Faculty Senate Meeting				
MINUTES	11/23/10		LOCATION: LH2	
CHAIRMAN	Dr. Roy Steigbigel			
RECORDING SECRETARY	Holly Ruttenberg			
MINUTES	Minutes from the 10/26 th meeting were approved as written			
TOPIC	E-Mail security			
DISCUSSION	 The Faculty Senate Committee has been discussing the e-mail security issue for approximately a year. The concern is about faculty sending e-mail messages containing patient information to other faculty members. The immediate solution that was discussed is that they be encrypted. The problem with this it is difficult for people who are on clinical services to work from their own computer all the time. This month, a sub-group from the Faculty Senate met with Tom Consalvo and Stephanie Musso, and came up with a straightforward, simple solution, which is to type the hand-off in a word document, and password protect the document before it is enclosed in an e-mail. Each department would create their own password that would be used both for creating and opening documents. If the document were to be sent to a physician in a different department, the password could be sent via text, or in a separate e-mail (it is important that the password is not in the same e-mail as the document). In order to password protect a document, go to the window button, choose prepare and encrypt document, then type the password. One password per department would always be used for creating or opening documents. Tom Consalvo and Stephanie Musso will encapsulate instructions in a document with screen shots demonstrating how to password protect a document. They will include instructions for 2003 and 2007 versions. Implementation Dr. Steigbigel brought this solution to the Faculty Senate today for audience, comment and vote. 			
CONCLUSIONS	Motion: All documents requiring patient information will be required to be typed in a password protected word document. Each department will have their own password that will be used both for creating and opening documents. If the hand-off is sent to another department, the password will be texted, sent in a separate e-mail or given by phone. The vote passed with a majority in favor, none opposed and 3 abstentions. Dr. Steigbigel asked those who abstained to give any suggestions they may have for a better solution for consideration by the Faculty Senate.			
ACTION ITEMS		PERSON RESPONSIBLE	DEADLINE	
communicating this in	will help with implementation of the new e-mail security solution by formation to their departmental chairs. Each chair will decide on a the process at a departmental meeting. Every department must have ruary 1st.			
TOPIC	GME- Fred Schiavone			
DISCUSSION	 Changes in GME and requirements as of July 1st, 2011 The Designated Institutional Official (DIO) is the one person at an institution responsible for all GME and policies regarding graduate education. GME has evolved since the 1970s and 80s. Faculty have not had experience in the new environment the residents will be asked to function in starting in July. In the past, there was no real structure in graduate medical education. Training was based on what each program wanted to do individually. There was no institutional oversight or written curriculum The ACGME starting taking over all the programs, and the resident review committees RRC are part of the ACGME 			

- The Libby Zion case in the early 90's set the course of change in the way Physicians are trained. The case was about a junior resident who saw a patient without any supervision and the patient died as a result of a procedure that was performed by the intern working with the patient. The intern didn't get adequate rest before seeing the patient. As a result, US and NYS laws changed regarding duty hours and maximum time residents could train at one time.
- Over the last 15 years have auditors come in and interview every resident working in the hospital and ask what their duty hours are.
- What was ignored was that the resident was not supervised by any senior or attending MD. This has taken twenty years to become a significant indication in ACGME.
- The ACGME started implementing competencies into the residency programs in 2000. Programs are required to have objectives that are competency -based, teaching and assessing such things as knowledge, skills, attitudes and behaviors.
- Formal educational programs are required for all residents. The DIO is responsible for showing that their institution and all residency programs commit to strict educational models similar to any other kind of learning environment. Learning environment is a key issue of what the LCME is looking at in residency programs and especially undergraduate medical education. It is important to have real outcomes and identify what and how they are being measured.

Faculty Supervision

- It is important to change the way faculty supervise the more junior type of resident, concentrating specifically on the interns.
- Quality Improvement and patient safety programs have also become key. These stress topics such as duty hours, fatigue, recognition, naps and ways to reduce fatigue.
- Professionalism and personal responsibility are key issues that have become areas of focus. Appropriate oversight of attending supervision of residents has also come to the forefront. It is essential for faculty to have specific measures in the way they evaluate the residents. Formative and summative evaluations are needed.

Changes will be implemented as of July 1st 2011

- Stony brook must be ready with the right duty hours, schedules, number of attendings, supervisory roles and curriculum that is needed.
- Professional and personal responsibility, teamwork, team teaching, and patient safety initiatives must all be in place.
- The school is currently working on a gap analysis to see what he programs need to have added to our learning environment in order to be compliant with the 2011 requirements and make better programs. We must have a strategic direction aimed at improvement.
- Dr. Schiavone distributed a handout to the committee listing the new requirements as of July. The new requirements have a change in language from the 2003 requirements that highlights attention to attending supervision and defining resident workload including what kind of caseload residents would be able to take on.
- Specific language regarding supervision- set tone where faculty are responsible for proper supervision. The milestones project outlines how to determine at what level residents are capable of performing with these different types of supervision. Each specialty defining what resident should now after a specified amount of time. All these need to be further defined.
- Attention will be given to when and how residents can be supervised in various degrees. Direct supervision (standing next to resident), Indirect supervision on site (somewhere available nearby), indirect supervision on phone and oversight supervision.
- The ACGME didn't make significant changes to the duty hours which are still 80 hours a week and 1 day off in 7. The main focus that they paid attention to was not to overwork the interns. Teaching teamwork, defining professionalism and personal responsibility was also emphasized.
- Patient safety including such issues as transition of care, and alertness management are addressed.
- Implications- residents not pursuing supervision at appropriate times might contribute to adverse outcomes in patient care. This is a great concern.

Dr. Schiavone stressed that the handout highlights the areas addressed in the new requirements. He also distributed a guide for attending supervision.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
There will be a faculty retreat focusing on faculty supervision and patient safety initiatives on April 2 nd .		
Stony Brook is starting a campaign in ways in which to assure proper attending supervision for		

the residents and pro	ovide outstanding care for patients.		
TOPIC	Committees of the Faculty Senate- Mary Kritzer		
DISCUSSION	 The Executive Committee and Faculty Senate have committed to take the lead role in addressing problems and finding solutions. The Executive Committee and Faculty Senate are also responsible for oversight of the 8 standing committees of the Faculty Senate, including compliance in terms of membership. A new system has been developed in which each chair of the standing committees will come to an Executive Committee session. Prior to the session, they will answer a series of questions regarding issues the Executive Committee asks them to address in preparation for coming to the full Faculty Senate. This way, final reports will be more contemporary and up to date. These Faculty Senate sessions should become working sessions. Mary Kritzer asked the committee to think about what issues particular standing committees should be addressing. She also asked them to consider changes in the ways the standing committees do business and how the faculty Senate will interact with them. The hope is to revitalize all these groups. There has been a positive response from the standing committees about this. The Student Affairs Committee needs work. Roy Steigbigel wrote to the Dean and asked him to suggest a chair and repopulation of this committee. 		
CONCLUSIONS	 Moving forward, the focus is to have more agenda items for this group and find solutions to more problems. The Faculty Senate has ability to have a major impact on the school in a positive way. Mandates of the standing committees are available on the Faculty Senate Website. 		
ACTION ITEMS		PERSON RESPONSIBLE	DEADLINE
for the committees of AGENDA TOPICS (NEW BUSINESS)	ulty Senators e-mail her or Dr. Steigbigel with suggestions for agenda items of the faculty senate.		
TOPIC	Final reading of changes to the bylaws-Mary Kritzer		
DISCUSSION	Dr. Kritzer thanked the committee for voting on the previous batch of proposed bylaws changes. These all passed. The final item that was introduced for the first time at the last meeting was the request to increase membership of the representatives from the clinical affiliate sites on the Curriculum Committee from 1 to 3. This is looking forward to the increased activities of extra Stony Brook sites, and the hope that members from these sites will feel included in Stony Brook committees. This is the second reading of the proposed bylaws changewhen we have this completed the updated bylaws will go on the website.		
CONCLUSIONS	Motion: increase number of Curriculum Committee members from clinical a	ffiliate sites from 1 to 3	
ACTION ITEMS		PERSON RESPONSIBLE	DEADLINE
A follow -up e-mail v	ote regarding this motion will follow.		
ATTENDEES	Attendance: Present: Marcia Tonnesen, Lilianne Mujica-Parodi, Howard Sussman, Vrajesh Pate Randall Susman, Joav Prives, Paul Fisher, Frank Stellaccio, Dennis Galanakis, Rabed der Velden, Clem Roque, Maryanna Mason, Richard Bronson, Andrew Francis, La Frank Seifert, Thomas Bilfinger, Sidonie Morrison, Mary Kritzer, Fred Schiavone Absent: Leon Moore, Todd Miller Raafat ElMagrabi, Thomas White, Evan Jones, Ricl Weiss, Tae park, Ed Weissman, Ed Oberstein, Hussein Foda, Atul Kumar Humaira	ca Spiegel, Lynette Dias, Laurie Kruura Fochtmann, Deborah Weisbrot nard Clark, Michael Egnor, Arthukr F	ug, Erich Mackow, Andianus van , Lorne Mendell, Howard Adler, Rosiello, Manal Soliman, Tamara

	Robert Reilly, Wil Lieberthal, Janice Lu, Harmeet Narula, Rula Balluz, Traci Downs, Patricia Galvin- Parton, Joseph Puccio, Nicholas Weatherly, Dave Krause, Nate KleyCarlos de los Santos, Sanford Simon, Ken Marcu, Zvi Jacob, Mihai Sadean, Mwata Dyson, Syed Shah, Walter Backus, Meenakshi Singh, Richard Kew, Jingfang Ju Silvia Spitzer, Tahmeena Ahmed, Gail Schuman, Iris Granek, Catherine Messina, Ray Goldstein, Wei Xing Zong, Elaine Gould, Marlene Zawin, Carl Tack Michael Lydic, Roman Kotov, Joseph Blader, Nisson Schechter, Lester Kallus, Scott Johnson, Chris Carleo, Ruth Ann Miles, Mark Shapiro, Alexander Dagum, Antonios Gasparis, Julie Tsai, Robert Honkanen
NEXT MEETING	January 25 th , 2010

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