

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

**November 14, 2012**

Presiding Officer Miriam Feuerman called the meeting to order.  
Minutes of the previous meeting (April 18, 2012) were unanimously accepted.

**President's Report – Dr. LaRosa**

Dr. LaRosa discussed the history of Downstate and University Hospital including the relationships with Kings County and Long Island College Hospital. He stated that this is a difficult time for academic medical centers as no one knows what the future holds. We are working with a consultant now to try to figure out what to put on this campus, what to put at LICH and how we're going to integrate Bay Ridge. We do not know how much time we have and if we have enough time in order to do this financially? What are we going to do with the Affordable Care Act when it rolls in? Most public hospitals are going to be badly hurt by the Affordable Care Act. We're working very hard to make this work.

**Dean's Report – Dr. Taylor**

Dean Taylor stated that Downstate had a phenomenal increase in applicants according to the AAMC. Downstate has a very unique student body that reflects the community we're embedded in, and the community we care for. Based on the AAMC data from the last graduate survey, 25% of Downstate's students were born outside the United States. Over 40% of them reported that English was not their native language. Dean Taylor reported that Downstate has gone up from a little over 3,000 to over 5,000 in the last six years, and compares the increase in the national poll according to the AAMC of only 17%. Dean Taylor stated that there is something that's been happening at this school that's made us attractive to medical applicants. In fact, 99% of our students match this year, compared to 95% nationally, and we're in the top decile over a solid number of years. One of the factors is that the students have done phenomenally well in Step One in the last six years. We had one bad year, which just happened to come before the last LCME visit in the 80's. We have also had 100% pass rate, which was never seen before in first time takers. In the residency directors' reports, our students perform much better in a clinical setting than those from most other schools. We have to acknowledge King County because our students get a phenomenal exposure to clinical care there. Based on the AAMC data, even though the students are doing tremendously well, the students "ding" us on our curriculum, and Downstate is in the bottom decile in the way they feel about the integration of the curriculum. One issue that has been raised is why are we going through curriculum reform when our students are doing so well on the exams? When the LCME visits in February, they will have discussions with the students. The question may be asked: why are the students dissatisfied with the curriculum even though they're performing well. Since one of the examiners of the LCME is a psychiatrist, there may be a lot more questions on how students are feeling about the environment that they're taught in.

Dean Taylor stated that Downstate has a high rate of graduates who go on to serve, and to practice in underserved communities. Some of our students practice in the same community that they live in. Based on the data from the New York Dean's, Downstate graduated 155 New York residents. It is more than twice the number of New York residents that Columbia and Cornell graduated combined. The state is starting to realize how important the SUNY schools are to the physician workforce in New York State. AAMC reported that Downstate ranks 8<sup>th</sup> in the nation in terms of the graduates who become faculty members of academic medical centers. Downstate is ahead of John Hopkins, NYU, UCSF, Cornell, Yale, and Duke. Downstate ranks 11<sup>th</sup> in terms of sitting chairs above Yale, Stanford, NYU, Duke, and Vanderbilt. If one excludes the three traditionally African American medical schools, Downstate ranks 1<sup>st</sup>

in terms of the percentage of underrepresented faculty. Also Downstate ranks 5<sup>th</sup> in terms of graduating African American physicians.

Based on the SUNY Research Foundation data, Downstate had a 46% increase in federal research expenditures in the last four years. Downstate lost some faculty members but was able to recruit some new faculty. The existing faculty has become more productive in terms of research. This helped Downstate move from last to second in terms of federal funded research in the SUNY system.

The 4<sup>th</sup> annual center wide faculty development symposium, which took place on April 10<sup>th</sup>, was successful. The 1<sup>st</sup> annual faculty career development conference will occur on May 1. Downstate has a faculty development lab down in the library. These programs are designed to help people through the SUNY promotion and tenure system. On May 7, there will be a clerkship directors and coordinators faculty development conference at the Student Center

### **New Curriculum Report**

#### **Dr. Lewis reported on the following:**

Foundations period has been divided into six units. They are:

Unit One – Systems Overview: Human Structure and Function

Unit Two –Basis of Disease I: Molecules to Cells

Unit Three – Basis of Disease II: Infection and Host Defense

Unit Four – Body Systems I: Gastrointestinal, Endocrine, Reproduction and Sexuality

Unit Five –Body Systems II: Cardiovascular, Respiratory, and Renal

Unit Six-Body Systems III: Brain, Mind, and Behavior

One of the basic changes is going to be this integration during the Foundation years. In the first eighteen months of a student's experience, normal and abnormal will be combined. This will create a kind of culture change for both students and faculty where we align ourselves more with a student-centered learning environment, rather than a faculty-centric teaching experience.

Students will have to take more responsibility for their own learning under the support of the faculty. Students are expected to get away from the model of learning that they are used to in high school and college and take charge of their own learning. There will be active learning methods, where the students are actually engaged, and using knowledge, which is intended to drive their understanding to a higher cognitive level instead of just retrieval of memorized material. The goal behind this is to promote an active approach to learning. This will develop a good preparation for them for the clinical years. Lectures will not be abolished. Lectures will still form an important part of the curriculum, but we should think about the lectures being more effective from a student point of view by making them more interactive. There will be small group modalities based on CBL. There will be anatomy labs, histopathology labs, microbiology labs, POPS (patient orientated problem solving exercises). These will be very useful components in which students can work in groups to develop their knowledge under supervision and with appropriate materials. Team Based Learning is one of the methodologies that evidence has suggested is effective in helping students to develop higher cognitive understanding and much better retention of materials. It is the intention to continue to develop Team Based Learning, exercises throughout the curriculum. There has been a pilot run for Team Based Learning. The clinical skills development will begin on day one. Students will participate in the doctoring experience.

#### **Dr. Macrae reported on the following:**

July 9 will be the beginning the implementation of the new curriculum. There will be three structural changes. The first structural change is that the core clinical year will be divided into four twelve week blocks. Each twelve-week block is going to contain two-paired clerkships:  
Medicine and Primary care

Surgery and Anesthesia  
Pediatrics and Women's health  
Psychiatry and Neurology  
This pairing is to allow future development of integrated teaching.

The second structural change is that each student is going to have two elective blocks, i.e. two week blocks in each half of the year. In the current schedule, some of the students have elective time in third year, but most do not. In the new curriculum each student will have two of these elective blocks. This is to help students in career planning. Residency application season is moving earlier and for students who haven't decided what they're going into until the summer of fourth year, time is extremely short to make a very important career decision. Ophthalmology, for instance, has no required rotation through the fields, and no exposure to it in the third year. There is no opportunity to go and take a look at it until the summer of fourth year. With this structural change, students will have a chance to enroll in these electives earlier.

The third structural change is the longitudinal extension of the Primary Care Clerkship. The Primary Care Clerkship currently is a six-week block. It's going to a four-week block structure, with a twenty-four week longitudinal extension, running through Medicine, Primary Care, Surgery, Anesthesia, and an elective. During that longitudinal extension of Primary Care, the student will be assigned to a clinical site, where they will go one-half day per week. This gives the student an opportunity to follow patients over time.

## **Bylaws**

Bylaws committee: Violet Price, Scott Miller, Miriam Feuerman, Rauno Joks and Allen Norin(Chair).

Dr. Norin reported on the proposed changes in the Bylaws.

Removed sections indicated by *italics*, added sections indicated by underline.

Page 8,

a) Chairperson. a) The Presiding Officer of the FPACM shall be the Chairperson. In his or her absence, the Presiding Officer Elect shall preside. In the event both Presiding Officer and Presiding Officer Elect are absent, the Secretary shall preside at meetings and shall designate a committee member to act as Secretary. In event that the current officers of the Executive Committee are not present then the immediate past president shall preside.

Page 10 e) "The Executive Committee shall ensure that resolutions affecting center-wide activities are communicated to the FPACM and to the Faculty and Professional Staff Assembly of the Medical Center (FPAMC) for its consideration and action before referral to the President or Dean." and j) They shall select from their own membership eight individuals, one of whom shall be from the Professional Staff and one Faculty member from an affiliated hospital in addition to their officers to serve as College of Medicine representatives on the [Center-Wide (CFPS)] FPAMC.

A change in the Bylaws covering CAPQ is recommended since there is a duplication of responsibilities with the Faculty and Professional Staff Personnel Policies, Promotions and Appointments sub committee (PPPA) in that both committees are currently responsible for developing and recommending qualifications for promotion (page 12 and page 19 of the Bylaws).

## **Faculty and Professional Staff Personnel, Policies, Promotions and Appointments (PPPA)**

Functions of PPPA:

The Sub-Committee shall review periodically all personnel policies pertaining to the College Faculty and Professional Staff including the review of the performance of departmental chairpersons to ensure consistency with the Policies of the Board of Trustees of the State University of New York.

The Sub-Committee shall develop, recommend, and assist in implementing policies dealing with promotions, appointments, work-loads, faculty-administration relations, and associated matters in the College and make its recommendations to the Executive Committee.

The Sub-Committee shall develop criteria for designation of the Professional Staff not covered in the contract negotiated under the Taylor Law.

Page 12: PERSONNEL POLICIES, PROMOTIONS AND APPOINTMENTS (PPPA) SUB-COMMITTEE

b) The Sub-Committee shall develop, recommend, and assist in implementing policies dealing with promotions, tenure, appointments, work-loads, faculty-administration relations, and associated matters in the College and make its recommendations to the Executive Committee.

**Functions of: Committee on ACADEMIC AND PROFESSIONAL QUALIFICATIONS (CAPQ)**

a) The Sub-Committee shall establish procedures for its operations and submit such procedures to the Executive Committee for its approval.

b) *The Sub-Committee shall develop criteria of qualifications for each rank and for attainment of tenure in consultation with the Dean and submit such criteria to the Executive Committee for its approval.*

c) Procedures of operations and qualification for each rank and attainment for tenure shall be attached to the minutes and be made available in the SUNY-DMC Archives following approval of the Executive Committee.

d) The CAPQ shall review the credentials of individuals presented for appointment and/or promotion to the rank of Associate Professor or Professor and for all individuals presented for continuing appointment (tenure), and make recommendations to the Dean for action.

**Procedures for Recommendations for Tenure and Promotion**

d) The CAPQ shall review the credentials of individuals presented for appointment and/or promotion to the rank of Associate Professor or Professor and for all individuals presented for continuing appointment (tenure), and make recommendations to the Dean for action.

Page 19: Committee on ACADEMIC AND PROFESSIONAL QUALIFICATIONS (CAPQ)

b) The Sub-Committee [*shall develop*] may suggest changes in the criteria for qualifications for each rank and for attainment of tenure in consultation with the Dean and submit such criteria to the Faculty and Professional Staff Personnel Policies, Promotions and Appointments Sub-committee and to the Executive Committee.

**Nominations**

Drs. Maja Nowakowski and Ivan Bodis-Wollner are Co-Chairs of the Nomination committee. They presented candidates for the 2012 election.

## Executive Committee Candidates

Presiding Officer-Elect	Allen Norin	Cell Biology
Secretary	Kathleen Powderly	Medical Humanities
Basic Sciences	Helen Durkin	Pathology
	Shirley "Lee" Eisner	Cell Biology
Clinical Sciences	Ivan Bodis-Wollner	Neurology/Ophth
	Margaret Hammerschlag	Pediatrics
	Ivan Hand	Pediatrics
	Michael Lanigan	Emergency Medicine
	Paul Maccabee	Neurology
	Eric Morley	Emergency Med
	Michael Secko	Emergency Med
	Anjali Sharma	Medicine
	Rebecca Twersky	Anesthesiology

## Standing Subcommittees of the Executive Committee

Bylaws	Allen Norin
CEPC	Lee Eisner
Faculty and Professional Staff	<b>Vacant</b>
Nominations	Maja Nowakowski and Ivan Bodis-Wollner
Research, Resources and Budget	Helen Durkin
Student Activities	Kathy Powderly
Student Admissions and Promotions	<b>Vacant (potential candidate)</b>

## **Faculty-Student Relations**

Dr. Kathleen Powderly (Chair) reported that the Executive Committee has encouraged faculty to support positive student experiences such as the Brooklyn Free Clinic. Matt Riscinti and John Mazer, MS1s, presented on behalf of the Brooklyn Free Clinic. The Brooklyn Free Clinic is comprised of College of Medicine students and CHRP students. There is a physical therapist, which on duty. BFC provides free health care to uninsured residents of Brooklyn. The BFC is located in Bedford-Stuyvesant. The students described the work of the clinic and expressed gratitude for the support of the faculty for their work.

Respectfully submitted,

Kathleen E. Powderly, PhD  
Secretary, Executive Committee, College of Medicine