

# International University of the Health Sciences School of Medicine



## IUHS Catalog

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## International University of the Health Sciences School of Medicine

TABLE OF CONTENTS	page
<b>BACKGROUND .....</b>	<b>3</b>
Charter, Credentialing & Licensure .....	3
The Campus .....	3
Academic Calendar.....	3
<b>I. REGULATIONS FOR ADMISSION TO THE M.D. DEGREE PROGRAM.....</b>	<b>5</b>
Application Requirements.....	5
<i>New Students</i> .....	5
<i>Admission Qualifications</i> .....	5
<i>Transfer Students</i> .....	5
<i>The Application Procedure</i> .....	5
<i>Transfer Application</i> .....	6
<b>II. PROGRAMS OF STUDY.....</b>	<b>7</b>
The On-Campus Program.....	7
The Electronic Learning (ELP) Program.....	8
Parallel Track Programs.....	8
The Premedical Program ('Fundamentals').....	9
<b>III. THE CURRICULUM .....</b>	<b>11</b>
The Preparatory Phase (Phase 0; Block 0).....	11
The 'Pre-Clinical' Phase (Phase 1; Blocks 1-10) .....	11
<i>Introductory Block (Block 1)</i> .....	11
<i>Organ-system Block Rotation (Blocks 2-8)</i> .....	12
<i>Integrative Review Blocks (Blocks 9-10)</i> .....	12
The Clinical Phase (Phase 2) .....	13
<b>IV. STUDY, ASSESSMENT, GRADES AND REMEDIATION.....</b>	<b>15</b>
Assessment.....	15
<i>Assessment Implementation</i> .....	15
<i>Proctoring</i> .....	15
Grades and Assessment.....	16
Transcripts.....	17
<b>V. STUDY METHODS AND RESOURCES.....</b>	<b>18</b>
Educational Philosophy .....	18
<i>Problem-based learning PBL</i> .....	18
On-line Learning Environments and Modalities.....	19
Study Mentors and Early Clinical Involvement.....	19
IUHS Mandatory Core Medical Library.....	20
<b>VI. FACULTY AND ADMINISTRATION.....</b>	<b>22</b>
Officers of the Faculty .....	22
Faculty.....	22
Clinical Faculty.....	22
Adjunct and Visiting Faculty.....	22
Honorary Faculty .....	22
Registry, Administration and Student Affairs .....	22
<b>VII. IUHS Contact Information .....</b>	<b>23</b>

# International University of the Health Sciences School of Medicine, St. Kitts, West Indies

## BACKGROUND

The International University of the Health Sciences School of Medicine was founded in 1998 as a collaborative effort of medical educators from around the world with extensive experience in problem-based medical curricula, with a course of study leading to the degree of Doctor of Medicine (M.D).

### Charter, Credentialing & Licensure

The International University of the Health Sciences School of Medicine is chartered and accredited by the government of the Federation of St. Christopher & Nevis (St. Kitts), and is listed in the World Health Organization's World Directory of Medical Schools, 7<sup>th</sup> Edition. Therefore, the Educational Commission of Foreign Medical Graduates (ECFMG) will permit IUHS graduates to sit for licensing examinations in the United States (USMLE Steps 1, 2 and 3).

M.D. graduates seeking licensure in the United States must contact the appropriate individual state Board of Medical Education and Licensure for information relating to licensure requirements within that state. Students wishing licensure in a country other than the U.S. must contact that country's medical regulatory body for information relating to that country's regulations for licensure. Each individual state, and country, regulates the license to practice medicine in that state or country. While IUHS will endeavor with best efforts to assist its students, it is ultimately the student's responsibility to determine and satisfy the licensing requirements of each individual state or country.

### The Campus

The IUHS campus is on the corner of Wilkin Street and Wigley Avenue, in the Fortlands area of St. Kitts' capital city, Basseterre. Situated in a beautiful old building, Brannigan House, with a spectacular view of the harbour, the campus' rambling, picturesque grounds create an atmosphere ideal for quiet study.

The University enjoys a unique and enviable position among other Caribbean medical schools because its close affiliation with the national hospital, which serves a primary population of approximately 40,000 residents. Students in-campus on St. Kitts begin bi-weekly clinical rotations in the local hospital, under the supervision of the University's adjunct clinical faculty, after the first eight weeks of coursework. These clinical visits include an introduction to physical diagnosis. In addition, students are assigned an on-call schedule for autopsy and surgical procedures. From the start of medical training, IUHS students are introduced to the science and art of medicine through hands-on experience and patient contact.

It is mandatory for on-campus students to bring with them the following documents to obtain a student visa:

- A valid, current passport
- A negative HIV test no older than 4 months
- A negative TB test or original chest x-rays (if the TB test was positive) not older than 4 months
- A formal statement, not older than 6 months, from your local police department affirming you have no criminal record
- A VDRL or RPR blood test for syphilis, not older than 4 months
- Two passport photos

The above documents must be given to the University Administrator upon arrival. The Campus Administrator will apply to the government for student visas.

*You cannot enter St. Kitts as a student unless you have in your possession a valid return airline ticket back to your home country.*

### Academic Calendar

The IUHS academic calendar year consists of three semesters sixteen weeks in length. Each semester contains two eight-week modules or blocks.

On-Campus students are accepted at the start of each semester. ELP students are accepted at the start of each eight-week block (half-semester).

Generally classes are admitted at 8 week intervals starting on the 2<sup>nd</sup>, 10<sup>th</sup>, 18<sup>th</sup>, 26<sup>th</sup>, 34<sup>th</sup>, and 42<sup>nd</sup> weeks of the year with University wider holidays during weeks 1, 2, 51, and 52 of the year. Classes start therefore approximately mid-January, mid-March, early May, early July, late August and late October.

Following are upcoming semester/block start-dates:

14 January 2002	Semester/Block start
11 March 2002	Block start
6 May 2002	Semester/Block start
1 July 2002	Block start
26 August 2002	Semester/Block start
21 October 2002	Block start
<i>4-week Christmas Break:</i>	<i>15 December to 13 January</i>
13 January 2003	Semester/Block start
10 March 2003	Block start
5 May 2003	Semester/Block start

# I. REGULATIONS FOR ADMISSION TO THE M.D. DEGREE PROGRAM

## Application Requirements

### New Students

Prospective students may apply for either the On-Campus Program or the Electronic Learning Program (ELP).

IUHS has designed the course of study so that a student may enter the preclinical program at any point in the curriculum. Students are admitted to the On-Campus Program at the beginning of each 16-week term. Students are admitted to the Electronic Learning Program (ELP) every 8 weeks.

### Admission Qualifications

For students matriculating from institutions based the European and British/Commonwealth models of education, the On-Campus Program admission requirements are passes in at least 2 subjects at the General Certificate of Education Advanced ("A") level examinations, with preference being given to those who have studied Chemistry, Biology/Zoology, and/or Physics.

Students matriculating from institutions based on the U.S. model of education and applying to the On-Campus Program, must have completed at least 90 semester hours of credit from an accredited institution. While there are no specific science course requirements for admission, preference will be given to those with a strong science background

Students applying for admission into the ELP program should normally have a Masters degree, or equivalent, from an accredited institution, and be working in the healthcare system. In some cases, applicants with a Bachelors degree and with several years of clinical healthcare experience may be accepted.

At the discretion of the Admissions Committee, applying students will be expected to undertake a written Pre-Clinical Assessment Exam. This assessment exam will be offered through a Prometric/Sylvan testing center. Those judged to have an insufficient knowledge of science as a result of this exam, will be required to complete an additional course of study at IUHS in the relevant areas.

Applying students who have acceptable scores on the MCATs or are transferring from other medical schools, will normally not be required to sit the Pre-Clinical Assessment Exam.

The Medical College Admissions Test (MCAT) is not required, but is recommended.

Students will also be expected to have sufficient knowledge and skills in the use of computers, on which they may also be tested.

A personal interview may be required. If asked for, the interview may be in-person or by phone, dependent on the circumstances.

### Transfer Students

IUHS also accepts applications for transfer. However, because of the usual difficulty in developing equivalencies between course content in PBL learning and "traditional" offerings, IUHS will normally only accept transfers who have already completed their Basic Science Phase at a WHO listed School of Medicine.

If a significant group of students from a common institution requests to transfer, special courses can be constructed to accommodate the equivalency issue, and the group accepted during the pre-clinical phase.

### The Application Procedure

The student applying for admission to IUHS must provide an application package containing:

1. Completed application form, with short personal statement (500 words or less) addressing the applicant's future healthcare desires
2. Official transcripts from all post-secondary institutions attended by the applicant, sent directly from those schools to IUHS
3. At least two letters of recommendation/reference, preferably from former professors or teachers and/or healthcare professionals
4. Four current passport-style photos

5. Application fee of \$100.00 U.S.

The application package should be sent to:

Registrar  
International University of the Health Sciences  
Brannigan House,  
Wigley Ave. & Wilkin St.  
Basseterre, St. Kitts, West Indies

Applying students will be contacted concerning the process for taking the Pre-Clinical Assessment Exam.

### **Transfer Application**

Students applying for transfer to IUHS normally must:

1. Complete a Pre-Clinical/Basic Science curriculum at a World Health Organization listed medical teaching institution
2. Submit a completed admission application packet
3. Complete a personal interview. The interview may be in-person or by phone, dependent on the circumstances.
4. Successfully pass an IUHS Basic Science Curriculum Exit Exam
5. The transfer may, in addition, be asked to complete either Block 9 and/or Block 10 and/ or other selected blocks of the IUHS Basic Science curriculum

Each Friday, the Registrar will review all applicants whose application package are complete, and will forward the applicants' qualifications to the Admission Committee. The Registrar will formally accept those students who have been approved by the Admissions Committee, and letters of acceptance will be sent out within the next 10 working days.

A student who has been accepted for admission will have up to one year from the date of acceptance to commence his/her studies at IUHS. After one year, the student must reapply for admittance.

A student will have a maximum 7 years to complete his/her MD degree with IUHS. The seven years begins on the day the student begins his/her coursework. The student must be reminded that USMLE Steps 1-3 must be taken and passed within a 7-year period. However, the usual course of uninterrupted study lasts about 3.5 years.

## II. PROGRAMS OF STUDY

IUHS accepts students from diverse backgrounds and offers carefully tailored and individualized courses of instruction. During the pre-clinical phase, the traditional didactic approach to teaching basic medical sciences has been rejected in favor of a more practical and stimulating curriculum aimed at serving the needs of future clinicians. Emphasis is placed on recognition of the disease process, definitive and differential diagnoses including diagnostic modalities, and currently accepted treatment strategies. The future physician's cognitive abilities are thus challenged and developed from the very start of medical studies. Following successful completion of this phase 1 program, the student will proceed to conventional rotations (Phase 2 of the IUHS program) in clinical facilities.

IUHS has designed the course of study so that a student may enter the preclinical program at any point in the curriculum. Beginning students are accepted every eight weeks. No prior medical background is required for entry, and it is generally assumed that a student will begin the course of study with an introductory block, which emphasizes fundamental concepts necessary for full appreciation of the clinical case presentations. Occasionally, students may have advanced backgrounds and degrees in medical disciplines. In such cases, and at the discretion of the Vice-Chancellor of the University, certain students may be admitted with advanced standing. These individuals will be required to present unquestionable evidence of being in possession of the requisite knowledge and skills, which would ordinarily be obtained by regular progression through the IUHS curriculum. This evidence will generally take the form of a comprehensive examination covering all aspects of the preclinical phase of study. Until that examination has been completed satisfactorily, any advanced standing remains PROVISIONAL only; in the event that student performance in these examinations is deemed unsatisfactory, any advanced standing provisionally agreed will normally be cancelled.

Extensive use is made of electronic teaching aids throughout the curriculum. IUHS students, whether they are in residence on the St. Kitts campus or are completing their medical studies by distance learning while continuing their employment, have access to a vast library of electronic media and courseware, as well as to interactive on-line lectures by permanent and visiting faculty. Students are expected to make use of the materials and courseware offered, and to take part actively in on-line classroom activities. Formal Summative Assessments are conducted at eight-week intervals, and are currently delivered by Prometric Centers in the United States, the same organization which administers the United States Medical Licensing Examinations. Un-graded Formative Assessments are administered weekly to aid the student in self-evaluation of progress made towards achieving the stated learning goals. Successful completion of a final Exit Examination is required before the student will be sponsored for Step I of the USMLE, and before the student may enter core clinical rotations sponsored by IUHS.

The program of study at the International University of the Health Sciences provides a thorough, rigorous, and comprehensive curriculum designed to provide highly motivated students with the opportunity of formal study in medicine. The problem-based curriculum is especially suited for those students contemplating the active practice of medicine, and the faculty is composed almost entirely of members who themselves hold a medical degree. Particular emphasis is placed on the practical aspects of medical study, and is actively supported by university's close ties to the national hospital and an early introduction to patient-based medical practice.

IUHS currently has three programs leading to the MD degree:

### **The On-Campus Program**

The Program consists of an 80-week pre-clinical phase 1 (Basic Science Curriculum) divided into 5 terms of 16 weeks each. Utilizing Problem-Based Learning (PBL) techniques, students are presented with 72 weekly cases. These simulated cases illustrate multiple facets of basic medical science. Using these simulated cases, the student is guided from the patient's chief complaint into the vital, basic sciences of anatomy, pathology, histology, immunology, embryology, biochemistry, clinical signs and symptoms, and ultimately, modern treatment and modalities

The scientific focus in this program is on the mechanisms of disease. Guided learning in small group tutorials is emphasized as each student works through the 72 weekly cases. Lectures and courses in basic medical sciences are also given. This program is integrated with clinical instruction at local hospital wards and laboratories.

## The Electronic Learning (ELP) Program

The off campus program uses exactly the same resources as the on campus program, comprising an 80-week pre-clinical phase 1 (Basic Science Curriculum) divided into 5 terms of 16 weeks each. The scientific focus in this program is on mechanisms of disease. This unique pre-clinical Electronic Learning Program for qualified post-graduate students and allied healthcare professions is offered with prescribed visits to the St. Kitts campus. The ELP uses the same PBL curriculum as the campus-based program that is delivered via web-based instruction. Additionally, the ELP student is required to obtain a medically qualified Mentor to guide the self-learning process. Access to a clinical institution for practical observation is also required.

All ELP students must complete a four-week tenure on-campus on St. Kitts. These four weeks will normally be taken during Block 9 or Block 10. (The student will be allocated either the first or second four weeks of Block 9, or the first or second four weeks of Block 10.)

After completing the pre-clinical phase, students from both the On-campus Program and the Electronic Learning Program will enter the Clinical Phase, consisting of 80 weeks of clinical rotations. The focus of this program is the acquisition and maintenance of clinical and professional skills through various medical specialties. During these clinical rotations, students will work directly with physicians and hospital staff, conducting physical examinations, history taking, case presentations, and laboratory analysis.

IUHS currently has relationships with hospitals and clinics in St. Kitts, as well as in the US, England, and Australia.

## Parallel Track Programs

IUHS offers a **Dual Enrollment MD/DPM** for students studying podiatry who wish to also pursue the MD degree. In addition to their studies at a podiatric school where they are enrolled, the student will study IUHS curricular materials. These additional materials include:

Year One:	Semester 1 - 35 'lectures' on fundamental basic science material Semester 2 – IUHS Block 1
Year Two:	Semester 1 – IUHS Block 2, 3 Semester 2 – IUHS Block 5
Year Three:	Semester 1 – IUHS Blocks 4 and 6 Semester 2 – IUHS Block 7 and 8
Year Four:	Semester 1 – IUHS Blocks 9 and 10

Parallel track students will have at least one summative assessment examination (final) during the first 3 academic years with IUHS. Such examinations will be offered in June, typically at the conclusion of the podiatry academic calendar. Year 4 students will matriculate from blocks 8, 9 and 10, directly to the IUHS exit examination.

After successful completion of Block 10, the MD/DPM student will sit the IUHS Exit Exam, and upon passing, will be sponsored for USMLE Part 1. Options to sit for USMLE step 1 earlier will be offered to students performing well in both parallel track and IUHS studies: in some cases this will be permitted in year 2, and in other cases in year 3.

We give parallel track DPM students credit for a total of 40 weeks via their podiatry rotations, as follows: 8 weeks toward our core rotations (4 weeks medicine; 4 weeks surgery), and an additional 32 weeks towards our electives, thus leaving the DPM students with 40 weeks of core rotations (constituting the 5th year with IUHS).

After successful completion of USMLE parts 1 and 2, or for those students not seeking registration, successful completion of the exit examination (parts 1 and 2), the MD degree will be awarded to the candidate, providing that all residency requirements have been met.

The podiatric school will sponsor the MD/DPM student for the Podiatric National Boards Part 1 and according to the accepted schedule, and will award the DPM degree upon completion of the podiatric curriculum.

Dual Enrollment MD/DPM students must maintain passing grades in their podiatric studies. Students who receive Fail or Unsatisfactory grades in their podiatric studies will be placed on Academic Leave from IUHS. The student will be permitted to resume studies at IUHS after the student has completed or “made up” any Fail or Unsatisfactory grade, and a special study program may be instituted for such students as required.

NOTE that this schedule is dependent upon the student continuing and successfully completing their studies, including clinicals, in the relevant DPM program. No assurance can be given that students failing academically or dropping out of DPM studies, will gain admittance to IUHS regular programs, and there is a high likelihood that, if admittance is obtained, the student will face a substantial backtrack in the timing to completion of the IUHS program. As with any student admitted by transfer, such students should expect to be examined on any and all subject matter and course content/study modules for which they wish to be granted 'advanced standing' or exemption. Every instance will be treated on a case-by-case basis in terms of study program and timing.

IUHS has also entered an arrangement with the Fielding Graduate Institute of Santa Barbara, California, where an **M.A. degree in Organisational Management** with a focus on Healthcare Administration can be taken alongside the IUHS MD degree. This masters program can be studied online. Further details are available from [www.fielding.edu](http://www.fielding.edu) and from the program coordinator Wendy Overend ([woverend@fielding.edu](mailto:woverend@fielding.edu), +1 805 898 2946) or the program Director, Dr Christi Olson. Fielding Graduate Institute, Organisational Management Program, 2112 Santa Barbara St, Santa Barbara, CA 93105, fax +1 805 687 4590. Students in this program are treated as 'regular' IUHS students and subject to the normal fees and charges of the full IUHS MD program.

In addition, IUHS also offers a Bachelors of Medical Science (B.Med.Sci) degree, and a Masters of Medical Science (M.Med.Sci.) degree in association with the MD Program.

**The B.Med. Sci. degree** has been designed for students who have entered the IUHS MD program with insufficient credits for a Bachelors degree, or from countries where entry into medical school is normally from High school, where such high school requirements are one year longer than the North American system. Students will take, or test out of, a Basic Science Fundamentals course (in addition to the 80 week pre-clinical phase). After successfully completing the Fundamentals course and the pre-clinical phase, the student will be awarded the B.Med.Sci. Students entering the program with a Bachelors degree in an area outside of the Sciences can earn a B.Med.Sci degree in exactly the same way.

**The M.Med.Sci. degree** has been designed for students who enter IUHS with a Bachelors degree in the Sciences and who wish to earn a masters degree. Students will, in addition to the 80-week pre-clinical phase curriculum, prepare a Master's thesis under the supervision of an IUHS faculty member. In broad terms, the thesis will be expected to be on a biomedical sciences or healthcare-related topic, and will be based principally on study of the literature – although original research would be strongly encouraged where appropriate. The thesis would normally be about 20-50 pages in length and would represent the equivalent of 20-30 weeks work. After completing the first 40 weeks of the Pre-Clinical phase, students may apply to be accepted into the M.Med.Sci. program. The student may prepare their thesis at any time, either concurrently with their other studies or during a dedicated period of study. A student can earn this degree at any time after the first 40 weeks of IUHS study, even after they have graduated from the institution. The thesis will be presented in a public gathering of the IUHS Faculty, after which the student will be required to respond to questions from the Faculty. Following, there will be a vote of those Faculty present as to whether or not to recommend the awarding of this degree.

### **The Premedical Program ('Fundamentals')**

Many students come to IUHS with a limited knowledge of the basic sciences. These sciences include chemistry and biochemistry, human/mammalian biology, genetics and cell biology, behaviour, statistics and so on. However, an understanding of these sciences is vital in understanding the underpinnings of the scientific practice of medicine.

IUHS has, therefore, developed a 'bridging' module for such students – called the 'Fundamentals course' and sometimes referred to as course Block 0. This course can be studied over whatever time frame the student requires. The module is designed to be taken in an action-packed 8 or 16-week module, but

some students may find it more appropriate to take things rather slower, especially if they lack any background in the sciences at all.

### III. THE CURRICULUM

The IUHS curriculum is divided into two phases: the Pre-Clinical (Basic Sciences) Phase and a Clinical Rotations Phase. When deemed necessary, a Preparatory Phase added as deemed necessary.

#### The Preparatory Phase (Phase 0; Block 0)

Some entering students may not have the necessary background in general sciences, and specifically in chemistry and biochemistry, mathematics, physics and human biology to be able to make full use of the IUHS program materials. These students will be required to study an 8 or 16 preparatory module covering the essential materials to enable them to work through the IUHS Pre-Clinical Phase. Students who feel they have been incorrectly assigned to this Preparatory Phase program may apply to 'test out' on the content of the program, and, if successful, will be exempted from the program and permitted direct entry into the Pre-Clinical Phase.

The general areas covered in this Block 0 course are:

1. Chemistry, Biochemistry
2. Cell Biology
3. Pathophysiology
4. Genetics
5. Microbiology
6. Pharmacology
7. Statistics-epidemiology-Evidence-based Medicine
8. Organ-systems
  - 8.1 Cardiovascular System etc
  - 8.2 Respiratory system, etc
  - 8.3 Nervous system,
  - 8.4 Behavioural System
  - 8.5 Gastro-intestinal system,
  - 8.6 Skeletal System, locomotion,
  - 8.7 Renal System,
  - 8.8 Reproduction, embryonic/foetal
  - 8.9 Endocrinology,
  - 8.10 Blood and immune systems

#### The 'Pre-Clinical' Phase (Phase 1; Blocks 1-10)

The Pre-Clinical Phase is based on modules of 8 weeks each, termed 'Blocks'. The phase is 80 weeks long and consists of 72 weekly cases offered within a Problem-Based Learning framework. Cases are offered with eight-week Blocks consisting of 7 weekly cases and one week of review and testing.

The 10 Blocks comprising the first part of the course are all structured in a similar way. The 8-week unit will introduce the students to 7 problems. Each problem introduces a range of learning issues and skills from all disciplines. With each problem a test or 'formative' (self) assessment is provided to assist the student in identifying how 'deep' they need to go into the material, and thus to help them identify their own weaknesses and to guide them in their further studies. These assessments are entirely for the benefit of the students themselves.

At the end of the 7 problems a 'summative' assessment is administered, which is for formal assessment of progress and from which the student transcript is prepared. A second attempt at each summative assessment is offered normally one week later, and additional attempts can be scheduled if these are required. As far as IUHS is concerned it does not matter how quickly or slowly the student masters the content: the goal is only that the student should show that mastery. The eighth week of each block is for consolidation and for additional and remedial study as may be required.

#### Introductory Block (Block 1)

The introductory block is designed as the first turn of the 'educational spiral.' The block introduces students, through 7 carefully selected problems, to the essentials of human structure and function, and to the basic pathological processes of human disease. At the same time students are introduced to the clinical environment and begin learning the essential interpersonal, data gathering and diagnostic skills.

### Organ-system Block Rotation (Blocks 2-8)

Following the high level overview of the introductory Block, students then proceed through a sequence of 7 Blocks that address each of the major body organ-systems in turn (cardiovascular, neurological, haemopoietic etc). This constitutes the second turn of the 'educational spiral.' The number of weeks assigned to each organ-system varies depending on the amount of new material that there is to be covered. Students can start at any point in this Block rotation (always starting at the beginning of a Block), which enables more and less advanced students to work together and learn from each other. This enables the more advanced students to consolidate their knowledge and understanding by explaining aspects to their more junior colleagues. However each Block is designed to be self-sufficient, and does not rely on the presence of senior students to develop the appropriate knowledge and skills. Once again students learn the essential clinical skills alongside their development of content knowledge associated with each Block of study.

### Integrative Review Blocks (Blocks 9-10)

The final 2 Blocks of the first part of the IUHS course, which constitutes the third turn of the 'educational spiral,' are for review of all that has gone before, as well as for preparation for the first professional examinations. The sixteen problems are selected to bring up many of the concepts and issues raised in the earlier Blocks, as well as to introduce more complex issues such as inter-system interactions, chronic systems failures and multi-system diseases.

Below are the Basic Science PBL topics that constitute the Pre-Clinical Phase, and are taken during the first 80 weeks of study. These PBL topics are organized by clinical discipline and by organ system blocks.

**NOTE** that this list of cases/problems was accurate at the time of compilation, but that IUHS reserves the right to change its study materials at any time and without prior notice.

Module 1 – Introduction (8 Credits)	Module 6 – Haemopoietic, Skin and Connective Tissue
01-01 Chest Infection in a child	06-01 Anemia
01-02 Gastroenteritis of a child	06-02 Thalassaemia
01-03 Skin Infection due to diabetes	06-03 CLL
01-04 Femur fracture due to a road accident	06-04 Idiopathic Thrombocytopenia
01-05 Transient Ischaemic attack leading to	06-05 Dermatitis
01-06 Phenylketonuria	06-06 Scleroderma
01-07 Ankylosing Spondylitis	06-07 Rash due to Measles
01-08 Review and Examination	06-08 Review and Examination
Module 2 – Respiratory and Cardiovascular	Module 7 – Musculoskeletal, Eyes, Ears, Nose
02-01 Asthma	07-01 Back Pain
02-02 Cystic Fibrosis	07-02 Rheumatoid Arthritis
02-03 COPD, Smoking	07-03 Myasthenia Gravis
02-04 Interstitial Lung Disease	07-04 Supracondylar Fracture/humerus
02-05 Angina and Acute Myocardial Infarction	07-05 Sinusitis
02-06 Hypertension & SVT	07-06 Glaucoma
02-07 Acute LVF, AF	07-07 Meniere's Disease
02-08 Review and Examination	07-08 Review and Examination
Module 3 – Reproduction, Endocrine and Metabolism	Module 8 – Infectious, Immunological, Developmental
03-01 Vaginal Discharge	08-01 Tuberculosis
03-02 Infertility, IVF	08-02 HIV
03-03 Pregnancy and Difficult Labour	08-03 Polyarteritis Nodosa
03-04 Breast Cancer	08-04 Sjogren's Syndrome
03-05 Diabetes	08-05 Cleft Palate/Esophageal atresia
03-06 Pituitary Tumor	08-06 Congenital heart Disease
03-07 Lung Cancer with SIADH	08-07 Neutral Tube Defect
03-08 Review and Examination	08-08 Review and Examination
Module 4 – Gastrointestinal and Renal	Module 9 – Review and Licensing Examination Prep
04-01 Failure to Thrive, Pyloric Stenosis	09-01 Oliguria and Confusion
04-02 Peptic Ulceration	09-02 Congestive Cardiac Failure
04-03 Jaundice due to stones	09-03 Fanconi Anemia
04-04 Malabsorption due to Pancreatic Disease	09-04 Cirrhosis and Liver Failure
04-05 Haematuria due to stones	09-05 Hashimoto's Thyroiditis
04-06 Acute Retention due to Prostate Disease	09-06 Carcinoma of the Rectum
04-07 Nephrotic Syndrome	09-07 Valvular Heart Disease
04-08 Review and Examination	09-08 Median Nerve Lesion

Module 5 –  
Neurological and Psychological

05-01	Epilepsy
05-02	Guillain-Barre
05-03	Meningitis
05-04	Migraine
05-05	Depression
05-06	Alzheimer's
05-07	Psychosis
05-08	Review and Examination

Module 10 –  
Review and Licensing Examination Prep

10-01	Osteoarthritis
10-02	Prostatic Hypertrophy
10-03	Spinal Injury and Paraplegia
10-04	Parkinson's Disease
10-05	Carcinoma of the Cervix
10-06	Drug Abuse
10-07	Multiple Sclerosis
10-08	Renal failure and transplant

## The Clinical Phase (Phase 2)

After finishing the Phase 1 program, all students must pass an IUHS Exam. The IUHS Phase 1 Exam will normally be taken within 45 days of completing the final block of cases. A student who fails the IUHS Phase 1 Exam may attempt to pass an Phase 1 Exam one additional time.

A student who fails the Phase 1 Exam on both attempts will be required to repeat Block 9 and Block 10 before s/he will be allowed to attempt the Phase 1 Exam a third time. No student will be allowed a fourth attempt to pass an Phase 1 Exam, other than under exceptional circumstances and with the approval of the V-C.

After successfully completing the IUHS Phase 1 Exam, the student will enter into the Clinical Rotation Phase. This part of the curriculum consists of 80 weeks of rotations in which the student works directly with physicians and hospital staff. IUHS currently has relationships with hospital and clinics on St. Kitts, in the U.S., in England, South Africa and Australia, but new relationships are being made as and when the need arises in locations convenient to the students.

IUHS will sponsor no student for clinical rotations until s/he has passed a formal IUHS Phase 1 Exam. Students who have yet to pass the IUHS exam may set up their own clinical experiences if they wish, but cannot be covered by IUHS insurance and malpractice arrangements.

### North American Track

After passing the IUHS Phase 1 Exam, those students planning to become licensed in North America will be sponsored for, and then should sit for the United States Medical Licensing Exam, Part 1 (USMLE1) within 100 days.

### Others Track

Students not wishing to be licensed in the United States, will not be required to sit USMLE 1 & 2, but must pass an IUHS Phase 1 Exam within 45 days of completing their Pre-clinical program. These students must also pass a second "clinical" IUHS Phase 2 Exam to be taken after the first year of clinical clerkships. While it is not required, it is still highly recommended that students not wishing U.S. licensure sit the USMLE 1 and 2, as U.S. licensure is often seen as the standard throughout much of the world.

The IUHS required core rotations consists of 48 weeks, and include:

Internal Medicine (12 wks)
Surgery (12 wks)
Ob/Gyn (8 wks)
Pediatrics (8 wks)
Psychiatry (4 wks)
Family Practice/Primary Care (4 wks)

Thirty-two additional weeks are spent in clinical elective rotations. Suggested elective rotations include:

Anesthesia	Neurology
Cardiology	Pulmonary Diseases
Family Medicine	Orthopedic Surgery
Radiology	Dermatology
Pathology	Critical Care Experiences
Infectious Disease	Endocrinology & Metabolism
Emergency Medicine	Digestive Diseases

The Dual Enrollment MD/DPM student will complete the following core rotations, consisting of 40 weeks, including:

- Internal Medicine (8 wks)
- Surgery (8 wks)
- Ob/Gyn (8 wks)
- Pediatrics (8 wks)
- Psychiatry (4 wks)
- Family Practice/Primary Care (4 wks)

Students may, with the permission of IUHS, allow time between clinical clerkship rotations. The student must be reminded that USMLE Steps 1-3 must be taken and passed within a 7-year period.

## IV. STUDY, ASSESSMENT, GRADES AND REMEDIATION

### Assessment

Assessments are held as follows:

1. End of each Problem/Case studies (formative only, ie for the students own use)
2. End of each Study block or module (summative ie progress determining; usually every 8 weeks)
3. End of Phase 1 of study (phase 1 exam)
  - a. Prerequisite that the student has a 'clean' record of passes on all prior assessments
  - b. Required to be taken with 45 days of completion of Blocks 9/10
  - c. Pass must be recorded before students can be sponsored for clinicals
4. End of each clinical rotation (summative ie progress determining)
5. End of Phase 2 of study (phase 2 exam)
  - a. Prerequisite that the student has a 'clean' record of passes on all prior assessments
  - b. Required to be taken with 45 days of completion of final rotation
  - c. Pass must be recorded before students can be awarded MD degree
  - d. Normally will be waived for students who have been successful at USMLE step 2

### Assessment Implementation

IUHS has been using Prometric/Sylvan testing centers to distribute exams to its students, including the IUHS Pre-Clinical Assessment exam, the Summative Exams for each eight-week block, and the IUHS Phase Exams. However IUHS is currently developing its own online assessment environment which is being phased in as it is ready.

In broad terms the guidelines for these assessments are that:

- The Pre-Medical Assessment Exam ('Block 0 Exam') may be scheduled at any time.
- Summative (Block) Exams may be taken on either the Friday or Saturday of the eighth week of the given block.
- Phase 1 exam will normally be taken within forty-five days of the student's final summative Block exam. The phase 1 exam is normally required to be taken on the St Kitts campus
- USMLE step 1 (for those students following this track) will be taken within 100 days of successful completion of the IUHS phase 1 exam; those failing are required to re-take within a further 100 days
- IUHS phase 2 exam will be taken after 40 weeks of clinical rotations have been completed – those taking USMLE exams may take USMLE step 2 and, if they pass this, are exempted the IUHS phase 2 exam
- Any additional exams deemed necessary by IUHS to complete proper student assessment

### Proctoring

All testing for the On-campus Program will be administered in the classroom and proctored by staff.

All ELP testing used in student assessment and progression decisions will be administered on line and students will be required to be 'proctored' by a responsible professional acceptable to IUHS, or to attend a suitable commercial testing center where proctoring is arranged (eg Prometric). The general rules for assessments are set out below:

- IUHS students must request approval to access the exam via computer on-line testing, and this will only be granted where the proper supervision and proctoring arrangements have been completed to the satisfaction of the assessment coordinator.
- In order to be given permission to use the on-line testing option, the student must, at least three weeks prior to the exam date, provide on the web-enabled for the name and details of the proposed proctor.
- Upon verification of the student's information, the Assessment Coordinator will forward the information to the Assessment Committee, who will respond to the student (normally) within one business day.

- Should a student believe s/he has a valid reason/conflict for being unable to sit the exam on the scheduled date, the student must contact the Registrar as soon as possible prior to the exam date, providing the Registrar with verification of conflicts.
- Upon verification of the student's information, the Registrar will forward the information to the Assessment Coordinator, who will respond to the student.
- Should any determination of the Assessment Coordinator or Registrar be against the student's request, the student may appeal that determination to the Vice-Chancellor. The Vice-Chancellor will respond to the student's appeal, normally within one business day. The Vice-Chancellor's decision will be final and will normally not be at variance with the rules set out above.

## Grades and Assessment

IUHS employs a Honours, High Pass, Pass, and Fail grading system.

80% and up	= Honours
65-79%	= High Pass
50-65%	= Pass
49% & below	= Fail

Students who receive a score below that determined to be Passing on any block will be permitted to proceed into the next block with a warning that their score was below the pre-determined level for passing.

Upon receiving test results, the Registrar will immediately forward, to the Curriculum Committee, the names and records of all students who receive Fail grades for any two modules.

The Curriculum Committee will review the records of students who have failed the summative exams for two or more blocks, and will determine, at its discretion, the appropriate course of action, including but not limited to the following choices:

- 1.) The student re-takes the summative exam within one week of notification of grade. If the student passes the exam on the second attempt, the transcript will be amended to record a Pass (but cannot record any higher level of pass) and the Fail notation will be deleted. The student will be allowed to proceed into the next block.
- 2.) The student re-takes the entire previous block. If the student passes the summative exam on the second attempt, the transcript will be amended to record a Pass (but cannot record any higher level of pass) and the Fail notation will be deleted. The student will be allowed to proceed into the next block.
- 3.) The student takes a remedial offering. If the student passes the remedial course, the transcript will be amended to record a Pass (but cannot record any higher level of pass) and the Fail notation will be deleted. The student will be allowed to proceed into the next block.

Students who fail either choice 1 or 2 will be required to take the remedial offering.

Students who receive a grade of Fail, will be sent test results and block grades, initially by email and followed by formal letter, discussing possible or needed remedial actions. These letters will be forwarded immediately upon the Registrar receiving the Assessment Committee's recommendation.

Consequent failure in the remedial offering may result in the student's involuntary dismissal from the University, or such student may be required to re-take the entire Basic Science Course, all at the University's sole discretion.

Consequent failure of a third block summative exam may result in the student's involuntary dismissal from the University or such student may be required to re-take the entire Basic Science Course, all at the University's sole discretion.

The Registrar will forward the collated Passing test results to the Assessment Committee within two working days.

- Members of the Assessment Committee may, at their discretion recommend that the grade level percentages for any given block's summative be lowered or raised. These recommendations must be forwarded to the Registrar's office within two working days of the test day.

- The Registrar will forward the Assessment Committee's recommendations to alter grade level percentages (if any) to the Vice-Chancellor for review.
- The Vice-Chancellor will respond to the Assessment Committee's recommendation, to the Registrar, normally within two working days.

The Registrar will forward exam results and block grade to students who received a Pass, via email, within ten days of the exam dates.

The Registrar will endeavor to contact students who failed to sit an exam, to ascertain reasons why the student did not take the exam. Legitimate reasons for not sitting an exam may include, but not be limited to:

- Personal illness
- Last minute schedule changes at the student's workplace
- Family emergency

A student may ask permission to re-take a missed exam:

- The student must provide the Registrar with verification of the reason for missing the exam within 2 working days of the scheduled exam date.
- The Registrar will forward verified reasons to the Assessment coordinator.
- The Assessment coordinator will respond to the student normally within two working days.
- Assessment coordinator's recommendations may include, but are not limited to:
  - 1.) Allowing the student to sit the exam at a later date.
  - 2.) Not allowing the student to sit the exam at a later date.
- Should the determination be against the student's request, the student may appeal that determination to the Vice-Chancellor. The Vice-Chancellor will respond to the student's appeal, normally within one business day. The Vice-Chancellor's decision will be final.

Students who have been given permission to take an exam late, will normally be required to sit the exam within five business days (Monday through Saturday). The student will be allowed to progress into the next block pending Registrar receiving results for that student's exam.

## **Transcripts**

Students may request transcripts, in writing, from the Registrar.

- The Registrar will verify that the requesting student is not delinquent in tuition payment, following which registrar will issue a transcript for students without outstanding debts.
- If the transcript is delivered to the student, the transcript will be stamped, in red ink, "Issued to Student."
- If the transcript is delivered directly to an official office, such as a prospective employer or medical facility, the transcript will be embossed with the school seal.
- Should the student have delinquent debts, the Registrar will advise the student of such, recommending the student contact the Financial Officer. No transcript can be issued in such circumstances

IUHS will issue one transcript without fee. Additional transcripts will be assessed a \$20 fee per requested transcript copy.

## V. STUDY METHODS AND RESOURCES

### Educational Philosophy

IUHS has decided to adopt PBL (problem-based learning) and CBS (case-based study), using an organ-system-based course structure. IUHS aims to stimulate the interests of the students by using a methodology that presents the clinical cases in realistic scenarios; it aims to promote active learning by the student, and creates multiple opportunities for learning through discussion as well through interactive technologies. It aims to limit the widespread overloading of the curriculum by including only those contents that are directly relevant to clinical practice, at the same time striking an appropriate balance between the disciplines. It aims to eliminate irrelevant and ineffective educational experiences, and to replace them, where appropriate, with experiences that are more relevant and interesting, such as making use of relevant computer animation and graphics, and using patient clinics and clinical investigation laboratories and facilities (including morbid anatomy) to achieve the same educational goals that were (often rather poorly) taught in medical school based laboratories. Most importantly the entire course aims to focus on the patient, who will be the future consumer of the services provided by these students when they are qualified and licensed.

### Problem-based learning PBL

Problem-based learning is widely considered to be the 'intuitive' approach to learning: 'natural' human learning is all based on confronting problems and finding solutions to them – for example learning to walk, to speak, to use tools. Most professional education was largely problem-based until last century: apprenticeship or on-the-job learning was the normal means whereby the knowledge of a master was passed on to a student. Recent research has demonstrated the robustness of this approach to study: in particular it has shown that learning is more effective and efficient where the study is undertaken in a similar context to that in which it will later be put to use – in other words in the context of practical clinical problems of the sort that patients bring to their doctors every day. Basing a course on the study of cases is widely used – case studies are the core of many academic programs, and medicine is no different.

The difference is that the traditional course presents the information through a series of segregated, discipline-based courses (eg anatomy, physiology, biochemistry). At the time of learning the student cannot readily see the application of what is being studied (and, often, neither can the teacher since the basic sciences tutors frequently have never been involved in clinical medicine). There is little or no attempt to integrate the courses – in other words the physiology, anatomy and biochemistry of an organ remain completely separated in time and space. Often in the traditional course the discipline experts teach minute details of basic sciences which have no practical relevance to the practice of clinical medicine, but which are taught simply because the knowledge exists and the teachers cannot readily separate what is and is not important due to their lack of a practical clinical perspective. Students in traditional programs usually spend some 2-3 years studying the basic sciences, during which time they have little or no contact with clinical medicine or patient care, and therefore no environment within which to practice the use of their knowledge.

By contrast the problem-based course is organised around practical clinical problems or scenarios (eg pneumonia, bone fracture, diabetes). For each problem the student learns whatever basic and clinical sciences are required to understand the problem and to manage the patient (physiology, anatomy, pharmacology, surgery etc). Those students entering from non-conventional backgrounds (eg without prior intensive study of chemistry, physics etc) will learn any basic knowledge they lack at the same time – at least as much as is required for the problems. The students identify and study the relevant material from the perspective and in the context of its clinical relevance – there is no danger of having to study irrelevant material. Problem-based courses have the students working in clinical settings from the start of their studies, and ample opportunity to make use of their new knowledge in the clinics from day one.

In practical terms there may not be much difference between a problem-based and the best of the 'traditional' course in terms of the totality of what is studied: both courses aim to teach the basic and clinical sciences relevant to and sufficient for the practice of medicine. But they do it within quite different frameworks: the PBL framework is one of clinical application and total integration, which for many is a

more stimulating and relevant framework for learning. Stimulation of student interest by keeping close links between clinical reality and study materials is seen as vital in achieving active student learning.

In terms of content presentation and pedagogy, traditional courses usually present the material through didactic techniques such as lectures, which Flexner 90 years ago deplored: modern research shows that audience attention is lost within about 20 minutes of the start of a lecture, and that typically less than 10% of the content of a lecture of this type is retained by the students. Problem-based courses usually introduce much of the study material through small group session where learning through discovery is a prominent feature. Content retention rates of 60% or more are typical in this type of learning context. PBL requires and stimulates the active attention and involvement of the student in the study process – which is the only way that learning will be achieved and retained .

### **On-line Learning Environments and Modalities**

In addition to the weekly cases, other learning tools include:

**Listserver** – Each IUHS student is given access to the IUHS Listserver. The Listserver is a collection of special email sites, used only by IUHS faculty, staff, administration, and of course, IHUS students. Faculty and staff will often post important information on the Listserver. These sites are also open to all students to ask questions of faculty, staff, and other students, as well as to answer queries from other students.

**Formative exams** – Each week, students receive a formative exam covering that week's case. The student then receives the answers. The exams are not graded and are used as a learning tool to ensure adequate understanding of the week's material.

**Classroom lectures** – Live chat-room lectures are offered several nights each week. These lectures are conducted by IUHS faculty and guest faculty, and are organized generally around an interactive model, with open question-and-answer periods. Notes are usually distributed afterward by email. Topics include information that supports the weekly cases as well as material that is in addition to the weekly cases. Students are expected to participate as often as possible.

**Question of the Week** – Each week, the faculty will ask the students in each block, a specific medical question. Each question is designed to emphasize aspects of the basic science training, to keep the student informed of new developments in medicine, and improve the students' research techniques as well as increase the students' medical knowledge. Students must participate in the Question of the Week. (not presently part of theDPM/MD parallel track program.)

**Journal Club** – Each term, students volunteer to participate in Journal Club, researching and writing articles on selected topics. These Journal Club assignments are then posted to the IUHSArchives for access by other IUHS students. Students who participate in Journal Club receive additional credit for that term.

**Archives** -- Students are given access to the IUHS on-line archive. In addition to weekly case materials, the archive contains Journal Club submissions, Power Point Lectures created by faculty, important professional articles and any information thought helpful by faculty and students.

**Access to on-line resources** – IUHS makes extensive use of up-to-the-minute web-based information resources, including online access to current journals, texts and IUHS resources. students are given prepaid access to LANCET and THE NEW ENGLAND JOURNAL OF MEDICINE. In addition, IUHS will reimburse the student rate (on presentation of proof) for any student subscribing to MDCONSULT.COM, a source of text and journals on-line. Many other on-line sources are free and indicated in Web link resources provided by IUHS

**Ask an Expert** – students are invited to submit issues where they require help and advice to a staff expert by email. The question (no name attached) and response will be posted to all students for their information as a study aid.

### **Study Mentors and Early Clinical Involvement**

IUHS has a policy of early clinical involvement of all students, whether they are on or off campus. Students on campus have direct access to the hospital and clinics, and to the clinical staff of the hospital and clinics. Students spend 2 sessions a week in these facilities normally commencing from the 9<sup>th</sup> week of their program (ie after the completion of the first Block of Study). On-campus students have many staff on site to act as mentors and to assist and support them with their studies.

Off campus students are required to find and set up for themselves a similar infrastructure to that which exists on campus. Off campus students normally have an extensive knowledge and/or experience of biomedical sciences and the health system, such that the content material to be studied is itself not unfamiliar, building on a solid base of prior knowledge. Each student is required to find one (or more) personal mentors, who will normally be MD-qualified and will normally have access to patients and to the clinical infrastructure of the region. The key roles of the student mentor are:

- To act as a 'foil' and a conscience to the student in their studies; to discuss issues, highlight important points, query student knowledge and understanding, and support the student where required with basic/general (but in no way specialized) biomedical insights, knowledge and understanding
- To introduce the student to working with patients; to develop their professional manual and interactional skills; to provide opportunities for practise and critique of these skills
- To introduce the student to working within the health care system; to understand the structure and operation of the health system; to develop an understanding of professional ethics and etiquette; to enable the student to attend educational activities within other local clinical facilities

### IUHS Mandatory Core Medical Library

Naturally IUHS students also make extensive use of hard copy texts as well as the online texts, journals and resources. Below is the current list of mandatory books for all incoming students, revised January 2001

- R. Behrman, *Nelson Textbook of Pediatrics*, 16<sup>th</sup> Ed., Saunders, 1999.
- I. Berman, *Color Atlas of Histology*, 2<sup>nd</sup> Ed., Appleton-Lange, 1997.
- R Burne, *Principles of Physiology*, 3<sup>rd</sup> Ed., Mosby, 1999.
- R. Cotran, *Robbins Pathological Basis of Disease*, 6<sup>th</sup> Ed., Saunders, 1998. (At student's option, may substitute: P. Chandrasoma, *Concise Pathology*, 3<sup>rd</sup> Ed., Appleton-Lange, 1997.)
- A. DeCherney, *Current Obstetrics and Gynecology: Diagnosis and Treatment*, 8<sup>th</sup> Ed., Appleton-Lange, 1994.
- D. Dubin, *Rapid Interpretation of EKG's: A Programmed Course*, 5<sup>th</sup> Ed., Cover Publishing, 1996.
- N. Dorland, *Dorland's Illustrated Medical Dictionary*, 29<sup>th</sup> Ed., Saunders, 2000.
- M. Ebert, *Current Diagnosis and Treatment in Psychiatry*, Appleton-Lange, 2000.
- R. Fletcher, *Clinical Epidemiology*, 3d Ed., Williams & Wilkins, 1995.
- C. Haslett, *Davidsons Principles and Practice of Medicine*, 18<sup>th</sup> Ed., Churchill- Livingstone, 1999.
- R. Henrikson, *NMS Histology*, 3<sup>rd</sup> Ed., Lippincott, Williams & Wilkins, 1997.
- B. Katzung, *Basic and Clinical Pharmacology*, 8<sup>th</sup> Ed., Appleton-Lange, 2000.
- W. Levinson, *Medical Microbiology and Immunology*, 6<sup>th</sup> Ed., Appleton-Lange, 2000.
- F. Netter, *Atlas of Human Anatomy, Student Edition*, 2<sup>nd</sup> Ed., Novartis Medical Education, 1998.
- J. Niederhuber, *Fundamentals of Surgery*, Appleton-Lange, 1998.
- T. Sadler, *Landman's Medical Embryology*, 8<sup>th</sup> Ed., Williams & Wilkins, 2000.
- R. Snell, *Clinical Anatomy for Medical Students*, 6<sup>th</sup> Ed., Little, Brown, 2000.
- R. Snell, *Clinical Neuroanatomy for Medical Students*, 4<sup>th</sup> Ed., Little, Brown, 1997.
- D. Voet, *Fundamentals of Biochemistry*, John Wiley & Sons, 1998.
- P. Welsby, *Clinical History Taking and Examination*, Churchill-Livingstone, 1996.

The foregoing mandatory textbooks are required for both on-campus students and ELP students. Students are free to purchase their books from any source. The University is pleased to inaugurate an Internet, book-purchasing affiliation with University Books Online in Springfield, New Jersey, USA.

## VI. FACULTY AND ADMINISTRATION

### Officers of the Faculty

President	John H. Abeles, MD
Vice-Chancellor	Roderick Neame, M.A, MD, PhD
Principal, St. Kitts Campus	Lawrence Churchill Rawlings, MD, FACS
Registrar	Elpida C. Artemiou Abourizk, MS,

### Faculty

Elpida C. Artemiou Abourizk, MS, Associate Professor of Genetics  
 Victor Brooks, BSc, MBBS, MMin, MDiv, MRE, DMin Associate Professor of Basic Medical Sciences  
 Laurens Holmes, MD, PhD. Associate Professor of Basic Medical Sciences  
 Neil J. Farkas, DO, JD, Professor of Medicine, Coordinator of Curriculum Development  
 Ian Jacobs, MD, Clinical Professor of Pediatrics  
 Roger Masser, DPM, Associate Professor of Podiatric Medicine, DPM programs coordinator  
 Roderick Neame, MA, MD, PhD, Professor of Human Physiology  
 Lawrence Churchill Rawlings, MD, FACS, Professor of Surgery  
 J. Mark Strickland, MD, Associate Professor of Basic Medical Sciences, Assessment Program Coordinator  
 Tony Woolfson MD, FRCP, Professor of Medicine

### Clinical Faculty

Derrick M. Jeffers, MBBS. (MD), Clinical Professor of Obstetrics & Gynecology  
 Cavelle M. Kelsick, MD, Clinical Professor of Medicine  
 Cameron A. Wilkinson, MBBS. (MD), Clinical Professor of Surgery  
 Corinne Kaiser, PA, MD Clinical Associate Professor of Medicine, Clinical Placements coordinator

### Adjunct and Visiting Faculty

John H. Abeles, MD, Professor of Clinical Pharmacology & Therapeutics  
 Robert Bell, MD, Clinical Professor of Clinical Pharmacology  
 Asma K. Halepota, MD, MA, Assistant Professor of Medicine, Immunology & Microbiology  
 Georges Halpern, MD, PhD, Clinical Professor of Clinical Immunology & Allergy

### Honorary Faculty

A. David Barnes, MD, PhD, Clinical Professor of Reproductive Medicine  
 Joshua Berkowitz, BPharm, MD, MRCOG, Clinical Professor of Obstetrics & Gynecology  
 Leslie Blake, MD, Clinical Professor of Psychiatry  
 Kenneth G. Bryant, PD., Associate Professor of Education Affairs  
 Steven Gerber, MD, Clinical Professor of Internal Medicine and Cardiology  
 Andrew Grant, MD, PhD, Clinical Professor of Clinical Biochemistry & Medicine  
 David Lucas, PhD, Clinical Professor of Microbiology & Immunology  
 Raphael N. Melmed, MD, FRCP, Clinical Professor of Psychosomatic Medicine  
 Alexander Pines, PhD, Associate Professor of Physical & Chemical Sciences  
 Brian Samuels, MD, Clinical Professor of Oncology & Hematology  
 Geoffrey Shulman, MD, Clinical Professor of Dermatology

### Registry, Administration and Student Affairs

Elpida C. Artemiou Abourizk, MS University Registrar  
 Kris Anderson, Finance Office  
 Vini Bhakoo, Student admissions/affairs officer  
 Kenneth G. Bryant, PhD, Special Projects Manager  
 April MacDonald, Senior Student admissions/affairs officer  
 R.J. Simms, CA, Senior Finance Officer  
 Gillian Skerritt, University Administrator  
 Childebert St. Louis, MD, NYCPM/IUHS Liaison

## VII. IUHS Contact Information

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