\$ 8,574,924	\$ 8,495,960	\$ 5,959,831	\$ 3,694,656	\$ 2,000,000
Total Revenue		\$ 11,374,187	\$ 13,725,173	\$ 14,936,814	\$ 17,947,921	\$ 23,224,271
Expenses	ACCT					
Salaries/Wages						
Faculty Salaries	6101	\$ 2,718,328	\$ 3,372,020	\$ 3,438,054	\$ 3,615,584	\$ 3,687,399
Visiting Faculty	6101	\$ -	\$ -	\$ -	\$ -	\$ -
Administrative	6201	\$ 3,804,426	\$ 4,560,410	\$ 4,757,694	\$ 5,550,151	\$ 5,713,341
Clerical	6211	\$ -	\$ -	\$ -	\$ -	\$ -
Administrative - IC	6221	\$ -	\$ -	\$ -	\$ -	\$ -
Faculty Inload (Replacement Costs)	6301	\$ -	\$ -	\$ -	\$ -	\$ -
Faculty Overload	6301	\$ -	\$ -	\$ -	\$ -	\$ -
Part-time Faculty	6301	\$ -	\$ -	\$ -	\$ -	\$ -
Graduate Assistant	6311	\$ -	\$ -	\$ -	\$ -	\$ -
Scholarships		\$ -	\$ 320,700	\$ 833,820	\$ 1,560,911	\$ 2,525,207
University Support (In Kind)		\$ 628,796	\$ 647,660	\$ 667,089	\$ 687,102	\$ 707,715
Research		\$ 735,000	\$ 771,750	\$ 810,338	\$ 850,854	\$ 893,397
Student		\$ -	\$ -	\$ -	\$ -	\$ -
Total Salary Expenses		\$ 7,886,550	\$ 9,672,540	\$ 10,506,995	\$ 12,264,602	\$ 13,527,059
Fringe Benefits (Included above)	6701					
Total Salary and Fringe Benefits		\$ 7,886,550	\$ 9,672,540	\$ 10,506,995	\$ 12,264,602	\$ 13,527,059
Operating Expenses						
Supplies and Services	7101	\$ 1,031,760	\$ 1,463,428	\$ 1,704,578	\$ 2,615,455	\$ 2,703,083
Graduate Assistant Tuition	7101	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Charges	7101	\$ -	\$ 25,625	\$ 19,925	\$ 32,035	\$ 73,195
Information Technology		\$ 936,884	\$ 755,281	\$ 805,385	\$ 1,016,749	\$ 863,371
Library	7401	\$ 1,518,993	\$ 1,808,299	\$ 1,899,931	\$ 2,019,080	\$ 2,141,544
Total Operating Expenses		\$ 3,487,637	\$ 4,052,633	\$ 4,429,819	\$ 5,683,319	\$ 5,781,193
Total Expenses		\$ 11,374,187	\$ 13,725,173	\$ 14,936,814	\$ 17,947,921	\$ 19,308,252
Net Income/Loss		\$ -	\$ -	\$ -	\$ (0)	\$ 3,916,018

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