

University Council 2017-2018

February 8, 2018

06:00PM

Student Center Reading Room

Members in Attendance: Kristen Lu, Michelle Garcia, Lauren Demaria, Abhi Amarnani, Stephanie Ngan, Timothy Morello, Adam Burgman, Maria Munoz-Sagastibelza, Zaki Azam, Shelley Jain

Members not in Attendance: Ankuri Desai (proxy: Kristen Lu), Julia Hess (proxy: Abhi Amarnani), Maggie Tappitake (proxy: Abhi Amarnani), Andrew Hasenzahl

Agenda

1. Call to Order

- a. A. Amarnani called the meeting to order at 6:09PM.

2. Old Business

- a. Follow up - Professional Conference funding in CON and CHRP?
 - i. Update from M. Tappitake's discussion with Dean: In preliminary phase of potentially establishing conference funds. Dean Lewis is open to both Legislation Day and also funding for Conference attendance.
- b. Visit by Mr. J. DeShong: Introduction
 - i. New Director of Government Relations as part of the President's Office.
 1. In the past, we have discussed coordinating with Rep. Clarke to set up a round table for her to chat with students. A. Amarnani suggested this idea to Mr. DeShong.
 2. Mr. DeShong called himself a "tool", a resource for students to utilize to further advance student interests. A. Amarnani suggested sharing our SUNY SA resolutions and to continue a line of communication, including that A. Amarnani will organize a list of advocacy/government relation student leaders to share with him.
- c. Simulation Center Committee Update
 - i. M. Garcia provided the update: there are now representatives from the Midwifery and PT programs, emails will be sent to continue to build the student leader base of the committee.
- d. Extending Library Hours and Office 365: Follow-up
 - i. A. Amarnani has scheduled a meeting with Dean Putman on March 12, 2018.
 - ii. Office 365 for personal download is currently available for Mac but not yet for PC.
- e. Presidential Transition Committee: Process Completed
 - i. The final Transition Committee document is filed with these minutes.
- f. DCF Conference

- i. Approval of \$200 from Programs and Projects Account 40-70173-016-30001 as per our budget matching guidelines with an addendum that DCF will provide evidence that the funds were deposited in DCF Account 40-70248-016-30001.
- g. SUNY SA Resolutions
 - i. Next Centerwide meeting will be on February 26, 2018. M. Munoz-Sagastibelza and T. Morello will coordinate attendance.
 - ii. No feedback from student council leadership across SUNY yet, nor input from SUNY SA Executive Council yet.
- h. Downstate Institution-Wide Strategic Plan Process
 - i. UC representatives from each college will reach out to their respective Council presidents.
 - 1. Stephanie Ngan = CHRP
 - 2. Julia Hess = CON
 - 3. Zaki Azam = COM
 - 4. Kristen Lu = SGS
 - 5. Andrew Hasenzahl = SPH
 - 6. Michelle Garcia = Residence Hall Council
 - 7. Abhi Amarnani = SCGB
 - i. Implementation of monthly updates from Councils
 - i. Default: President will update on SCGB. Vice President will update on Residence Hall Council.
 - j. Student Leadership Conference
 - i. Still considered for April. Stay tuned from the President's Office.

3. New Business

- a. Budget Requests
 - i. Students for a National Healthcare Program
 - 1. Budget request for \$70 for two panels.
 - a. After brief discussion, the following motion was made by L. Demaria and seconded by M. Munoz-Sagastibelza.
 - i. Motion: To approve SNAHP's budget request for \$1000. **Motion passes unanimously.**
 - ii. \$1000 was approved from Programs and Projects Account 40-70173-016-30001 to SNAHP Account 40-70264-016-30001.
 - ii. Downstate Dialogues
 - 1. Budget request for \$20 for Prison Medicine Event.
 - a. After brief discussion, the following motion was made by L. Demaria and seconded by M. Munoz-Sagastibelza.
 - i. Motion: To approve Dialogues's budget request for \$20. **Motion passes unanimously.**

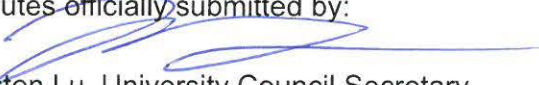
- ii. \$20 was approved from Programs and Projects Account 40-70173-016-30001 to Downstate Dialogues Account 40-70075-016-30001.
 - iii. Downstate Students for Choice
 - 1. Budget request for \$150 for workshops.
 - a. After brief discussion, the following motion was made by L. Demaria and seconded by M. Munoz-Sagastibelza.
 - i. Motion: To approve SFC's budget request for \$150. **Motion passes unanimously.**
 - ii. \$150 was approved from Programs and Projects Account 40-70173-016-30001 to SFC Account 40-70268-016-30001.
 - iv. Brooklyn Free Clinic
 - 1. Budget request for \$1500 for various events.
 - a. After brief discussion, the following motion was made by S. Jain and seconded by M. Garcia.
 - i. Motion: To approve BFC's budget request for \$1500. **Motion passes unanimously.**
 - ii. \$1500 was approved from Programs and Projects Account 40-70173-016-30001 to BFC Account 40-70280-016-30001.
 - 2. It was discussed that the BFC should provide at the March annual budget meeting details of amount of funding received from MC and UC for fundraising activities, how much money was brought in by fundraising, and how much money from this year's fundraising efforts will be allowed for fundraising efforts next year. This would be in addition to any funding request materials provided for the meeting.
 - v. American Medical Women's Association
 - 1. Budget request for \$425 for various events.
 - a. After brief discussion, the following motion was made by T. Morello and seconded by M. Munoz-Sagastibelza.
 - i. Motion: To approve AMWA's budget request for \$425. **Motion passes unanimously.**
 - ii. \$425 was approved from Programs and Projects Account 40-70173-016-30001 to AMWA Account 40-70244-016-30001.
 - b. Town Hall Meeting with President Riley
 - i. Everyone is encouraged to attend the Town Hall in the Alumni Auditorium at 3:30pm on February 15, 2018.
 - ii. T. Morello is confirmed to attend and will report back at the March meeting about any student-related discussion points.

- c. Funding for Winter Ball, Multicultural Fair, and Yearbook Advertisements is released and done.
- d. Suggestion Box items:
 - i. **Campus Mascot:** The current Downstate mascot only reflects the medical school population, which does not represent the diversity of students and programs that Downstate offers.
 - 1. A. Amarnani will follow up with Marketing/Communications.
 - ii. **Subway Sign:** The Graduate Studies Council presented the idea of instituting a subway sign that states SUNY Downstate Medical Center.
 - 1. A. Amarnani will follow up with Marketing/Communications and Mr. DeShong.
 - iii. April meeting date change
 - 1. April meeting date has been changed from April 19, 2018 to April 26, 2018.
 - iv. Multicultural Fair is confirmed for April 18, 2018 from 5:30-7PM in the Student Center Gym.
 - 1. A. Amarnani has sent campus-wide email. UC will fund up to \$200 for each club/individual representing a “cultural cuisine”.

4. Adjournment

- a. A. Amarnani adjourned the meeting at 7:20PM.

Minutes officially submitted by:


Kristen Lu, University Council Secretary



SUNY
DOWNSTATE
Medical Center

State University of New York

Downstate Medical Center

Report of the Presidential Transition Committee

2017

**Pascal James Imperato, MD, MPH&TM, MACP
Chair**

**Edgar O. Mandeville, MD, FACOG
Co-Chair**

and

Members of the Committee

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EXECUTIVE SUMMARY

Executive Summary Narrative

This report presents the findings and suggestions of the State University of New York, Downstate Medical Center Presidential Transition Committee. The committee was created on February 15, 2017 by President-Designate, Wayne J. Riley, MD, MPH, MBA, MACP. The committee was comprised of twenty members, two co-chairs, and three advisors. The members of the committee represented various stakeholder groups within the medical center. A complete list of the members of the committee is attached.

Dr. Riley's charge to the committee was to study and review five broad areas within Downstate. These include: Academic and Education, Institutional Operations, Research, Community Services, and Clinical Services.

Dr. Riley noted that there can be strong resistance to change. He asked the committee to provide him with information that he may not have, and to suggest changes that should be made in the considered opinion of the committee.

The committee organized fifteen meetings that were held between February 15, 2017 and August 16, 2017. The format of these meetings consisted of Power Point presentations by principals, followed by questions and discussions. The latter included suggestions to be brought to the attention of the President.

This report consists of this Executive Summary, which is comprised of an Executive Summary Narrative, Suggestions to the President, List of Members of the Presidential Transition Committee, and List of Meeting Topics.

This section is followed by a SUMMARY OF THE MEETINGS in which the principal points and issues related to a given meeting topic are highlighted.

A substantial Appendix has been created. This contains materials specific to each of the fifteen meetings. These materials consist of the following for each meeting: agenda, sign-in sheet, minutes, and attachments. The latter includes copies of Power Point presentations and handouts.

Suggestions to the President

Meeting of March 8, 2017 – Summary of Educational Entities: College of Health Related Professions (CHRP), College of Nursing (CON), and School of Public Health (SPH)

SUGGESTIONS RE: CHRP, CON and SPH

- The three schools, CHRP, CON and SPH, have been under-resourced in view of their enrollments and other activities. It is suggested that additional resources be given to these schools in order to enable them to appropriately function.
- It is suggested that support and resources be provided for new degree programs and micro-credentials (e.g., advanced certificates).
- It is suggested that resources and personnel and training be put in place for distance learning and on-line courses. This is essential to the future success of the schools and colleges. It is suggested that a presidential working group or task force be appointed to expedite the development of distance learning and on-line courses. This group would avail itself of the resources and assistance of SUNY System's Office of Distance Learning.
- It is suggested that, where required, the schools be provided with lines to hire personnel who can be career advisors and recruiters.
- Suggest that an Office or Unit of Institutional Assessment be established to serve all the five schools both individually and collectively. This office or unit should be a direct report to the Senior Vice President for Academic Affairs and Chief Academic Officer. The establishment of this office is necessary to meet the accreditation requirements of each of the five schools and by the Middle States Commission on Higher Education (MSCHE).
- A strategic planning process should be instituted as soon as possible to meet the accreditation requirements of the Middle States Commission on Higher Education (MSCHE) that apply to all the schools and colleges.
- A Director of Faculty Development should be appointed with a direct report to the Senior Vice President for Academic Affairs. The Director would be responsible for faculty development in all five schools and colleges.

Meeting of March 23, 2017 – Summary of Educational Entities: College of Medicine (COM) and School of Graduate Studies (SGS)

SUGGESTIONS RE: COM

- It is suggested that efforts be made to broaden the number of quality clinical training sites for medical students.
- It is suggested that efforts be made to address the longstanding issue of academic consistency in clinical rotations across sites.
- It is suggested that the issue of student dissatisfaction with the Pediatric clinical clerkship be vigorously addressed.

- The COM currently has 162 tenured Associate Professor/Professors. Out of these 162, 45 are Basic Science Faculty including Pathology, many of whom have no extramural funding, and who contribute little in terms of service and teaching. It is suggested that efforts be made, within the permissible parameters, to incentivize retirement, where possible, or else assumption of part-time status.
- It is suggested that efforts continue to strengthen the functional relationships between Downstate and the Kings County Medical Center.
- It is suggested that support be provided to carry forward the research initiatives under way in the COM.
- A strategic planning process should be instituted as soon as possible to meet the accreditation requirements of the Middle States Commission on Higher Education (MSCHE) that apply to all the schools and colleges.

SUGGESTIONS RE: SGS

- It is suggested that the external review of the SGS be expedited as soon as possible following a self-study process and report.
- It is suggested that potential PhD and MD/PhD students be linked to newer faculty who are well-funded and who are secure in continued funding.

Meeting of April 26, 2017 – Admissions Processes for Educational Entities: College of Health Related Professions, College of Nursing, and School of Public Health

SUGGESTIONS RE: Admissions Policies and Procedures to CHRP, CON and SPH

- It is suggested that resources and support be given to CHRP, CON and SPH to comply with accreditation requirements, to expand their program offerings, and in so doing, increase applications to their programs.
- It is suggested that the three schools be resourced to hire student recruiters so as to strengthen student recruitment.

Meeting of May 3, 2017 – Admissions Processes for Educational Entities: College of Medicine and School of Graduate Studies

SUGGESTIONS RE: COM

- Some members of the COM Committee on Admissions have been serving for many years. Suggest that term limits for committee membership be established and enforced.
- Currently, applicants are interviewed by one faculty member who may or may not be a member of the committee. Non-committee members usually do not present applicants to the committee they have interviewed. Suggest data be produced to assess if there are committee recommendation disparities driven by type of interviewer.
- Following committee discussion of an applicant, committee members confidentially rank them on a scale of 1 to 5, with the latter being the highest.

These individual committee rankings are not contemporaneously aggregated. Rather, they are aggregated at a later date by the committee co-chairs, and no feedback given to the committee members as to decision outcome until much later. Thus, the members of the Committee on Admissions are, in effect, advisory to the committee co-chairs, and do not, in effect, directly decide who is admitted and who is not.

- Suggest that committee member scores be aggregated contemporaneously in the presence of the committee members, and feedback given as a basis for further discussion.
- The COM admission process has long been driven by a desire to admit high scorers on the MCAT. This policy has resulted in the admission of a high percentage of out-of-state applicants (20-22% per year in recent years). Virtually all have very high MCAT scores. COM officials have defended this policy in the past on the grounds that SUNY System encouraged this out-of-state admissions policy (They did in the distant past.), and that out-of-state students pay double the tuition for the first year, an important source of revenue.
- Both of these claims appear unconvincing, and do not persuade as a rationale for admitting high MCAT scorers, albeit from out of state. SUNY System has not encouraged out-of-state admissions for many years.
- An analysis of the added tuition revenue from out-of-state students reveals the following:

Total Entering Class – 190

% Out of State – 20%

Total No. Out of State – 38

Added Tuition for 1st year of medical school from out-of-state students
(\$38,000 x 38) – \$1.4 million

Total Annual Budget of COM – \$111 million

% of additional out-of-state tuition of total budget – 1.26%

- Consequently, the additional \$1.4 million from out-of-state students annually only represents 1.26% of the annual COM budget.
- Suggest that annual out-of-state entrants to the COM be reduced from 20% to 10%. The tuition loss, if it can be called that, would roughly be \$700,000 out of a \$111 million budget, or 0.63%.
- The percent of African American students in the COM is 8%, which is the national average. Yet, the African American population of Brooklyn is 35%, and the percentage of practicing African American physicians is roughly 10%.
- The committee is aware of the COM's recent and planned efforts to increase African American and Hispanic enrollment.
- Suggest continued support for the COM's recent initiatives (Bridge Program and planned MS program) to increase both African American and Hispanic enrollment. In establishing the MS program, the Dean of the COM should examine the MS/MD linkage program currently in place at SUNY Stony Brook.

- Suggest that the COM's longstanding policy of narrowly defining Hispanic self-identity of applicants be terminated. These rigid and narrow Downstate criteria have resulted in the denial of consideration to applicants who even speak Spanish, have parents who were born in a Hispanic country, or were themselves born there.
- Suggest that the COM adopt a more holistic approach to admissions.
- Suggest that the COM be provided with the necessary resources to support a vigorous program of student academic development and student counseling services.
- The Downstate Office of Academic Development is currently part of the College of Medicine. This has its origins in the historical past when most students were enrolled in the COM. Close to 50% of students are now enrolled in the other four schools.
- Suggest the transfer of the Office of Academic Development to the Office of the Senior Vice President for Academic Affairs so that the students in all five schools can be served appropriately.
- Suggest that the resources of the Office of Academic Development be substantially increased to meet current and future demand.
- Suggest that the name of the Office of Academic Development be changed to Office of Academic Support Services.
- The COM has long resisted modifying its curricular scheduling to accommodate the concurrent MD/MPH and MD/PhD degree options. Yet, a number of medical schools have successfully done so. Tulane University School of Medicine is one example where 50% of medical students obtain a concurrent MPH degree. At Columbia University College of Physicians and Surgeons, it is 35%.
- In addition, medical student demand for micro-credentials is nationally on the rise. The COM already offers pathways to its students which are in effect micro-credentials. On the other hand, the MPH is a degree that provides great value added to medical school graduates.
- Suggest that the COM make appropriate modifications in curricular scheduling so as to foster the MD/MPH and the MD/PhD options.
- The Brooklyn College-Downstate BA/MD program received an initial examination. That examination revealed that the purpose of this program is ambiguous, and that no African American or Hispanic students have been accepted into it in the past several years by Brooklyn College. This despite the fact that for the Spring 2017 semester at Brooklyn College, the Black/African American student enrollment was 17.7% and the Hispanic enrollment 19.5%. This totals 37.2% of Brooklyn College's student body.
- Suggest that the Brooklyn College-Downstate BA/MD program be thoroughly reviewed and evaluated as to purpose, policies and procedures, both at Brooklyn College and at Downstate.
- There is obviously great value to CUNY and SUNY collaborating in a program of this kind. However, it is in need of review and reconfiguration.

Meeting of May 8, 2017 – Research Enterprise of the College of Medicine and Research Projects by Dr. Carlos N. Pato and Dr. Michele Pato, and Dr. Jacquelyn Meyers

SUGGESTIONS RE: Research Enterprise of the College of Medicine

- Given the national decline in NIH extramural research funding, it is suggested that faculty be encouraged to apply to other sources such as foundations and the Department of Defense.
- It is suggested that efforts be made to foster both intramural, inter-disciplinary research initiatives as well as discipline-focused and inter-disciplinary research initiatives with colleagues at other SUNY campuses.
- It is suggested that a full-time Vice President for Research be appointed with direct report to the President. This position will greatly facilitate the promotion of research initiatives within and among all five schools and the securing of extramural funding.

Meeting of May 17, 2017 – Research Foundation and the Income Fund Reimbursable Accounts (IFRs)

SUGGESTIONS RE: Research Foundation and IFRs

- The State IFR accounts have been without appropriate financial and use oversight for a long time. It is strongly suggested that such oversight be immediately put into place over these accounts.
- Given the absence of appropriate financial and proper use oversight of the State IFR accounts, it is strongly suggested that retroactive forensic audits be implemented in order to uncover possible past fraudulent use of funds in State IFR accounts, and that appropriate actions be taken based on these audits.
- It is suggested that appropriate policies be established for addressing the use of salary portions of extramural grants. It is also suggested that a special committee or working group be established to review best practices in this regard at other research universities, especially academic medical centers, and report their findings to the President.

Meeting of June 7, 2017 – University Hospital of Brooklyn

SUGGESTIONS RE: University Hospital of Brooklyn

- Pursue alignment with One Brooklyn Health.
- Pursue closer alignment with H & H's Brooklyn facilities.
- Pursue affiliation with one or more of the Five Families – shared services or specialty care could be handled by the other medical systems.
- Pursue closer alignment with SUNY's AMCs.
- Encourage new graduates to move into ambulatory care and primary care specialties.

- Provide parking for patients for out of the catchment area.
- Initiate better coordination efforts with community providers.
- Support the involvement of in teaching at Downstate which could foster linkages such as those already in place with CHRP.
- Suggest planning for a new outpatient center that can serve as a clinical front door for patients.
- Suggest continued regionalization of clinical services in conjunction with partners such as Maimonides Medical Center, Brookdale University Hospital Medical Center, and others.
- Suggest strengthening focus on both inpatient and outpatient specialty care.

Meeting of June 21, 2017 – Biotech Incubator and BioBAT

SUGGESTIONS RE: Biotech Incubator

- Support efforts to market the Biotech Incubator.
- Create a glossy pamphlet to highlight the Biotech Incubator.

Meeting of July 11, 2017 – Graduate Medical Education (GME) and Continuing Medical Education (CME)

SUGGESTIONS RE: Continuing Medical Education (CME)

- Support development of marketing efforts to outside institutions which require CME for their employees.

Meeting of July 18, 2017 – Student Life and Student Affairs

SUGGESTIONS RE: Student Life

- Extending hours in the cafeteria
- Providing a coffee cart
- Creating activity list/Co-curricular transcript (\$25,000 per year)
- Expand mentorship opportunities in College of Medicine and to the other colleges and schools with Deans
- Marketing our extensive activity programs
- Join Stony Brook electronic pilot program
- At present, there are five student councils (one for each of the five schools). There is also a University Council. The members of these six bodies are independently elected. There is also a Student Center Governing Board that oversees funds into which all students pay a fee. There is, in addition, a Residence Hall Council which oversees funds into which all students living in the Residence Hall pay a fee.
- It is suggested that the current complex structure of student governance bodies be reviewed.

**Meeting of July 26, 2017 – Facilities, Management & Development (FM&D),
University Police, and Faculty-Student Association**

SUGGESTIONS:

- Promoting and displaying healthier products in prominent locations for potential school applicants.
- Additional subsidy as alternative to avoid decision based solely on revenue.
- Better marketing of auxiliary services to the campus community.

**Meeting of August 1, 2017 – Departments of: Human Resources, Contracts and
Procurement, and State Payroll**

SUGGESTIONS:

- Transition from paper to computerized programs for transactions.

**Meeting of August 8, 2017 – Information Technology and Medical Library of
Brooklyn**

SUGGESTIONS RE: Information Technology (IT)

- Implementing a system that is all web-based
- Blackboard, Raiser's Edge, Financial Edge for automating forms for Human Resources and Purchasing
- Analytic solutions to empower end-users to create reports they need
- 3-year road map for clinical applications
- Unpaid invoices
- No data disaster recovery in place
- Aiming for seamless operations

SUGGESTIONS RE: Medical Library of Brooklyn

- The simulation facility could be made available on a rental basis to extramural clinical training programs in order to produce a robust revenue stream. It was agreed that doctors from all around Brooklyn can update their credentials at the simulation center.
- The archives have long been a record storage facility. Suggest the creation of a committee to elaborate a feasible plan for possibly transforming this storage function into a functional archive with appropriate staffing. Suggest that this committee examine the structure, functions, and staffing of divisions of archives at comparable medical centers. In this process, consultant advice may be helpful
- Suggest that the appropriate renovations be undertaken for the space now reserved for the archives, especially ventilation systems, to ensure the prevention of black mold growth.

Meeting of August 16, 2017 – University Physicians of Brooklyn Practice Plan and the Institutional Review Board

SUGGESTIONS RE: United Physicians of Brooklyn Practice

- Market centers of clinical excellence such as transplant services, sports outreach program, and others
- Determine how to charge for services

SUGGESTIONS RE: Institutional Review Board (IRB)

- IRB would like studies to be adequately reviewed by departmental Scientific Review Committees (SRCs) to ensure that their scientific methods are valid.
- SRC should be in all departments and schools.

List of Members of the Presidential Advisory Committee

Chair:

Pascal James Imperato, MD, MPH&TM, MACP
Distinguished Service Professor and Founding Dean
School of Public Health
SUNY Downstate Medical Center

Co-Chair:

Edgar O. Mandeville, MD, FACOG
Chairperson Emeritus
Board of the Arthur Ashe Institute for Urban Health

Chief, Department of Obstetrics and Gynecology
Harlem Hospital Center

Members:

Ovadia Abulafia, MD
Professor and Chair
Department of Obstetrics and Gynecology
SUNY Downstate Medical Center

Abhimanyu Amarnani, MS4
MD/PhD Student
University Council
SUNY Downstate Medical Center

Rowena Blackman-Stroud, BS, MS
United University Professions Chapter President
SUNY Downstate Medical Center

Treasurer, United University Professions

Carla Boutin-Foster, MD, MS
Associate Dean for Diversity Education and Research
SUNY Downstate Medical Center

Daisy Cruz-Richman, PhD, RN
Professor and Former Dean
College of Nursing
SUNY Downstate Medical Center

Lori Escallier, PhD, RN, CPNP-PC, FAAN
Professor and Dean
College of Nursing
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Marilyn A. Fraser, MD
Chief Executive Officer
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Gabrielle Fridman, MS4
MD Student
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SUNY Downstate Medical Center

Dorothy R. Fyfe, MPA
Associate Vice President for Policy and Planning
SUNY Downstate Medical Center

Andrew Hasenzahl, MS2
MD/MPH Student
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SUNY Downstate Medical Center

Rauno Joks, MD
Professor and Chief
Division of Allergy and Immunology
Department of Medicine
SUNY Downstate Medical Center

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Executive Centerwide Committee of the Faculty and Professional Staff

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Associate Professor
Department of Epidemiology and Biostatistics
School of Public Health

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Haseeb Siddiqi, PhD

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M. Monica Sweeney, MD, MPH, FACP

Clinical Professor and Chair
Department of Health Policy and Management
Vice Dean for Global Engagement
School of Public Health
SUNY Downstate Medical Center

President

Alumni Association of the College of Medicine
SUNY Downstate College of Medicine

William P. Walsh, MBA, MSW

Senior Vice President
Hospital Affairs and Managing Director
University Hospital of Brooklyn
SUNY Downstate Medical Center

Robert K. S. Wong, PhD Distinguished
Professor and Chairman Department of
Physiology and Pharmacology College of
Medicine
SUNY Downstate Medical Center

Advisors:

Luther T. Clark, MD, FACC, FACP

Global Director
Scientific, Medical, and Patient Perspective
Merck

Reverend Kirkpatrick Cohall, PhD

Associate Professor of Religious Education
Academic Dean and Vice President
New York Theological Seminary

Chair
SUNY Downstate Medical Center Council

Michael Lucchesi, MD

Chief Medical Officer
Professor and Chair
Department of Emergency Medicine
SUNY Downstate Medical Center

Officer-in-Charge
SUNY Downstate Medical Center
(2016 – 2017)

Transition Committee Liaison:

Leslie Schechter, MA

Associate Dean for Administration
School of Public Health
SUNY Downstate Medical Center

Presidential Transition Committee Meetings:

Topics and Presenters 2017

Date	Topic	Presenter(s)
Wednesday, February 15	President's Charge to the Committee and Subjects of Discussion Five Core Areas of Focus: • Education • Research • Community • Clinical Services • Operations	President Wayne J. Riley, MD, MPH, MBA, MACP Edgar O. Mandeville, MD, FACOG Pascal J. Imperato, MD, MPH&TM
Wednesday, March 8	Summary of Educational Entities: • College of Health Related Professions • College of Nursing • School of Public Health	Allen N. Lewis, PhD Daisy Cruz-Richman, PhD, RN Pascal J. Imperato, MD, MPH&TM
Thursday, March 23	Summary of Educational Entities: • College of Medicine • School of Graduate Studies	Carlos N. Pato, MD, PhD Mark Stewart, MD, PhD
Wednesday, April 26	Admissions Processes for Educational Entities: • College of Health Related Professions • College of Nursing • School of Public Health	Allen N. Lewis, PhD Daisy Cruz-Richman, PhD, RN Pascal J. Imperato, MD, MPH&TM
Wednesday, May 3	Admissions Processes for Educational Entities: • College of Medicine • School of Graduate Studies	Carlos N. Pato, MD, PhD Mark Stewart, MD, PhD
Monday, May 8	Research Enterprise of the College of Medicine Research Projects of Drs. Carlos and Michele Pato, and Dr. Jacquelyn Meyers	Carlos N. Pato, MD, PhD Michele Pato, MD Jacquelyn Meyers, PhD

Date	Topic	Presenter(s)
Wednesday, May 17	Research Foundation and The Income Fund Reimbursable Accounts (IFRs)	Joseph Barabino
Wednesday, June 7	University Hospital of Brooklyn	Michael Lucchesi, MD William P. Walsh, MBA, MSW Richard Miller, PhD
Wednesday, June 21	Biotech Incubator BioBAT	Eva Cramer, PhD
Tuesday, July 11	Graduate Medical Education (GME) Continuing Medical Education (CME)	David J. Wlody, MD Edeline Mitton, MEd
Tuesday, July 18	Student Affairs	Meg O'Sullivan Jeffrey Putman, EdD
Wednesday, July 26	Facilities Management & Development (FM&D) University Police Faculty-Student Association	Yvonne Kielb, BSME, MBA Vincent Cardozo Richard Bentley
Tuesday, August 1	Human Resources Contracts and Procurement State Payroll	Judith Dorsey, BA, MS Martin Deane, BS Maureen Crystal Jennifer Del Rosario, MBA
Tuesday, August 8	Information Technology Medical Library of Brooklyn	Roy Sookhoo, BS, MS Richard Winant, PhD
Wednesday, August 16	University Physicians of Brooklyn Practice Plan Institutional Review Board	William Urban, MD Phyllis Supino, EdD

SUMMARY OF THE MEETINGS

Meeting of February 15, 2017

President's Charge to the Committee and Subsequent Discussion

Dr. Riley charged the committee to study and review five broad areas within Downstate. These include: Academic and Education, Institutional Operations, Research, Community Services, and Clinical Services.

Dr. Riley noted that there can be strong institutional resistance to change. He asked the committee to provide him with information which he may not have, and to suggest changes that, in the considered opinion of the committee, should be made. He stated that such suggestions would receive his serious consideration.

After Dr. Riley left this first meeting, the committee established a schedule of fourteen subsequent meetings, which were eventually held between March 8, 2017 and August 16, 2017. The committee also agreed on the format of the meetings which consisted of PowerPoint presentations by principals, followed by questions and discussions that included concerns observed by the committee.

The committee decided to initially focus on the academic side of the medical center, especially the five schools and colleges. These presentations consisted of overviews by each of the five schools, and then individual presentations on admissions policies and procedures, and admissions data for several years. Subsequent presentations focused on operational areas throughout the medical center.

Meeting of March 8, 2017

Summary of Educational Entities: College of Health Related Professions, College of Nursing, and School of Public Health

College of Health Related Professions (CHRP) by Allen N. Lewis PhD, Dean, CHRP

- Budget has increased marginally for the past few years
- Focused on morale enhancement, growing new programs and degrees, community engagement, pathways into CHRP for under-served communities, distance learning, fund and alumni development, inter-professional education/collaboration, building research capacity, cultural competency, instilling leadership skills, and producing global leaders in their respective fields
- CHRP is student-focused
- CHRP tries to increase "horsepower" or quality of graduates from its programs by raising the bar on the academic requirements for its programs, and that the "footprint" of Physician Assistants, as one example, is increasingly becoming more specialized after an early tradition of being generalists, mostly in primary care.

New Programs

- New programs typically receive “seed money” for the first two years, and then need to be self-sustaining. Receiving state support is never assumed to be a reality when new CHRP programs are planned.
- Tuition revenues for new programs should cover costs aside from the initial start-up costs of hiring new faculty, etc.
- Once new programs have students matriculating, the plan is for them to be self-sufficient.
- Community acceptance of midwifery is growing, but midwifery is more accepted in Europe than in the US, and more accepted in some states like New York.
- In the United States, midwives have more of a primary care scope of practice.
- There are individuals waiting for the doctoral programs in Occupational Therapy and Midwifery.
- Community Health Worker role and training. There is a great need for Community Health Workers. This is one pathway program that allows CHRP to meet the community where it is currently, in order to interest non-traditional and more lay populations to become involved in health care delivery. The idea is that ultimately some persons involved in programs like the community health worker training will be interested in, and prepared for, entry into CHRP’s formal degree programs.
- A nutrition program might happen in the second phase of programmatic growth, but that the first phase was concentrating on currently identified programs that are being worked on right now.

Faculty Evaluation

- Bar is currently low for the number of publications faculty are required to have for promotion
- Committed to raising that bar
- Pushing chairs to develop standard workloads that incorporate teaching, research and service, at least within the six programs

College of Nursing (CON) by Daisy Cruz-Richman, Dean, CON

- Phasing out its clinical nurse specialist program due to low enrollment.
- Nurse anesthesia program is being phased out due to the challenges of recruiting qualified faculty and the program's financial sustainability.
- To compensate for tuition revenue shortfalls in 2016, the college increased its enrollment in the Nurse Practitioner programs with a primary care focus.
- State-of-the-Art Simulation Laboratory renovation. Simulation, for example, is necessary when there are no clinical experiences for students in labor and delivery.
- There are challenges in processing CHRP and CON clinical affiliation agreements. One staff person responsible for CHRP and CON affiliation agreements is not sustainable.
- The budget for the CON increased slightly in 2014-2015 in preparation for accreditation site visits.

- Analysis of the CON faculty salaries conducted by the American Association of Colleges of Nursing (AACN) shows them currently in the 50th percentile up from the 20th percentile previously.
- Graduates' licensing and certification pass rates far exceed national averages.
- Faculty is working on increasing their grant-funded programs.
- In the past six years, Robert Wood Johnson Foundation provided a grant for minority students of approximately \$800,000.
- There are 17 full-time faculty including Dr. Cruz-Richman.
- The accrediting bodies look at FTEs of adjuncts as well.
- Based on research data, there was no statistical difference between the two programs in nursing.
- Explore opportunities for collaborations with high school or intermediate school students to create a seamless pipeline for nursing students.
- The CON has an articulation agreement with Brooklyn College (BC) for students interested in the accelerated program. A faculty liaison between the CON and BC, provides advisement and counseling for students, many of whom are from groups under-represented in nursing.

School of Public Health (SPH) by Pascal James Imperato, MD, MPH & TM, Dean, SPH

- Background information about the initiation of the Master of Public Health (MPH) Program and the School of Public Health
- Planning for the MPH and SPH started in 1995.
- MPH accepted its first students in 2002.
- Accredited by the Council on Education for Public Health (CEPH) as an MPH Program in 2005 for full 5-year term.
- Accredited by CEPH as SPH in 2010 for full 5-year term. Re-accredited for full 7-year term in 2015.
- Accreditation valid until 2023.
- Budget has only increased to accommodate union-negotiated raises. Otherwise has remained flat for 8 years. Downstate SPH has the lowest budget (\$4.1 million) of any of the 55 accredited Schools of Public Health in the US and Mexico.
- Council on Education for Public Health (CEPH) is the national accrediting body.
- The SPH has 21 full-time faculty, some of whom are also administrators.
- Current student enrollment is 279, of which 62 are doctoral candidates.
- CEPH's emphasis is on teaching and the faculty/student ratio. The faculty/student ratio has increased to 1/14 due to increased enrollment. SPH had recently been given written notice by CEPH that a corrective plan must be submitted to them by May 2017 to deal with inadequate faculty and staff resources. Failure to comply will jeopardize accreditation. SPH requires at least 3 more faculty and 2 support staff to come into compliance.
- CEPH's accreditation criteria have been substantially revised. SPH now in a two-year process to revise curricula to be in compliance with new criteria.

- Association of Schools and Programs of Public Health (ASPPH) lost CDC revenue and decided to add programs into the Association.
- SPH has 5 concentrations. Enrollment not consistent across concentrations.
- A few courses are now completely on-line, and some are hybrids of on-line/in person.
- Holistic approach to admissions. GRE scores de-emphasized. Approximately 67% of students are under-represented minorities. Approximately 40% are African-American.
- Graduate data not always useful because MPH students have 6 years to graduate, and DrPH students have 8 years.
- 90% of MPH students are employed or in continuing education programs. All DrPH graduates are employed except 1 deceased and 1 retired.
- Center for Global Health founded in 2011.
- Global Public Health elective for fourth year medical students began in 1981, and is fully funded by the Alumni Association of the College of Medicine and private donors. All administrative preparations for the elective done by the SPH.
- SPH has a robust community service program often in collaboration with Community-based Organizations and others units at Downstate.
- Longstanding collaboration exists with Medgar Evers College.
- New \$100 million Public Health Academic Building (PHAB) is under construction.
- Working on increasing on-line and hybrid offerings
- Newly created Advanced Certificate in Public Health is very popular. Many enter the MPH program on completion.

SUGGESTIONS RE: CHRP, CON and SPH

- The three schools, CHRP, CON and SPH, have been seriously under-resourced in view of their enrollments and other activities. It is suggested that additional resources be given to these schools in order to enable them to appropriately function.
- It is suggested that support and resources be provided for new degree programs and micro-credentials (e.g., advanced certificates).
- It is suggested that resources and personnel and training be put in place for distance learning and on-line courses. This is essential to the future success of the schools and colleges. It is suggested that a working group or task force be appointed to expedite the development of distance learning and on-line courses.
- It is suggested that, where required, the schools be provided with lines to hire personnel who can be career advisors and recruiters.
- A central office or unit of Institutional Assessment should be established to serve all the five schools. This unit should create outcomes processes and results for the schools both individually and overall. This office should be a direct report to the Senior Vice President for Academic Affairs. The establishment of this center-wide office is necessary to meet accreditation requirements that apply to all the schools and colleges and by the Middle States Commission on Higher Education (MSCHE).

- A strategic planning process should be instituted to meet the accreditation requirements that apply to all the schools and colleges in the medical center by the Middle States Commission on Higher Education (MSCHE).
- A Director of Faculty Development should be appointed with responsibility for this activity for all five schools. This position should be a direct report to the Senior Vice President for Academic Affairs.

Meeting of March 23, 2017

Summary of Educational Entities: College of Medicine and School of Graduate Studies

College of Medicine (COM) by Carlos N. Pato, MD, Dean, COM

- Background and history of the COM
- Mission of the COM is to educate and train physicians who will serve our diverse population and to promote basic translational and clinical research, and to be the academic foundation for the health system that serves our community.
- Statement of Diversity and the importance of cultural competence in all our graduates
- Basic Science Faculty = 89; 45 of such faculty are tenured at the Associate or Full Professor level. Most have no extramural funding support.
- Total Faculty = 765
- Description of the Faculty and Professional Staff Assembly

Challenges

- Hospital vs. Primary Care
 - reasons for change including
 - New accreditation standards
 - Biomedical and Clinical Science integration
 - Changes in society's expectations
 - The evolving nature of medicine
- COM is a large and complex operation requiring a team approach to management
- COM Budget includes State Support and Tuition revenue. The two amount to \$111 million per year.
- Cuts anticipated in the future
- Research/Discovery = Better Treatments
- Large-scale population-based research

The New COM Integrated Pathways Curriculum

- Emphasizes competencies required for good physicians
The previous system of licensing exams was: USMLE Step 1-Basic Science
USMLE Step 2-Clinical, USMLE Step 3- Clinical. Now these are all combined and mixed.

- LCME site visit in 2013 - Curriculum was in transition to competency based learning, so assessment was suspended until the curriculum was fully in place. LCME site visitors returned in 2015. COM accredited for full 8 years. Valid until 2020-2021. The 8 years are computed from the 2013 site visit.
- COM is typically a 4-year program, followed by residency/fellowship training.
- Current curriculum is integrated. Consists of six competencies.
- Small-medium group teaching (approximately 13 per session)
- After each unit, a week of evaluation on competencies mastered
- National Exams 2016 Step 1: 99% passed, Step 2 CK: 96% passed, Step 2 Clinical Sciences: 97% passed.
- Residency match in 2017: Initial 97%, Post-SOAP (scramble) 99%. National rate 94%. Location of matches: 71% in New York State, 48% in New York City, of which 15% are in Brooklyn.
- 800 students: diverse population

The Brooklyn Free Clinic (BFC)

- Inter-professional education
- Education and Databases to support curriculum delivery and management
- Focus on what we do best/Centers of Excellence/Have the greatest impact on the community

Challenges

- Adequate number of active faculty
- Clinical placements for medical students
- Academic support
- Need for educational Information Technology (IT) experts and resources
- Simulation Education
- Enriching pipelines of students
- Downstate is struggling to compete with Health and Hospitals Corporation [HHC] (Kings County Hospital)

Plans

- Downstate needs to partner with HHC and possibly other medical centers to survive and improve care.
- Downstate and the COM need to think creatively with regard to collaborations; competing with HHC is not a good strategy. Improve relationship.
- Open to team approaches to research
- Partnering where possible, for example the Department of Defense (DOD) and the Veteran's Administration (VA)
- Grow the clinical and translational research enterprises despite changes
- Need to realign research priorities to survive
- Improve Physician Practice
- We are no longer in the era of independent private practice, We are moving away from physicians only to nurse practitioners handling many patients.

- The trend is to move to a fully integrated approach that can lower rates.
 - When joining collaborations with other medical centers, Downstate will need to take on risk.
- Clinical and Behavioral health areas are hallmarks that can be grown.

COM Students

- High pass rate of COM students on Step 1 USMLE
- No consistency between sites where clinical rotations take place
- All the students would go for clinical rotations, given the great changes taking place in the hospital systems in Brooklyn.
- COM needs a closer collaboration with HHC/Kings County and others to accommodate all the students.
- Maimonides Neurological Service is about to be incorporated into Northwell Health, which may be an option for some students.
- There needs to be quality clinical experiences for students.
- The Veterans Administration (VA) would be a unique exposure for students.
- The COM is in a transformational stage.
- Our students are unhappy with their Pediatric training compared to the national average of students undergoing such training. The sites we have available do not provide a great educational experience, and many of them are not financially viable.

SUGGESTIONS RE: COM

- It is suggested that efforts be made to broaden the number of quality clinical training sites for medical students.
- It is suggested that efforts be made to address the longstanding issue of academic consistency in clinical rotations between sites.
- It is suggested that the issue of student dissatisfaction with the Pediatric clinical clerkship be vigorously addressed.
- The COM currently has 162 tenured Associate Professor/Professors. Out of these 162, 45 are Basic Science Faculty including Pathology, many of whom have no extramural funding, and who contribute little in terms of service and teaching. It is suggested that efforts be made, within the permissible parameters, to incentivize retirement, where possible, or else assumption of part-time status.
- It is suggested that efforts continue to strengthen the functional relationships between Downstate and the Kings County Medical Center.
- It is suggested that support be provided to carry forward the research initiatives under way in the COM.
- A strategic planning process should be instituted to meet the accreditation requirements that apply to all the schools and colleges in the medical center by the Middle States Commission on Higher Education (MSCHE).

School of Graduate Studies (SGS) by Mark Stewart, MD, PhD, Dean, SGS

- Most of the information presented was taken from Standard 11 of the Middle States Report.

- The SGS began in 1966. Celebrated 50 years last year along with CHRP and CON.
- SGS is the smallest school at Downstate. 72 students in total.
- 18% of students are under-represented minorities.
- The faculty of the SGS are the same as the COM.
- SGS has 4 staff members.
- SGS provides tuition waivers and stipends for PhD and MD/PhD students, which make up the majority of its budget along with staff salaries and OTPS.
- Stipends are \$30,000 per year per student. Laboratory and private contributions supplement tuition for the balance of the student's time to complete the degree(s).
- Enrollment is lower than in previous years due to COM tuition increases for non-MD/PhD students.
- 46 credits are required for a PhD.
- Training: Students teach in CHRP or COM.
- SGS students also teach Science, Technology, Engineering and Math (STEM) classes in the community.
- Residents/Fellows train in SGS.
- SGS tracks student employment.
- Medgar Evers provides a Research Initiative for Scientific Enhancement (RISE) Program Grant for students under-represented in the biological sciences.
- SGS has a mentoring program for students.
- Curriculum outlined.

SGS Students

- Can drive research projects.
- The SGS accounts for fewer minority students. The Medgar Evers students have a more difficult time taking the full 8 years to complete a research degree due to complicated lives.
- There are unique funding streams for these challenges. The SGS has been applying to many of them. However, since the scale of the SGS is small, they are not eligible/competitive for some of these funds.
- Middle States is the only body that has evaluated the SGS in over 10 years. The SGS has planned external reviews that will be under way at some point soon.
- SGS students attend bioethics meetings and present papers on bioethics and medical ethics.
- SGS students are involved in the Brooklyn Disparities Center, at BioBAT and the International AIDS Vaccine Initiative (IAVI).

SUGGESTIONS RE: School of Graduate Studies

- It is suggested that the external review of the SGS be expedited as soon as possible following a self-study process and report.
- It is suggested that potential PhD and MD/PhD students be linked to newer faculty who are well-funded and who are secure in continued funding.

- A strategic planning process should be instituted to meet the accreditation requirements that apply to all the schools and colleges in the medical center by the Middle States Commission on Higher Education (MSCHE).

Meeting of April 26, 2017

Admissions Processes for Educational Entities: College of Health Related Professions, College of Nursing, and School of Public Health

College of Health Related Professions (CHRP) by Allen N. Lewis PhD, Dean, CHRP, and Margaret Kaplan, PhD, Associate Dean for Program Development in CHRP Admissions Process strives for maximum racial and ethnic diversity in CHRP students

- There is a need to raise awareness of other health related occupations, especially in under-represented minority communities.
- Raising awareness is always a part of the educational process, when going out in the community, Community Health Workers, one of CHRP's new program initiatives (Certificate Program) need to meet people where they are currently in their understanding of health issues.
- The usefulness of collaborations with the other academic institutions in the medical center, for recruitment and alumni development, etc.
- Less formal outreach programs such as:
 - Health fairs
 - Outreach programs with the New York Parole Board
 - Services learning efforts
 - Outreach assessments being done in East New York with Dr. K. Torian Easterling, Assistant Commissioner at the New York City Department of Health and Mental Hygiene
 - These programs are in different stages of implementation.

Challenges

- Faculty are reluctant to accept others to assist them in teaching, which is a barrier to an increased community presence in classrooms.
- Recruitment challenges. Enrollment numbers for under-represented minorities in CHRP do not reflect the proportions of under-represented minorities in Brooklyn.
- The CHRP percentages are higher than the national percentage and they are working on pipeline programs and raising awareness for younger students to pursue health related professions.
- CHRP is attempting to develop more pathways into its programs from lay, under-represented minority communities that traditionally have low awareness of CHRP professions.

College of Nursing (CON) by Daisy Cruz-Richman, Dean, CON, and Dr. Beth Steinfeld, Chair of the Admissions Committee for the CON

- The Committee is advisory to the Dean.
- Members of the Admissions Committee are elected by the Faculty and Professional Staff Assembly.
- Screeners are members of the Admissions Committee who are assigned to review applications by the Admissions Committee Chair.
- CON is committed to diversity as stated in the missions of SUNY Downstate and the CON.
- Holistic admissions process was formally implemented for the 2017-2018 Academic Year applicant pool.
- 49% of interviewees are under-represented minorities.
- CON has diverse enrollment.
- CON needs to focus on recruitment and on-line programs.
- Doctorate in Nursing Practice is a clinical nursing research degree.
- Need to focus on recruitment and retention of doctoral faculty for research focus.
- One of the national trends in nursing is a post-master's degree in nursing education due to a nursing shortage.
- Opportunities in inter-professional collaborations and formalized courses in order to be competitive in the US, many of the programs, especially the RN-BS in nursing must be completed on-line.

School of Public Health (SPH) by Pascal James Imperato, MD, MPH & TM, Dean, SPH, and Mr. Daniel Ilyayev, Assistant Dean for Enrollment and Student Affairs, SPH

- Commitment to Holistic Admissions Process. Emphasis placed on future potential of students.
- Admissions Committee is Advisory to the Dean.
- Members of the Admissions Committee are appointed by the Dean.
- Screeners are members of the Admissions Committee who are assigned to review applications by Mr. Daniel Ilyayev, Assistant Dean for Enrollment and Student Affairs.
- Programs offered: Advanced Certificate in Public Health (ACPH), Master of Public Health (MPH), Doctor of Public Health (DrPH)
- MD/MPH is a concurrent degree. Application is same as for COM with MCAT scores.
- Non-matriculated students have a different application process, but can matriculate if they do well.
- There are annually many MD/MPH applicants. However, very few are accepted by the COM. Annual yield of MD/MPH students is 3-5. This compares to 50% of medicine students at Tulane and 35% at Columbia. At those schools, the medical school curriculum has been designed to promote the MD/MPH option. The COM curriculum here has not been so designed.
- A number of unsuccessful MD applicants enter the MPH program and re-apply to medical school. They are closely advised by SPH faculty. Most succeed and

have enrolled in a number of allopathic medical schools. These include: New York Medical College, SUNY Buffalo, SUNY Syracuse, Albany Medical College, University of Kansas, University of Tennessee, University of Miami, Rowan University, Geisinger Commonwealth School of Medicine, and the University of West Virginia. Others have entered osteopathic medical schools including: New York College of Osteopathic Medicine, Philadelphia College of Osteopathic Medicine, Nova Southeastern University College of Osteopathic Medicine, Lake Erie College of Osteopathic Medicine, and Rowan College of Osteopathic Medicine. Over the years, one has been admitted to Downstate's COM on re-application.

- Most enrollees in the SPH are from under-represented minorities, and are overwhelmingly female. 40% of enrollees are African-American.

SUGGESTIONS RE: Admissions Policies and Procedures to CHRP, CON and SPH

- It is suggested that resources and support be given to CHRP, CON and SPH to comply with accreditation requirements, to expand their program offerings, and in so doing, increase applications to their programs.
- It is suggested that the three schools be resourced to hire student recruiters.

Meeting of May 3, 2017

Admissions Processes for Educational Entities: College of Medicine and School of Graduate Studies

College of Medicine (COM) by Carlos N. Pato, MD, Dean, COM

- Enroll about 190 students each year.
- Admissions process goal is to achieve a diverse and balanced class and the most qualified class possible.
- Doctors need to be proficient in other areas beyond clinical content. Enrollees need to be excellent, compassionate and caring doctors.
- Ultimately, the COM has a responsibility to the students to only admit those who can successfully complete medical school and have a career path afterwards. Students need to be capable of passing the United States Medical Licensing Examination (USMLE) tests and succeeding academically.
- Admissions is a dynamic process which is ongoing throughout the year.
- The COM receives 4,200 applications, interviews 26.3%, accepts 13.9% and matriculates 4.5%.
- Among the 4,200 applications completed, 2,200 are New York State residents and 2,000 out-of-state residents. 33.9% of in-state applications are interviewed, and 17.7% of out-of-state applications are interviewed.
- 18.8% of in-state applicants are accepted and 8.3% of out-of-state applicants are accepted, 6.6% of in-state and 2.1% of out-of-state applicants matriculate.
- COM accepts 50% male and 50% female.
- For the 2016 cycle, 377 Black/African-Americans (AAs) applied. 364 Hispanic/Latinos and 3,394 non-Under-Represented Minorities (URM) applied in medicine.

23% of AA applicants were interviewed, 17% Hispanic/Latinos, and 28% of non-URM. This translates into an interview distribution of 950 non-URM, 86 AA and 62 Hispanics. The acceptance rates were: 14%, 14% and 11%.

- Alumni children who were struggling academically as undergraduates are given advisement regarding how they can strengthen their applications in order to be accepted in the subsequent year. 54 alumni children applied, 72% were interviewed and 59% were accepted. Of these 65% matriculated. The absolute numbers thus respectively translate to 39 of the 54 being interviewed, 23 of the 39 being accepted, and 15 of the 23 matriculating.
- Downstate does a great job of educating physicians who practice across the country. There is a high number of Downstate graduates in academic medicine.
- Downstate is ranked 11th in terms of URM graduates nationally, including the historically black colleges and universities.
- A review of the American Medical College Application Service® (AMCAS®) application elements was presented.
- Rationale for considering the Medical College Admission Test® (MCAT®) scores and Grade Point Averages (GPAs) in admissions process. They are usually used as a predictor of how an applicant will do in medical school. Dr. Pato showed a slide entitled "2016 Applicants with Scores from the New MCAT Exam, the Percentage and Number of Applicants by MCAT Total Score and Undergraduate GPA Range" with percentages of applicants who do well in medical school based on MCAT scores and GPAs. These applicants were grouped by how well they did on both. The applicants were differentiated by how successful they would be in medical school. Dr. Pato explained that they need to look for candidates who will be good doctors, not just do well on standardized tests.
- Medical school is very competitive and expensive. Downstate has a responsibility to ensure that the accepted applicants will be able to succeed. If students are accepted who are not capable of succeeding in medical school and beyond, they risk high levels of debt and no career path.
- There are three screeners for COM applications:
 - Lorraine Terracina, PhD, Special Assistant to the Dean, Co-chair of the Admissions Committee
 - Marcia Gerber, MD, Dean of Admissions, Co-chair of the Admissions Committee
 - Carla Boutin-Foster, MD, MS, Associate Dean for Diversity Education and Research
- Members of the Admissions Committee are appointed by the Dean of the COM.
- The current Admission system is exactly what was presented to the most recent LCME site visitors, and they approved it.
- COM accepts 500 applicants per year with a rolling enrollment; as accepted applicants drop out to attend other medical schools, other accepted applicants are informed of their acceptance to the COM.
- The Admissions Committee sets the by-laws, and empowers the Admissions Committee Chairs to select applicants based on their input.

- There is a need to address reasons why people who are accepted at Downstate do not choose to enroll here.
- URM applications are reviewed twice as opposed to non-URM applications which are reviewed once. URM applicants must have justification for rejection.
- Schools around the country are looking to recruit high performing URM applicants to diversify their student body. They offer scholarships to attract the students, e.g., Mount Sinai Medical School. Downstate cannot compete with that, but may be able to offer some scholarship monies.
- Efforts to increase number of URM applicants include: pipeline programs in high schools, The Arthur Ashe Institute for Urban Health, linkages with health focused high schools, etc. There is a post-baccalaureate program at SUNY Buffalo which is linked to admission to our COM.
- Borderline applicants will soon be offered a bridge program recently created enabling them to take a number of first year classes for free and possibly have free dorm space to see how they compete against first year students. If they are academically successful, they will be accepted for the following year. Dr. Putman stated that Dr. Riley just approved the funding for this bridge program. This bridge program would not require the students to re-take the MCATs, and could lead to a 40% increase in URM enrollees. This course has no credits.
- A viable Master of Science program so that the students will have a career path whether or not they attend the medical school, in future years, is being created.
- Out-of-state students provide another dimension of diversity and experience in the class, but that he was open to suggestions on lowering the number of out-of-state residents accepted.
- New York State residency is only an issue for the first year. After they are living here for a year, they can claim New York State residency and pay in-state tuition.
- Open to decreasing the number of out-of-state residents accepted each year.
- The presentation and the use of selection ratios to present the data for admissions. It appears that the COM is bending over backwards to assist URM applicants.
- An analysis to determine if most out-of-state resident students eventually return to their original state to practice with regard to residency training and the results were 50/50, at least for the first year.

School of Graduate Studies (SGS) by Mark Stewart, MD, PhD, Dean, SGS

- SGS differs from other schools because tuition is waived, and annual stipends are given.
- Ratio of 20 applicants to 1 spot in the PhD program.
- Applicants are accepted depending upon availability of type of laboratory space required.
- Graduate students are unionized, which raises the amount of money paid to students.
- Most difficult issue to overcome in recruitment is convincing parents to allow children to spend up to 8 years without a salary.
- Members of Admissions Committee are elected by the faculty.

SUGGESTIONS RE: COM

- Some members of the COM Committee on Admissions have been serving for many years. Suggest that term limits for committee membership be established and enforced.
- Currently, applicants are interviewed by one faculty member who may or may not be a member of the committee. Non-committee members usually do not present applicants to the committee they have interviewed. Suggest data be produced to assess if there are committee recommendation disparities driven by type of interviewer.
- Following committee discussion of an applicant, committee members confidentially rank them on a scale of 1 to 5, with the latter being the highest. These individual committee rankings are not contemporaneously aggregated. Rather, they are aggregated at a later date by the committee co-chairs, and no feedback given to the committee members as to decision outcome until much later. Thus, the members of the Committee on Admissions are, in effect, advisory to the committee co-chairs, and do not, in effect, directly decide who is admitted and who is not.
- Suggest that committee member scores be aggregated contemporaneously in the presence of the committee members, and feedback given as a basis for further discussion.
- It is suggested that the members of the Committee on Admissions be given a greater role in admissions decisions above their now largely advisory one.
- The COM admission process has long been driven by a desire to admit high scorers on the MCAT. This policy has resulted in the admission of a high percentage of out-of-state applicants (20-22% per year in recent years). Virtually all have very high MCAT scores.
- COM officials have defended this policy in the past on the grounds that SUNY System encouraged this out-of-state admissions policy (They did in the distant past.), and that out-of-state students pay double the tuition for the first year, a source of important revenue.
- Both of these claims appear unconvincing, and do not persuade as a rationale for admitting high MCAT scorers, albeit from out of state. SUNY System has not encouraged out-of-state admissions for many years.
- An analysis of the added tuition revenue from out-of-state students reveals the following:

Total Entering Class – 190

% Out of State – 20%

Total No. Out of State – 38

Added Tuition for 1st year of medical school from out-of-state students

(\$38,000 x 38) – \$1.4 million

Total Annual Budget of COM – \$111 million

% of additional out-of-state tuition of total budget – 1.26%

- Consequently, the additional \$1.4 million from out-of-state students annually only represents 1.26% of the annual COM budget.

- Suggest that annual out-of-state entrants to the COM be reduced from 20% to 10%. The tuition loss, if it can be called that, would roughly be \$700,000 out of a \$111 million budget, or 0.63%.
- The percent of African-American students in the COM is 8%, which is the national average. The percentage of practicing African-American physicians is roughly 10%, while the population of Brooklyn is approximately 35% African-American.
- The committee is aware of the COM's recent and planned efforts to increase African-American and Hispanic enrollment.
- Suggest continued support for the COM's recent initiatives (Bridge Program and planned MS program) to increase both African-American and Hispanic enrollment. In establishing the MS program, the Dean of the COM should examine the MS/MD linkage program currently in place at SUNY Stony Brook.
- Suggest that the COM's longstanding policy of narrowly defining Hispanic self-identity of applicants be terminated. These rigid and narrow Downstate criteria have resulted in the denial of consideration to applicants who even speak Spanish, or they, or their parents were born in a Hispanic country.
- Suggest the transfer of the Office of Academic Development to the Office of the Senior Vice President for Academic Affairs so that the students in all five schools can be served appropriately.
- Suggest that the resources of the Office of Academic Development be substantially increased to meet current and future demand.
- Suggest that the name of the Office of Academic Development be changed to Office of Academic Support Services.
- The COM has long resisted modifying its curricular scheduling to accommodate the concurrent MD/MPH degree option. Yet, a number of medical schools have successfully done so. Tulane University School of Medicine is one example where 50% of medical students obtain a concurrent MPH degree. At Columbia University College of Physicians and Surgeons, it is 35%.
- In addition, medical student demand for micro-credentials is nationally on the rise. The COM already offers pathways to its students which are in effect micro-credentials. On the other hand, the MPH is a degree that provides great value added to medical school graduates.
- Suggest that the COM make appropriate modifications in curricular scheduling so as to foster the MD/MPH option.
- The Brooklyn College-Downstate BA/MD program received an initial examination. That examination revealed that the purpose of this program is ambiguous, and that no African American or Hispanic students have been accepted into it in the past several years by Brooklyn College. This despite the fact that for the Spring 2017 semester, the Black/African American student enrollment was 17.7% and the Hispanic enrollment 19.5%. This totals 37.2%.
- Suggest that the Brooklyn College-Downstate BA/MD program be thoroughly reviewed and evaluated as to purpose, policies and procedures, both at Brooklyn College and at Downstate.
- There is obviously great value to CUNY and SUNY collaborating in a program of this kind. However, it is in need of review and reconfiguration.

Meeting of May 8, 2017

Research Enterprise of the College of Medicine and Research Projects

Research Enterprise of the College of Medicine and Research Projects by Dr. Carlos N. Pato and Dr. Michele Pato, and Dr. Jacquelyn Meyers

- Approximately \$30 million in National Institutes of Health (NIH) funding in 2016.
- Total funding in 2016 approximately \$50 million.
- The Patos' research focuses on unique population disparities and access to healthcare.
- The Precision Medicine Initiative researches medicine based on the patient's genomic needs.
- For the past ten years, there has been approximately \$25 million in funding.
- By 2020, they expect \$33 million in funding.
- Various studies and cohorts were referenced.
- Dr. Michelle Pato was credited with influencing people to participate in the study by asking when they would like to participate, not if they want to participate.
- 80% of patients at Kings County Medical Center and Downstate.
- Some investigators are on the Empire Innovation Program Grant.
- Currently involved in a cluster hire.
- Study on mental illness. African Americans have an allele that does not respond to more expensive, newer anti-psychotic drugs.

SUGGESTIONS RE: Research Enterprise of the College of Medicine

- Given the national decline in NIH extramural research funding, it is suggested that faculty be encouraged to apply to other sources such as foundations and the Department of Defense.
- It is suggested that efforts be made to foster both intramural, inter-disciplinary research initiatives as well as discipline-focused and inter-disciplinary research initiatives with colleagues at other CUNY campuses.
- It is suggested that a full-time Vice President for Research be appointed with direct report to the President. This position will greatly facilitate the promotion of research initiatives within and among all five schools, and the securing of extra-mural funding.

Meeting of May 17, 2017

Research Foundation and the Income Fund Reimbursable Accounts (IFRs)

Research Foundation and the Income Fund Reimbursable Accounts (IFRs) by Joseph Barabino, Assistant Vice President of Research Administration in the Research Foundation

- RF handles pre- and post-award administration including all purchases and human resources transactions paid for by grant funding.

- Pre-award office reviews applications. Process is done here by the Office of Research Administration headed by Sharon Levine-Sealy. Then the proposal is sent up to Albany for approval.
- Post-award reviews invoices and hiring documents. All administrative and fiscal paperwork handled by RF.
- State employees who receive research grants receive monies in various ways
 - RF puts the monies designated for investigator salaries into Income Fund Reimbursable (IFR) accounts.
 - How this money is and has been utilized is complex and controversial. New York State is supposed to be reimbursed for the percentage of the investigator's salary that is indicated on the grant.
 - At Downstate, this has not been the prevailing practice. Instead, the monies have been utilized to supplement the investigator's salary or put into an IFR and stockpiled for future use by the investigator.
 - These issues have been discussed at Downstate for many years, but there is currently no official policy regarding how these monies are to be used.
 - By law, the money must be reimbursed to the State, but once the money is transferred into an IFR account, there is no oversight over how that money is utilized. The investigator has total control over the funds, leaving much room for irregularities.
- Last year, \$3.7 million were transferred to IFR accounts for salary purposes.
- This year, thus far, it has been \$2.8 million.
- By law and contract, an investigator's salary is supposed to be offset by the amount indicated in the grant, but not increased in most cases.
- After the grant ends, the State is supposed to resume the offset portion and restore the investigator's salary to whole based upon their contractual agreement.
- Sometimes IFR funds are shared with the respective department and utilized for other operational purposes.
- Funds in IFR accounts from grant transfers are supposed to be used in accordance to the grant-funded research aims.
- The question arose as to who is monitoring these funds. The RF monitors the funds until they are transferred to the IFR accounts. It is not within the scope of the RF to track the funds once they are transferred to the State IFR accounts.
- Any grant savings go back to the sponsor.
- Overseeing the IFR funds:
 - The College of Medicine's Dean's Office or the department itself is responsible.
 - The office of IFR oversight no longer exists. There is no longer any staff at Downstate, and there is no close fiscal oversight over the State IFR accounts.
 - There is no oversight for Graduate Medical Education.

Discussion

- It is apparent to the committee that the Research Foundation accounts are carefully monitored and subjected to rigorous oversight.
- It is equally apparent to the committee that the State IFR accounts into which the Research funds are transferred have been without any appropriate financial or use compliance oversight for some years. This situation leaves open the possibility of grant recipient misuse of funds for inappropriate purposes, including personal uses, not intended nor permissible under the terms of the grants from which they came.
- In the past, Downstate has had an inconsistent policy concerning the use of the salary portion of an investigator's grant. Generally, by law and contract, an investigator's salary is supposed to be an offset by the amount specified in the grant, and not used as a salary supplement. At the termination of the grant, the State is normally responsible for restoring the offset portion of an investigator's salary. In practice, salary portions of grants have frequently been used as a supplement to an investigator's salary. Some faculty have made the case over the years that such salary supplements provide them with an incentive to obtain grants. Others have made the observation that there are other incentives associated with extramural grants such as promotion and tenure. Still others have advocated partial offset and partial supplement.

SUGGESTIONS RE: Research Foundation and the Income Fund Reimbursable Accounts (IFRs)

- The State IFR accounts have been without appropriate financial and use oversight for a long time. It is strongly suggested that such oversight be immediately put into place over these accounts.
- Given the absence of appropriate financial and proper use oversight of the State IFR accounts, it is strongly suggested that retroactive forensic audits be implemented in order to uncover possible past fraudulent use of funds in State IFR accounts, and that appropriate actions be taken based on these audits.
- It is suggested that appropriate policies be established for addressing the use of salary portions of extramural grants. It is also suggested that a special committee or working group be established to review best practices at other research universities, especially academic medical centers, and report their findings to the President.

Meeting of June 7, 2017

University Hospital of Brooklyn (UHB)

University Hospital of Brooklyn (UHB) by Dr. Michael Lucchesi, Chief Medical Officer and Chair of Emergency Medicine, William Walsh, Senior Vice President of Hospital Affairs and Managing Director, and Richard Miller, Vice President of Hospital Affairs and Chief Financial Officer

Dr. Michael Lucchesi, Chief Medical Officer and Chair of Emergency Medicine began the presentation discussing the patients at the hospital.

- Patients were referred to as “brittle.”
- There is a new chair of the Department of Surgery who is a transplant surgeon.
- They are hoping to expand access to the hospital for more patients, as it is a public safety net hospital.
- Above national averages for patient mix of Medicaid patients.
- Patients are a different population from the Medical Center at SUNY Stony Brook.

William Walsh, Senior Vice President of Hospital Affairs and Managing Director continued the presentation.

- UHB is a relatively small inpatient facility with a busy ED, ambulatory practices and a very small Primary Care footprint.
- Working with Northwell Health to reduce its ambulatory footprint in Bay Ridge and eliminate its longstanding deficit.

Richard Miller, Vice President of Hospital Affairs and Chief Financial Officer presented the finance data for the UHB.

- The Integrated Postsecondary Education Data System (IPEDS) tracks the residents working at the hospital.
- Most patients are Medicaid (1/2), a small percentage are Medicare (1/3) and an even smaller percentage are private pay (1/6).
- Medicaid reimbursement process compare to other hospitals.
- 75% of discharges are local residents.
- Gentrification of the catchment area should decrease the number of local discharges by 7.5%.
- 2001-2010 saw an upward trend in revenue.
- 2011 saw a decrease in revenue vs. expenses.
- While Pitt Management Associates were running the hospital, revenue was up, but volume of patients was flat. This was due to a Health Care Efficiency and Affordability Law for New Yorkers Capital Grant (HEAL grant) which subsidized the hospital revenue.
- 2016 the revenue and expenses equalized.

Challenges

- Old physical plant, equipment, and IT systems
- High cost
- Small primary care footprint and referral connections
- Stand alone, lacking scale
- Fragmented service offerings
- Constrained by State regulations and procedures
- Inadequate Shared Services
- Lack of Brand Identity
- High Governmental payor mix and DSH Dependent

SUGGESTIONS RE: University Hospital of Brooklyn (UHB)

- Pursue alignment with One Brooklyn Health.
- Pursue closer alignment with H & H's Brooklyn facilities.
- Pursue affiliation with one or more of the Five Families – shared services or specialty care could be handled by the other medical systems.
- Pursue closer alignment with SUNY's AMCs.
- Encourage new graduates to move into ambulatory care and primary care specialties.
- Provide parking for patients for out of the catchment area.
- Initiate better coordination efforts with community providers.
- Support the involvement of in teaching at Downstate which could foster linkages such as those already in place with CHRP.

Meeting of June 21, 2017

Biotech Incubator and BioBAT

Biotech Incubator and BioBAT by Dr. Eva Kramer, Vice President for Biotechnology and Scientific Affairs

- Some of our scientists were starting biotech companies but had no place to house them.
- SUNY Stony Brook had begun a Biotech Incubator and was renting space to biotech companies.
- Dr. John C. LaRosa, then President, and Ivan Lisnitzer, then Chief Operating Officer, gave Dr. Kramer permission to begin the initiative.
- More than \$90 million raised since 2000.
- Biotech Initiative initially involved developing a Biotech Incubator on Parkside Avenue for start-up companies, and then enlarged to developing space at BioBAT at the Brooklyn Army Terminal (six miles away) for biotech companies to expand and begin manufacturing.
- The first grant for \$500,000 received by Downstate was for biotechnology. These funds were used as a match for a grant from NYSTAR to develop the architectural plans for a phased development of the Downstate Biotech Incubator.
- First phase was 11,000 square feet, second phase was 13,000 square feet and final phase was 26,000 square feet for a total of 50,000 square feet.
- When biotech incubator tenants outgrow their space, they can move to BioBAT.
- The first Incubator tenant to do this was the International AIDS Vaccine Initiative (IAVI) and they moved to 38,000 square feet at BioBAT.
- The Downstate Biotech Incubator and BioBAT are Certified Business Incubators of NYS and part of StartUp-NY.
- Downstate is second in New York State for having the most StartUp-NY Biotech companies as tenants.

- Adjacent to the Incubator and attached to the Dialysis Center, ImClone Systems rented space from Downstate and built a \$4.5M Synthetic Chemistry Facility. When ImClone Founder and Martha Stewart went to prison for insider trading, ImClone gave the facility to Downstate.
- There are wonderful opportunities for faculty and students to interact with the biotech companies. For example, one student received a PhD and two students their MD/PhD degrees working on vaccine development with IAVI.
- We have a received a five-year grant from the State for an Entrepreneurship Program.
- The Brooklyn Army Terminal was built for World War I and used during World War II.
- BioBAT is 524,000 square feet at the Brooklyn Army Terminal, and is being developed in phases.
- Phase 1, 38,000 square feet, Phase II, 85,000 square feet.
- Tenants at BioBAT include: Modern Meadow, a company that can produce leather and food without killing animals, two vaccine companies and IRX, an immuno-oncology company.
- Money from Bill and Melinda Gates Foundation built the IAVI space.
- The incubator is now full.
- Example of a company at the Incubator is Kinnos. The company's first product, Highlight, is a color additive for existing disinfectants that helps to eliminate human error by increasing visibility and coverage, and changes color when disinfection is complete. The company tested its product during the Ebola epidemic in Africa.

SUGGESTIONS RE: Biotech Incubator and BioBAT

- Support efforts to market the Biotech Incubator.
- Create a glossy pamphlet to highlight the Biotech Incubator.

Meeting of July 11, 2017

Graduate Medical Education (GME) and Continuing Medical Education (CME)

Graduate Medical Education by Dr. David J. Wlody, Associate Dean for GME and Designated Institutional Official Responsible for GME

- Accreditation citation areas of concern - Dr. Wlody indicated that many of these citations involved faculty issues, most frequently at Kings County. He stated his belief that many of the citations were directly attributable to lack of support; for example, low salaries leaving many services understaffed, giving faculty less time to teach and do research.
- There is inadequate staff to supervise residents. There were no resident evaluations of faculty oversight.
- It was stated that the criticism of the level of resident involvement made by the last CLER Site Visitors was directed toward resident involvement at the hospital

level in the design of projects to reduce those disparities, not their actual involvement in research addressing those disparities.

- Kings County Medical Center is the site where the largest number of our residents train. It was conveyed to the Kings County leadership under the guise of constructive suggestions that having residents is a privilege. The issues at Kings County have been ongoing since 2012, and the Accreditation Council for Graduate Medical Education (ACGME) has indicated during their site visits that the situation at Kings County is not good for residents. However, it was stated that they have made a lot of progress in their accreditation status; they have reduced the number of citations significantly.
- Only two programs are less than 75%, and one of those programs is making progress in that area and when the national average changes, the percentages at Downstate will increase. A number of African-American and Hispanic medical staff are being trained nationally.

Continuing Medical Education by Ms. Edeline Mitton, Director of CME

- The CME Office handles certified CME activities for Downstate and six of our affiliated hospitals. They are the Brooklyn Hospital, Interfaith, Brooklyn VA, Kings County, Kingsbrook and H.J. Carter formerly known as Coler-Goldwater.
- The program was originally accredited in 1998 with full accreditation in 2000. The last accreditation was in 2015, and the next cycle is in 2021.
- The ACCME and the AMA set the standards and guidelines for CME. There are thirty-eight criteria sets by the ACCME, thirteen which are required for the standard four-year accreditation, and seven for Accreditation with Commendation.
- Downstate is the only ACCME accredited program in Brooklyn, and has received commendation since 2010.

Overview of the CME application process as well as some challenging external factors affecting CME such as CMS rulings was presented.

- The institution does an average of 60 regularly scheduled activities per year, and about 12-14 symposiums.
- ACCME has announced new accreditation criteria. There is renewed focus on inter-professional continuing education, maintenance of certification, simulation, quality and performance improvement, and continuous professional development which sets the future for CME.
- COM is the only college that requests CME. Our nurses make up a large portion of the audience in our educational activities.
- Maintenance of Certification CME is currently provided. However, not too many departments have come forward requesting MOC credits.

SUGGESTIONS RE: Continuing Medical Education (CME)

- Support development of marketing efforts to outside institutions which require CME for their employees.

Meeting of July 18, 2017

Student Life and Student Affairs

Student Life by Meg O'Sullivan, Assistant Vice President for Student Life

- Student Life works closely with Student Affairs.
- Organizes new student orientation, Commencement, student residence halls, Student Activities, and the Student Center.
- Responsible for management of the Housing component and some maintenance of the Nurse's Residence, 440 Lenox Road – leases, the waiting list, determining rent increases each year by the consumer price index, handles work orders for specific maintenance, but are not responsible for general cleaning of the building. We clean apartments when a tenant vacates, and work with Hospital Administration to get the apartments turned around so they can be rented again. There is a waiting list of approximately 100 for nurses to live at the Nurse's Residence and Human Resources verifies nurses' status.
- Numerous student clubs and activities run out of the student center.
- Student residence halls are a challenge because of their age and condition, but they are clean and well-maintained.
- Student evaluations and opinion surveys are done on a regular basis.
- No food plan for students – pizza and Chinese take-out food are very common.
- Café 101 provides discounted prices for student groups, and the food is usually healthier with more vegetables.

Opportunities

- Community activities for residents in the dorms.
- Early in medical school, encouraging them to record their activities and to participate. By the third year, it is often too late to begin becoming involved in community activities.
- Encouragement to re-examine whether there was a system available to help students coordinate their activities.
- The Carnegie Foundation's designation as a community engaged campus would facilitate consideration of funding requests to grantors, and would be a great opportunity for leadership development.
- Three formal mentorship programs for the College of Medicine, one with alumni, one with faculty, and one with upper-classmen.
- For the other schools, there just has not been enough interest.

Student Affairs by Dr. Jeffrey Putman, Vice President for Student Affairs and Dean of Students

- The Office of Student Affairs advises all five colleges on issues of grading, awards of degrees, processes visa applications and provides lists for commencement, and coordinates all enrollment services for all students.

SUGGESTIONS RE: Student Life and Student Affairs

- Extending hours in the cafeteria

- Providing a coffee cart
- Creating activity list/Co-curricular transcript (\$25,000 per year)
- Expand mentorship opportunities in College of Medicine and to the other colleges and schools with Deans
- Marketing our extensive activity programs
- Join Stony Brook electronic pilot program
- It is suggested that the current complex structure of student governance bodies be reviewed.
- At present, there are five student councils (one for each of the five schools). There is also a University Council. The members of these six bodies are independently elected. There is also a Student Center Governing Board that oversees funds into which all students pay a fee. There is, in addition, a Residence Hall Council which oversees funds into which all students living in the Residence Hall pay a fee.

Meeting of July 26, 2017

Facilities, Management & Development (FM&D), University Police, and Faculty-Student Association

Facilities, Management & Development by Yvonne Kielb, Interim Vice President for FM&D

Current Status:

- Lack of organized space
- Lack of preventive maintenance
- No management for Central Stores
- Critical vacancies identified: Plant Utility Engineers, Plumbers, Electricians
- Aging remaining staff in shops is causing productivity problems.
- Need to hire plumbers. Because of Human Resources delays and the Civil Service Employees Association (CSEA) selection process, currently having to hire Office of General Services (OGS) construction force staffing at \$90,000 per month to keep the plumbing shop running.
- Crisis management the norm/need more planning, predictability, proactive maintenance/operations
- Safety staff put the facility at risk for catastrophe due to aging staff and plant
- Accreditation status at risk due to employee retirement and sick days
- Water treatment not done for years and now affects all current chilled water systems; problems with leaks
- Residence Halls are way behind on deferred maintenance
- BioBAT is a separate enterprise, and should not be responsibility of FM&D
- Limited project management/ professional engineering staffing to support current facilities projects and not nearly enough to staff new critical maintenance 5-year Capital plan

- Example: Window air conditioners were an ill thought out solution, a quick fix but now a maintenance resource nightmare. Do not have sufficient staff for this due to much more monetary compensation outside of Downstate.

New Vision Elements

- Proper tools and training
- Preventive maintenance
- Space allocation guidelines set by Albany to track and identify space
- Need standardized paint, furniture, etc.
- The new Public Health Academic Building (PHAB) timeline for occupancy
 - Tudor-Perini (TP) projects occupancy in October 2017.
 - State University Construction Fund (SUCF)/SUNY will be hiring a claims consultant to work on this claim.
 - Decision on the consultant has not been finalized, but is the same consultant for another TP-MTA project claim.
 - Goal remains to get Public Health moved by late December 2017 – early January 2018. However, there will probably be a lag to occupancy due to procurement issues after we are allowed to occupy the building.
 - FM&D is seeking the Dormitory Authority of the State of New York (DASNY) support to outfit the building.

University Police by Mr. Paul Alleyne and Mr. Israel Maldonado, Assistant Chiefs of Police

- Security on staff 24/7 at all open entrances
- Short staffed
- Crisis situation training done in Rockland County
- Investigation staff work with local law enforcement on theft, fraud, the FBI on more serious cases and the Department of Homeland Security
- Regulations for security standards
- More technical devices like cameras installed across campus: 700 cameras, 500 radio systems
- Transportation also under the umbrella of the security staff
- Bay Ridge site handled by security at Downstate
- I.D. Office for employees and students overseen by security staff
- Security staff on site during Commencement and other important events for politicians, etc.
- Parking Office has 1,100 customers for 700 parking spots
- 3 active officers plus a supervisor are on call for emergency situations
- Federal Reporting
 - University Police do CLERY reporting. (The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act or Clery Act, signed in 1990, is a federal statute codified at 20 U.S.C. § 1092(f), with implementing regulations in the U.S. Code of Federal Regulations at 34 C.F.R. 668.46.)

- CLERY reporting becomes more complicated each year with no added funding.

Faculty-Student Association (FSA) by Mr. Richard Bentley, President of the FSA

- FSA is one of the not-for-profit, charitable auxiliary service corporations created by SUNY in the 1950's at all SUNY campuses to provide non-State business services. DMC's FSA is one of the smallest in SUNY with an annual operating budget near \$700,000.
- Has a 16-member Board of Directors of appointed administrators, and elected faculty and students, and currently has two current essential administrative vacancies.
- Services include the Bookstore, Vending and Laundry Machines, Gift Shop, ATM, Zipcars and many Trust and Agency accounting services, including all DMC student government entities.
- Previous profitable services subsidize others, and need to explore additional services as the historical revenues of profitable services continue to shrink.

Meeting of August 1, 2017

Departments of: Human Resources, Contracts and Procurement, and State Payroll

Human Resources by Ms. Judith W. Dorsey, Associate Vice President of the Department of Human Resources

- Ms. Dorsey began at SUNY Downstate in January of 2017.
- An overview of the Department of HR, staffing and responsibilities

Contracts and Procurements by Mr. Martin Deane, Assistant Vice President for Contracts and Procurement

- New York State Finance Law requires that we must purchase a service or commodity from a Preferred Source when the product or service meets our need, function or utility. Preferred Sources include; Corcraft (Correctional Industries); Industries for the Blind (INBNYS) and New York State Industries for the Disabled (NYSID).
- There is also a more recent emphasis on purchasing from Minority and Women owned Business Enterprises (WMBE) and veterans.
- Project Sunlight started in 2013 to assist in making all purchases transparent.
- Department of Contracts and Procurements working on making purchasing paperwork electronic and scannable.
- Downstate had lost its certification to purchase services between \$75,000 to \$250,000 without the Attorney General (AG) and the Office of the State Comptroller (OSC) approval. Currently, all procurement for services over \$75,000 must get preapproval. Going through the Offices of the AG and OSC could add four months to the procurement process.
- Timeframe for recertification presented.

- Preferred sourced vendors – all initial requisitions must go to preferred vendors. If they can provide the item, we must purchase it from them unless they cannot meet our requirements, i.e., delivery time, specific item, etc. After the Preferred Source, we are supposed to use OGS (Office of General Services) contracts. OGS pricing can be higher than what we can negotiate on our own or with another vendor. If we are able to get something at a better price, we are supposed to give the OSC vendor the opportunity to meet the price. If they do, we must buy it from them.

SUGGESTIONS RE: Departments of: Human Resources, and Contracts and Procurement

- Transition from paper to computerized programs for transactions.

SUGGESTIONS RE: State Payroll

State Payroll by Ms. Jennifer Del Rosario, Director of State Payroll, and Ms. Patricia Ralph, Assistant Director of State Payroll

- There have been issues with paperwork. Payroll has been consistently moving timesheets to electronic format.
- Numerous timesheets are delinquent, which can lead to the suspension of direct deposit for the employee. Employee will have to pick up actual paycheck at Payroll.
- Delinquent time records also have a negative impact on the financials for the institution.
- Issues with the Time and Attendance system for Work Study students, some of whom work in the Gross Anatomy Laboratory – Dr. Putman, Director of Student Affairs and Dean of Students will work with Ms. Del Rosario on this issue.

Meeting of August 8, 2017

Information Technology and Medical Library of Brooklyn

Information Technology (IT) by Mr. Roy Sookhoo, Vice President and Chief Information Officer of Technology

Accomplishments since January of 2017:

- Replacement of Lotus Notes which had been in place for 17 years
- Electronic Medical Records implemented in Employee Health
- Upgrading legacy phone system
- Plans for redesigning website - backend was done, needs social media presence
- Implementation of Lawson – 2-year roadmap. \$10 million invested and it is still not up and running.
- Kronos implementation making time and attendance management more efficient

- Average 1,900 calls to the Helpdesk per month; 15% abandonment rate for requests.
- Basic Science Building network update because no investment in IT infrastructure for 15 years.
- Cellular coverage in complex is poor – looking to upgrade with wireless throughout the institution via towers which will cost approximately \$1.2 million.
- Marketing research – working with Dr. Pato, Dean of the College of Medicine to implement Google Cloud
- Working to improve wireless access in residence halls
- Implementing electronic application and tracking system in Human Resources
- Blackboard learning system implemented in Cloud
- Curricular mapping
- Upgrading Banner System
- The IT priority is getting Lawson up and running and being utilized as much as possible.
- Review of our current EMR [Electronic Medical Record] system for a more integrated system like EPIC.
- Granting administrative rights to too many people exposes the system to risks.

SUGGESTIONS RE: Information Technology (IT)

- Implementing a system that is all web-based
 - Blackboard, Raisor's Edge, Financial Edge for automating forms for Human Resources and Purchasing
- Analytic solutions to empower end-users to create reports they need
- 3-year road map for clinical applications
- Unpaid invoices
- No data disaster recovery in place
- Aiming for seamless operations

Medical Library of Brooklyn by Dr. Richard Winant, Vice President of Medical Library of Brooklyn

- Simulation Center requires a budget – costs a lot of money to operate, and needs money from the colleges and schools. Existing Center built from other funds.
- Instructors for the simulation center are volunteers
- Library has been drained of book collections in favor of digital media
- Library and Classroom Services to report to Dr. Imperato the beginning of September 1, 2017
- An Assistant Vice President for Library Services will be hired to take over library services and the simulation center.
- Issues with copyright laws. Faculty should be regularly trained about these laws, particularly younger faculty who are not necessarily aware of the limitations on photocopying textbooks.
- Faculty development sessions are done annually.
- The library's digital holdings have approximately 400 Elsevier journals.

- Open-access journals are anchored on websites, and the publishers must agree to allow open access. Peer-reviewed journals are not.
- It was stated that open-access articles were not good for promotion and tenure purposes.
- Violating copyright laws. There is also a concept of “acceptable use” which is interpreted differently at different institutions.

SUGGESTIONS RE: Medical Library of Brooklyn

- The simulation facility could be made available on a rental basis to extramural clinical training programs in order to produce a robust revenue stream. It was agreed that doctors from all around Brooklyn can update their credentials at the simulation center.
- The archives have long been a record storage facility. Suggest the creation of a committee to elaborate a feasible plan for transforming this storage function into a functional archive with appropriate staffing. Suggest that this committee examine the structure, functions, and staffing of divisions of archives at comparable medical centers. In this process, consultant advice may be helpful
- Suggest that the appropriate renovations be undertaken for the space now reserved for the archives, especially ventilation systems, to ensure the prevention of black mold growth.

Meeting of August 16, 2017

University Physician of Brooklyn Practice Plan (UPB) and Institutional Review Board (IRB)

University Physicians of Brooklyn Practice Plan by Dr. William Urban, Chair of the Department of Rehabilitation Medicine

- Article 16 of the Policies and Procedures of the SUNY Board of Trustees defined what a clinical practice plan is.
- A practice plan cannot interfere with bargaining units.
- Chief Administrative Officer is the President.
- Process for exemptions
- Centralized accounting system
- Credential 400 doctors; 163 on payroll
- UPB By-laws
- \$65 million in revenue
- SWOT:
 - Strengths – non-state entity. No union fringe benefits.
 - Weaknesses – finances, payor mix
 - Opportunities – transparency, partnerships, contracting/selling services, regionalization, administrative vacancies
 - Threats – administrative skill sets, other New York Hospitals now operating in Brooklyn

- Hospital is dependent on Medical School infrastructure
- Radiologists are hospital dependent – looking for a mechanism to address this. It depends on how compensation packages work.

SUGGESTIONS RE: United Physicians of Brooklyn Practice

- Market centers of clinical excellence such as transplant services, sports outreach program, and others
- Determine how to charge for services

Institutional Review Board (IRB) by Dr. Phyllis Supino, Chair of the IRB

- A brief overview of the transition from unregulated to regulated human subjects research in the US that provides a rationale and framework for our IRB.
- A description of SUNY DMC IRB's mission (to protect the rights and welfare of human subjects in research), its composition (2 standing committees, 1 "emergency committee" to address issues of investigator non-compliance/other urgent matters), and our approval process. All actions of the IRB are guided by principles set forth in the Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research by the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (1979), and conform to all applicable federal, state, and local laws and regulations.
- An overview of temporal variations in IRB submissions (tripled: 2014-2016)
- A listing of changes and initiatives during the past 2+ years:
 - An amplified IRB Steering Committee, focused on identification and resolution of critical regulatory/policy issues.
 - A new IRB Chair (Dr. Supino), with substantial previous leadership experience in IRB-specific issues, research methodology, and clinical trials and epidemiological/educational investigations.
 - A new Executive Director (Mr. Kevin Nellis) and IRB office staff (3 staff members replaced).
 - Addition of new IRB faculty members (including clinicians from various departments and DMC Schools) and research methodologists, i.e., clinical epidemiologists and biostatisticians) as well as removal of underperforming members, to improve quality of reviews.
 - A new "Pre-Review" option available to all investigators (by Chair, Executive Director, Administrative staff).
 - Changes to format of Convened meetings; reviews restructured for efficiency.
 - A new "Post-Review" process: Chair/Vice Chairs personally review and edit, as appropriate, all letters to PI's based on results of convened meetings.
 - A new Website and newly crafted IRB policy manual.
 - New forms and consent templates to simplify the submission process.

- New investigator guidance (16 documents) posted on IRBNet including tips on How to Write a Research Protocol (by Dr. Supino), and a Decision Aid (by Mr. Nellis) to facilitate the IRB submission process.
- New checklists (developed by Dr. Supino to provide guidance/structure for Scientific Review Committee [SRC] review, pre-IRB submission), an IRB review checklist [currently pilot] to guide IRB member reviews).
- New educational opportunities, lectures, and seminars on research regulation, methods and ethics for faculty investigators, residents, other trainees.
- A new monitoring/audit program (w/OCAS) to address issues of non-compliance.
- A new Research Education Subcommittee, chaired by Dr. Supino, formed to identify unmet IRB-related educational needs of the DMC academic community (including investigators and reviewers). This Subcommittee has developed and will soon administer a web-based campus-wide Educational Needs Assessment.
- Departments without SRCs may rely on SRCs from other departments
- IRB does not want to be in the role of determining scientific merit. The IRB will, however, offer suggestions and will weigh in on merit (including appropriateness of methodology) when an SRC fails to reach consensus.
- For new studies, modifications may be requested of investigators to clarify or strengthen a protocol and suggested changes may be made by administrative staff to consent forms to improve their readability and/or ensure their conformity to legal template language.
- Requests for modifications of Continuing studies are rare and are recommended only if necessary for conformity with existing regulations.
- There is a charge for translation of consent forms for subjects with limited English proficiency (LEP subjects).
- Oversee Quality Improvement initiatives if they are intended to produce generalizable knowledge. If required or requested, the IRB may also refer these investigators to DMC statisticians to improve analytic processes.
- Plans are underway to replace IRBNet with CLICK, a more intuitive IRB management system.

Current Challenges Faced by the IRB

- Investigators conducting research without IRB approval.
- Poor quality of some IRB submissions, causing increased turn-around time.
 - Protocols/applications/other documents internally inconsistent
 - Consent forms not readable (organization, language, length)
 - Weak study designs/statistical methods (among “home-grown” studies)
- Ancillary reviews (IBC, Pathology, Pharmacy) = a barrier to efficiency.
- Variability (quality/timeliness) of SRC reviews (IRB occasionally requires post-SRC design revisions in order to meet regulatory standards).
- IRB membership: lack of adequate incentives = a barrier to recruitment/sustained involvement; need for additional resources and training, committee members were diverse with regard to prior training.

- Researchers have claimed IRB had been too intrusive and tried to regulate scientific method.

SUGGESTIONS RE: Institutional Review Board (IRB)

- IRB would like studies to be adequately reviewed by departmental Scientific Review Committees (SRCs) to ensure that their scientific methods are valid.
- SRCs should be in all departments and schools.