



PROSPECTUS

POST-GRADUATE SCHOOL OF MISSIONARY MEDICINE

SOVEREIGN MEDICAL ORDER OF THE KNIGHTS HOSPITALLER
ECUADOR • NEVIS

Two Year Academic & Clinical Foundation Training Program

January 2008 – December 2009

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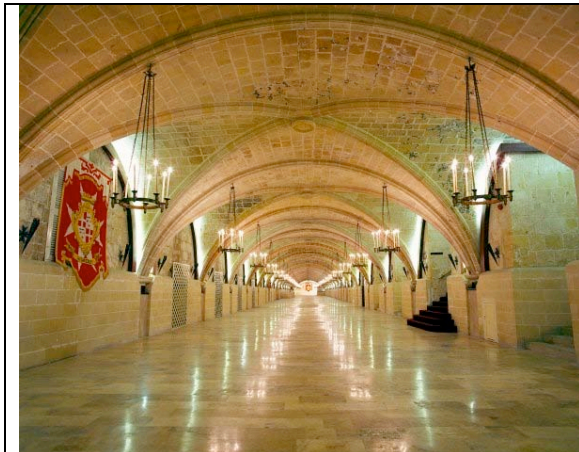
INTRODUCTION

The Sovereign Medical Order of the Knights Hospitaller, the ancient benevolent society of medical knights, formally announced the opening of its School of Medicine in Cuenca, Ecuador, October 13, 2007. After long negotiations, the Sovereign Council approved the Charter of member affiliates participation, SOMA Institute of Ecuador, and the Pan-American School of Natural Medicine.

Since the invasion of our Order by Napoleon on Malta, 1798, the Medical School was closed and for more than 200 years the Order has not resurrected its school. The Council recognizes that popular medicine is not suited to convey primary care to poverty-stricken regions, and a medical program must be custom tailored for effective training of medical personnel.

There are many practitioners in the Americas that would readily volunteer medical services and for that purpose the Sovereign Council of SMOKH voted to initiate its new school of medicine.

The new school will emphasize the biological sciences, bedside diagnosis, tropical medicine, laboratory, emergency medicine, minor surgery and rural primary care. Academic learning will work in concert with clinical rotations in the rural clinics sponsored and operated by the Order. Already, 16 students are resident in Cuenca ending its first year of classes. This Prospectus is announcing its post-graduate program for doctoral candidates interested in this unique medical degree (M.D.) program.



Holy Infirmary of the Order of St John

The Holy Infirmary, located in Valetta, was constructed in the latter part of the 16th Century and has a fascinating history.

The Knights Hospitaller of Malta combined 3 vocations: military, Christian and medical.

For two centuries, the Great Infirmary maintained a medical school for the study of anatomy, medicine and surgery unmatched anywhere in Europe.

The architecture of the Infirmary is remarkable as it was the longest unsupported hall built at the time in Europe.

PROLOGUE

For the proper training of community doctors, requires three components: first, good teachers that are physicians (not PhD's); second, the humanitarian student, realizing medical education is a life long process and way of life; and third, the clinical environment where didactic teaching can be accomplished.

Today's pattern of medical education is a result of more than 50 years becoming ever more complicated as technology advances. The interested candidate may listen to a round table discussion of medical educators dating back to the 1960's. The candidate should be advised, the problems are not new, and little has changed for more than forty years. Enter this URL link here: <http://www.panaminstitute.com/medicaleducproblems.mp3>

SOLUTIONS

1. Student Centered Learning:

The first solution is to utilize internet-based learning. A *university with walls* is today a reality as schools replace online studies with the old 'brick and mortar' model. e-Learning solutions can provide higher retention and completion rates, while reducing time and costs. e-Learning allows the student to review online material, as many times as needed. Self-administered quizzes and exams insure retention and comprehension before Lesson advancement. In the *talk and chalk* environment, students can be distracted, wasting valuable time and reducing learning content. The essential change for the student's mind set would be a shift from external enforcement (talk and chalk - examination - next subject) to motivation from self-discipline. Relevancy and functional priority are among the School's foundation principals of academic, online medical training. This is available to the student at his or her own pace and time, 24/7 access, allowing the most intelligent, self-motivated students to complete this phase of their training in a shortened period of time.

The courses are blocked into semester groups each six months of four total (24 months). This provides ample time for the working professional for which this program is aimed. Clinical rotations and mandatory laboratories are scheduled twice yearly. Required internship can be completed at any time.

2. Patient Centered Learning:

The second solution is to permit alternatives to rigid institutions and have medical students assist practicing physicians in the rural setting on a day-to-day basis. By assisting practicing physicians in taking blood pressures, doing functional exams like cardiac and pulmonary assessments, taking patient histories, the student instantly receives a wealth of educational contact. Teaching doctors then offer round table discussions (didactic instruction) at the end of the day to emphasize and point out what was encountered. What the student studies in the evening, he/she sees the next day walking into the Hospitaller's facilities.

These students would offer valuable services to patients in the community. At the same time, they would have a vivid learning experience by spending several hours each day interacting with actual patients, providing essential services, coupled with evening studies.

COURSE PASSAGE FEES

NOTE: The post-graduates program is a Seminary of the ecclesiastical government of the Knights Hospitaller. Any use of the term "fee" is in reference to DONATIONS and OFFERINGS and should not be confused with any type of commerce. Such *passage fees* are within the historical tradition of the Order as was collected on the journey to the *holy land* of centuries past. The passage fees (donations) may or may not be a tax deductible donation in your country of origin.

Passage fees are payable at the entry and beginning of each semester, for a total of four. Each payment includes the academic online courses, and your fee for the formally scheduled workshops and classes, as well as your clinical residency. Passage fees go to support our clinics and hospitals for the poor and needy, affording you the educational opportunity.

Term 1 (January-February 2008): payable upon acceptance into the program. You will be notified by email with banking reference for wire transfer, or you can post a US bank check. \$3000.00 US\$

Terms II-IV: \$2500 per term.

NOTICE: Fees are subject to change without notice, adjusted to changes in valuation of US\$, increased costs of administration or instruction.

CURRICULUM

All academic online courses are complimented with self-evaluation exams on a lesson by lesson basis. You study the written lesson materials in adobe pdf format, while you complete the online exam. Your exam results are instant with a confirmation email. The exams are meant to be informative, not punitive. Re-takes are allowed.

Final exams are proctored, and administered twice yearly. Instructors will provide review classes prior to the exam.

Successful completion of the M.D. program requires completion of all online exams, 4 semester final exams, and written recommendation of assigned instructors.

Semester 1 (Jan.-Feb. – June-July 2008)

1. Man in Structure and Function (Anatomy & Physiology): A unique review of bodily functions. For most students, this course should be a brief review but with many surprising revelations concerning functional medicine. Clock Hours 50. Self-evaluation, online exam only.

2. Pathoanatomy: Diagnosis is the first and most important part of any treatment. Most students have a theoretical understanding of organ changes in disease, but often fail to recognize or appreciate the essential gross findings when presented with a disease or disorder. Learning the precise description of a lesion in an organ or tissue is as much as part of medical training as is the physical examination of the patient. Most schools fall short on this issue. Clock Hours 50.

3. Pathology: Practical study of circulatory disturbances, degenerative processes, inflammation, disturbances of growth and development, and neoplasia. Material is taught in a practical, clinical approach, rather than by rout memory of pathological slides and power points. 50 clock hours.

4. First Aid & Emergency Care: An important feature of a physician's training is to master the principles of first aid techniques as it is to study medical sciences and practical arts. If our graduates were unprepared, it would be evidence of a sore mark on our Order. PDF lessons and video tutorials. 50 clock hours.

Summer Clinical Rotation and Workshops: Cadaver anatomy, emergency medicine (one week in Ecuador). Dates to be announced as soon as possible – *june or july*.

Semester 2 (Aug. – Dec. 2008)

5. Microanatomy: Essential knowledge for biopsy and routine examination of blood elements, sputum, skin scrapings, and PAP smears. 50 clock hours.

6. Neurology: Essential knowledge for understanding pain and its symptoms, electrodermal screening as a neurological diagnosis, and neural therapy and its treatments. PDF lessons and video lectures. 50 clock hours.

7. Microbiology & Parasitology: The study of microorganisms, including fungi, protozoa, bacteria, and viruses; as well as parasites. Epidemiology is also surveyed. PDF lessons and onsite training in preparing slides for microscopy. 50 clock hours.

8. Electromedical Physics: Emphasis in on electrodermal diagnosis, electrocardiogram, ultrasonography, and diagnosis in the primary care setting. PDF lessons and onsite training in electrodiagnostics. 50 clock hours.

Winter Clinical Rotation and Workshops: The student is now immersed into the clinical environment for bedside diagnosis and treatment. Student will be assigned a location for residency to learn history taking, electrodiagnosis and microscopy, the fulcrum of diagnostics.

Semester 3 (Jan. – June 2009)

9. Medical Botany: A survey of the plant kingdom with special emphasis on medicinal plants and their relation to genus and species throughout the world. 90 short lessons survey the various plant families. 50 clock hours.

10. Pharmacognosy: A branch of pharmacology concerned with the physical characteristics of botanical and animal sources of crude drugs and vaccines. Covered in this course are the aspects and uses of the glycosides, tannins, volatile oils, alkaloids, endocrine products, and antibiotics. 50 clock hours.

11. Materia Medica & Pharmacology: The study of botanical and mineral medicines in relation to their biochemistry and effects upon the human organism. A survey of traditional, eclectic and modern mechanisms of drug action. 50 clock hours.

12. Minor Surgery: The term *minor surgery*, demands the same degree of obligation as major surgery. The chances of hazard are less than in major surgery, but requires equally the highest degree of responsibility. 50 clock hours.

Summer Clinical Rotation and Workshops: Minor surgical methods and techniques. Classes conducted by Dr. Pinto, Ecuador. Date and location to be announced – *june or july*.

Semester 4 (July – December 2009)

13. Pharmacology: Effects of drugs selected for their clinical significance. Physicochemical principles that influence drug effects and toxicological properties. 50 clock hours.

14. Clinical Medicine: This last phase of studies represents the ultimate challenge for the self-paced, advanced student. Clinical residency is a mandatory part of the process where the student's diagnostic skills are advanced and challenged. Here the Mentor-student relationship is established and a course of study is planned on pronounced deficiencies. Emphasis is on Bedside diagnosis and learning basic laboratory skills in the primary care: Interrogation & History, Auscultation, Palpation diagnosis, Functional medical diagnosis, Laboratory examination of blood, urine, and tissues. Clinical residency requirement is determined by the Dean on an individual student basis. 100 clock hours.

15. Behavioral Science: Practical Psychiatry for the Primary Physician. The basic concepts of psychiatric diagnosis and treatment are offered in simple terms to provide the primary care physician with the understanding of the use of psychological principles in everyday practice. 50 clock hours.

Internship: Candidates for graduation must complete a minimum of 4 weeks internship, up to 10 weeks based on prior medical and clinical experiences. These weeks may be condensed or spread out to suit the candidates schedule. Graduation can be delayed or accelerated based on student's progress and instructor approval.

TEXTBOOKS: Unlike other medical schools, expensive textbooks are generally not required with this school as the material is built into the courses. That is not to say some reference books will be need by the student. These are highly recommended at the outset and readily available at amazon or on the web:

1. Medical Dictionary
2. Bedside Diagnosis, DeGowin
3. Materia Medica, Boericke

History of the Schools in Ecuador

The Order of the Knights Hospitaller is a registered foundation (medical charity) in Ecuador.

The Panamerican school has been conducting seminars and courses in Ecuador since 1994. The Dean of the School occupies a residence next to the developing hospital in Santo Domingo and lives in Ecuador part time.

SOMA was the first, formal medical foundation of Ecuador to openly adopt and teach natural medicines in Ecuador by medical doctors (only). It maintain offices in Quito, Cuenca, and Guayaquil.

In 1995 the World Organization of Natural Medicine, sponsored by SOMA and Panam, held a world congress in Quito that was attended by more than 300 doctors worldwide. This set the environment for the acceptance of natural medicines in Ecuador. Since that time, two other medical schools now teach natural medicine in Ecuador.





INQUIRIES: panamint@sisterisles.kn

HIPPOCRATIS IUSIURANDUM

Apollinem medicum et Aesculapium Hygeamque ac Panaceam iuro deosque omnes itemque deas testes facio me hoc iusiurandum et hanc contestationem pro viribus et iudicio meo integre servaturum esse:

Praeceptorem, qui me hanc edocuit artem, parentum loco habiturum, vitam communicaturum eaque, quibus opus habuerit, imperituum; eos item, qui ex eo nati sunt, pro fratribus masculis iudicaturum artemque hanc si discere voluerit, absque mercede et pacto edoctrum, praeceptionum ac auditionum reliquaeque totius disciplinae participes facturum, tum meos, tum praeceptoris mei filios, immo et discipulos, qui mihi scripto caverint et medico iureiurando addicti fuerint, alium vero praeter hos nullum. Ceterum quod ad aegros attinet sanandos, diaetam ipsis constituam pro facultate et iudicio meo commodam, omneque detrimentum et iniuriam ab eis prohibebo. Neque vero ullius preces apud me adeo validae runt, ut cuiquam venenum sim propinaturus neque etiam ad hanc rem consilium dabo. Similiter autem neque mulieri talum vulvae subditicium ad corrupendum conceptum vel fetum dabo. Porro caste et sancte vitam et artem meam conservabo. Nec vero calculo laborantes secabo, sed viris chirurgiae operariis eius rei faciendae locum dabo. In quascumque autem domus ingrediar, ob utilitatem aegrotantium intrabo, ab omni iniuria voluntaria inferenda et corruptione cum alia, tum praesertim operum veneriorum abstinebo, sive muliebria sive virilia, liberorumve hominum aut servorum corpora mihi contigerint curanda. Quaecumque vero inter curandum videro aut audivero, immo etiam ad medicandum non adhibitus in communi hominum vita cognovero, ea siquidem effere non contulerit, tacebo et tamquam arcana apud me continabo.

Hocigitur iusiurandum mihi integre servanti et non confundenti contingat et vita et arte feliciter frui et apud omnes homines in perpetuum gloriam meam celebrari. Transgredienti autem et peieranti his contraria eveniant.

HIPPOCRATIC OATH

I swear by Apollo the physician, Aesculapius, Hygeia, and Panacea, and I take to witness all the gods, all the goddesses, to keep according to my ability and my judgement, the following Oath:

To consider dear to me as my parents him who taught me this art; to live in common with him and if necessary to share my goods with him; To look upon his children as my own brothers, to teach them this art if they so desire without fee or written promise; to impart to my sons and the sons of the master who taught me and the disciples who have enrolled themselves and have agreed to the rules of the profession, but to these alone the precepts and the instruction.

I will prescribe regimens for the good of my patients according to my ability and my judgment and never do harm to anyone.

To please no one will I prescribe a dead drug nor give advice which may cause his death.

Nor will I give a woman a pessary to procure abortion.

But I will preserve the purity of my life and my art.

I will not cut for stone, even for patients in whom the disease is manifest; I will leave this operation to be performed by practitioners, specialists in this art.

In every house where I come I will enter only for the good of my patients, keeping myself far from all intentional ill-doing and all seduction and especially from the pleasures of love with women or with men, be they free or slaves.

All that may come to my knowledge in the exercise of my profession or in daily commerce with men, which ought not to be spread abroad, I will keep secret and will never reveal.

If I keep this oath faithfully, may I enjoy my life and practice my art, respected by all men and in all times; but if I swerve from it or violate it, may the reverse be my lot.