

FACULTY AND PROFESSIONAL STAFF OF THE COLLEGE OF MEDICINE Minutes of the Semi-annual Assembly

April 18, 2012

Presiding Officer Miriam Feuerman called the meeting to order.
Minutes of the previous meeting (November 9, 2011) were unanimously accepted.

President's Report

SUNY Downstate has acquired Long Island College Hospital. It is now a branch of University Hospital of Brooklyn; from a legal perspective it is fully incorporated. There will be two campuses. The merger/acquisition has gone well. The challenge for us is to make sure that we can make both the University Hospital and Long Island College Hospital successful because we need the revenue in order to support the educational programs in the medical school.

Several years ago Downstate acquired a portion of the emergency room and some beds at the old Victory Memorial Hospital. Victory Memorial Hospital was closed both by bankruptcy and by the first integration of the Berger Commission, which closed hospitals around the state. It turns out that many of the physicians who practice at Long Island College Hospital also practice in Bay Ridge. We are in the process of working with a consultant to determine how to divide up services among the three properties. Currently we have an urgent care center and several ambulatory centers at the Bay Ridge site. The future plan is to open an emergency room there; serious problems would be sent to LICH.

The four SUNY Academic Medical Centers (Stony Brook, Downstate, Buffalo, and Syracuse) formed a collaborative alliance two years ago called SUNY Research. Each medical center put up \$100,000 a piece to launch this. The Research Foundation contributed \$100,000 as well. The money has been invested and we have accumulated thus far over 10 million dollars in research funding. It's been extraordinarily successful. It's been very collegial and it is a great opportunity for us to talk with each other about common problems. The SUNY School of Optometry is also a part of this alliance. Drs. Brunken, Lazzaro and others formed the SUNY Eye Institute. It has been very successful. We are going to use Stony Brook as the center for clinical trials record keeping because they have a system in place and much better resources.

Dean's Report

The full time basic science faculty only increased by one from 118 to 119. The full time clinical faculty increased from 631 in 2004 to 724 in 2010. NIH Research funding has increased by 39% since 2006. There has been an increase in student applicants. Our students are doing well with the MCAT.

2004 - VR SCORE = 9.60	2010 -VP = 9.8
PS SCORE = 10.20	PS = 10.80
BS SCORE = 10.30	BS = 11.20

WS SCORE = M WB = Q
Applicant #s = 3,230 #s = 5351 *
* 66% INCREASE

Dr. LaRosa mentioned the SUNY reach endeavors. It's a natural for the SUNY schools to get together. The whole initiative started on this campus when Drs. Lazzarro and Brunken met with Dr. Barlow from Syracuse.

Through the SUNY research initiative, Downstate was able to obtain two grants in the fields of Optometry and Neurology. Dr. Jack Aranda is working with the Vision Institute and their study is a molecular and clinical Pharmacology of Retinopathy of Prematurity, a big problem for our patients. Dr. Steve Levine has developed a neuro clinical trials network to look at strokes, a major problem for our community as well. Those two grants alone are worth \$4.3 million. There is a huge potential for growth in research funding by calling on the strengths of the SUNY wide system.

Our students are doing very well on the national boards. The passing rate for first time takers of Step One is 94%. All the other Canadian and US schools average 91%. In Step Two, we had a passing rate of 99.5% with one failure in the written exam. Currently, we are not achieving high marks on the clinical skills exam. One of the problems is that we don't give our students enough experience with standardized patients. In the new building we will have better facilities for standardized patient experiences.

There will be ground breaking next year for the new building. It should be finished in the academic year 2015-2016. It will be in front of 450 Clarkson Avenue.

Tuition and fees have gone up substantially as the State has pulled back support. The GME office did a magnificent job with the ACGME site visit. We have been granted five years accreditation.

The LCME site visit is scheduled for February 24th- 27th 2013. We're going to have a secretarial visit to prepare us for the self-study on November 21st. A steering committee has already been formed and we're in the process of establishing the self-study task force. It is very important that we're prepared for the LCME.

SEFA

Leslie Rogowsky asked the audience to donate to SEFA. For more information, please go to www.downstate.edu/sefa.

Curriculum Renewal

Dr John Lewis presented on Dr. Sass's behalf

The committee has revised the competencies and goals as follows:

1. **Domain of Patient Care**
 1. Medical History Taking
 2. Physical Exam
 3. Clinical Testing
 4. Diagnostic Reasoning
 5. Management Plan; preventive, therapeutic, palliative
 6. Prognosis and Shared Decision Making
 7. Clinical Procedures
 8. Clinical Information Management
2. **Medical Knowledge**
 1. Biologic principles
 2. Molecular, biochemical and cellular processes
 3. Underlying causes of disease and disability
 4. Need for further scientific investigation
 5. Principles of pharmacology and therapeutics
 6. Principles of diagnosis of diseases and disorders
3. **Domain of Practice Based Learning and Improvement**
 1. Learning from Patient Care Experience
 2. Using Information Technology
 3. Evidence Based Medicine / Critical Appraisal of Biomedical Literature
4. **Domain of Interpersonal and Communication Skills**
 1. Doctor Patient Relationship
 2. Patient Centered Communication Skills
 3. Verbal Communication with colleagues
 4. Collaboration with other Healthcare Professionals
5. **Domain of Professionalism**
 1. Personal/Professional Development
 2. Medical Ethics
 3. Cultural Competency
6. **Domain of Systems Based Practice**
 1. Impact of social factors on patient participation in healthcare
 2. Healthcare Delivery Systems and Medical Practices
 3. Patient Safety
 4. Determinants of health conditions and inequities

We are delighted to have Dr. Papp with us to assist us with assessment and the new curriculum.

CAPQ

Dr. Lazzaro introduced the current members of CAPQ:

- Dr. Audree Bendo
- Dr. Clinton Brown
- Dr. Helen Durkin
- Dr. Douglas Lazzaro, Chair
- Dr. Lisa Merlin
- Dr. George Ojakian
- Dr. Nicholas Penington, Vice Chair

- Dr. Christopher Roman
- Dr. Rebecca Twersky
- Dr. Robert K.S. Wong
- Dr. Shahriar Zehtabchi

In 2011-2012 there were 26 promotions and/or employment and seven tenure recommendations reviewed and the new outside affiliations have brought many more applications to review; they are being handled at a pretty fast pace. To date there are 50 active dossiers that contain letters of justification from the chairs, CVs and reprints and four tenure reviews in process. The CAPQ would like to stress the importance of a clear and updated CV. This only ensures a fair review of the candidate's qualifications. If the scholarly activities and teaching and service information are not clear, the recommendation will be tabled for clarification and the faculty member will be asked to provide a clearer CV in the required format.

CEPC

Dr. Eisner introduced members of the CEPC committee.

Dr. Lee Eisner (Cell Biology)	Ms. Sue Hahn, MS2
Dr. Yaacov Anziska (Neurology)	Ms. Kristin Twomey MS2
Dr. Mert Erogul (Emergency Medicine)	Ms. Celina Brunson MS3
Dr. Sabina Hrabetova (Cell Biology)	Mr. Elvedin Lukovic MS3
Dr. Jenny Libien (Neurology and Pathology)	Mr. Daniel Cucco MS4
Dr. Steven Ostrow (Radiology, Cell Biology)	Ms. Shelly Regev MS4
Dr. Rikki Ovitsh (Pediatrics)	Mr. Joshua Lampert MS1
Dr. Katherine Perkins (Physiology and Pharmacology)	Mr. John Odackal MS1
Dr. Bram Trauner (Medicine)	

CEPC activities in 2011 have included:

1. Updating the mission statement and specific areas of interest for CEPC.
2. Creating a new set of guidelines for faculty who propose new non-credit or credit-bearing electives.
3. Initiating a compilation and analysis by the Registrar of elective registration data (in process).
4. Recommending requiring the completion of an evaluation at the end of each elective.
5. Developing a survey by our MS4 members to send out in early 2012 to current MS4 students to evaluate electives they have taken.
6. Investigating the use of Career Exposure Opportunities for students and confirming their status as non-elective, non-credit-bearing and not requiring registration.
7. Developing a list of recommended electives for each specialty (in process).
8. Recommending development of a survey of Downstate grads at the end of PGY-1.
9. Reviewing the results of 6 years of surveys of Residency Program Directors on their evaluation of Downstate graduates during PGY-1 and recommending revision or addition of survey questions to elicit more useful information.

Respectfully submitted,

Kathleen E. Powderly, PhD