

**Stony Brook School of Medicine**  
**Faculty Senate Meeting**  
**March 18, 2003**  
**Dr. I. Krukenkamp – Presiding**  
**Dr. J. Weisberg – Secretary**

Faculty Senators present (see sign-in sheets)

Meeting Commenced: 5:05 pm.

Dr. Krukenkamp introduced meeting and Dr. Edelman

- 1) Dr. Edelman
  - A) Moment in remembrance of Dr. James Davis, Professor and Chair of Neurology, his wife Francine and their daughter Amanda who were killed when the small plane Dr. Davis was piloting crashed in the mountains of North Carolina while taking Amanda on a book signing tour.  
Not a memorial, but there will be formal memorial at a future date, to be announced  
Dr. Edelman described Dr. Davis as the “Complete academic physician”
- 2) Dr. Schiavonne-Match Week  
First time in recorded history every one of our students placed.  
Our Residencies also did very well-only a few did not fill their slots completely
- 3) President Kenny- Dean’s Search Process
  - a. Thanks to all on search committee
    - i. Outstanding candidates
    - ii. Candidates waiting to negotiate until they and she has a fuller understanding of CPMP structure. All had similar questions about CPMP.
      1. Will have consultants to look at CPMP.
        - a. Awaiting proposal; wants it to occur quickly
        - b. Once results of the consultant’s report are in, she will negotiate with the candidates
- 4) Peter Williams-Educator/Clinical Scholar Track
  - a. Thanks to those who put it together
  - b. Process
    - i. Came about from a strong recommendation from the Faculty Retreat.
    - ii. Reviewed by Curriculum Task Force
    - iii. Curriculum Committee- Sub committee
    - iv. Executive Committee – Faculty Senate
    - v. In June sent draft out again and got 15 responses - meeting to discuss how to do this.
    - vi. Asked AP & T committee- 3 people attended.
      1. Reviewed all of criteria
        - a. Approved by Course Directors, Curriculum Committee, Executive Committee
  - c. Need to Recognize and Reward teaching faculty
    1. Dr. A. Katz Put forth motion to pass the Educator/Clinical Scholar Track
    2. Dr. W. Benjamin Seconded the motion
    3. The motion passed with 42 in favor, 3 opposed and no abstentions.
- 5) LCME Site Visit-Dr. Jungers
  - a. 1<sup>st</sup> full visit since 1996. There was a limited site visit in '99 due to concerns with:
    - i. Design, management of curriculum and outcome measures.
    - ii. Student Issues

- iii. Need to improve student affairs
  - iv. Inadequate facilities, securities
  - v. Minorities under represented.
- b. Concern
- i. Lack of resources
  - ii. Lack of long term stability of the school
  - iii. Lack of faculty development Program
  - iv. Vacancies in several departments
- c. '99 Continuation of accreditation - areas of concern
- i. Management: evaluation of education programs
  - ii. Commitment to and results in enhancing student body.
  - iii. Functional office and satisfaction with office student affairs
  - iv. Improve facilities for teaching
  - v. Financial status and prospects of the SOM
- d. Current Concerns (see handout page 2)
- i. Financial support eroding (mostly from NY State)
  - ii. Decrease in faculty morale, especially clinical faculty
  - iii. Need to recognize excellence in teaching
    - 1. Just made a step towards that in passing new tenure track
  - iv. Physical Plant is aging
  - v. Insufficient funds for IT and media services
  - vi. Transition- New Dean questionable support for the new Dean
- e. Recommendations (see LCME handout)
- f. From Dr. Wagoner (Mock site visit)
- A). Anticipate areas of concern and scrutiny
- 1. Oversight and management of curriculum.
    - a. History of non-compliance (no clear outcome measures)
    - b. 2 separate committees or task forces- (curriculum Committee vs. curriculum task force)
    - c. How to effect change.
  - 2. Governance
    - A Status of new dean search
    - b. Clarification of responsibilities of the VP of HSC and the Dean.
    - c. Faculty participation in governance
    - d. Office of medical Education
      - i. Staffing issues and critical mass
    - e. Student Affairs and Financial Aid
      - i. Confusion areas students over whom to turn to for advice
      - ii. Escalating student debt
      - iii. Expensive health insurance with limited options for care
    - f. Facilities
      - i. Small group space
      - ii. Simulated patient experiences
    - g. Student opinion
      - i. Negative student survey in self-study
      - ii. Negative graduating questionnaires

Overall: Look at changes since '96.  
Have as much information as possible and be available 4/6- 4/9.

g. Dr. Edelman

Not as negative as it may sound from the above

- a. Focus on transition of the Deanship
- b. Issues related to managing (changing) curriculum
  - i. Too much lecture, not enough small group
  - ii. Evaluate process
- c. Faculty must be well prepared for visit
  - iii. Received self-study.
  - iv. Know curriculum (e.g. what course is when!)

If responsible for an area, come with an update. A one-page bullet form, listing areas of progress that you can hand the reviewers.

6). Curriculum committee-Membership

Dr. Stern put together listing of members whose terms end

Dr. Bock 6/04

No Objections - to continue to 6/05

7). Faculty Senate Nominations

President

Margaret Parker nominated C. Priebe.

Dr. Priebe accepted

The motion was seconded

No objections

No other nominations

Secretary

Les Kallus nominated J. Weisberg

Dr. Weisberg accepted

The nomination was seconded

No objections

No other nominations

The Faculty Senators were informed that the slate for President and Secretary would remain open for nominations until April 18<sup>th</sup>. and that new nominations could be e-mailed to the present Secretary.

Meeting was adjourned at 6:10pm

## LCME standards with which we are at risk of non-compliance

i.e. we need to get our explanation together.

IS-9 There must be clear understanding of the authority and responsibility for medical school matters among the vice president for health affairs, the dean of the medical school, the faculty, and the directors of the other components of the medical center and university.

ED-8 There must be comparable educational experiences and equivalent methods of evaluation across all alternative instructional sites within a given discipline.

Compliance with this standard requires that educational experiences given at alternative sites be designed to achieve the same educational objectives. Course duration or clerkship length must be identical, unless a compelling reason exists for varying the length of the experience. The instruments and criteria used for student evaluation, as well as policies for the determination of grades, should be the same at all alternative sites. The faculty who teach at various sites should be sufficiently knowledgeable in the subject matter to provide effective instruction, with a clear understanding of the objectives of the educational experience and the evaluation methods used to determine achievement of those objectives. Opportunities to enhance teaching and evaluation skills should be available for faculty at all instructional sites.

While the types and frequency of problems or clinical conditions seen at alternate sites may vary, each course or clerkship must identify any core experiences needed to achieve its objectives, and assure that students received sufficient exposure to such experiences. Likewise, the proportion of time spent in inpatient and ambulatory settings may vary according to local circumstance, but in such cases the course or clerkship director must assure that limitations in learning environments do not impede the accomplishment of objectives.

To facilitate comparability of educational experiences and equivalency of evaluation methods, the course or clerkship director should orient all participants, both teachers and learners, about the educational objectives and grading system used. This can be accomplished through regularly scheduled meetings between the director of the course or clerkship and the directors of the various sites that are used.

The course/clerkship leadership should review student evaluations of their experiences at alternative sites to identify any persistent variations in educational experiences or evaluation methods.

ED-13 Clinical instruction must cover all organ systems, and include the important aspects of preventive, acute, chronic, continuing, rehabilitative, and end-of-life care.

ED-24 Residents who supervise or teach medical students, as well as graduate students and postdoctoral fellows in the biomedical sciences who serve as teachers or teaching assistants, must be familiar with the educational objectives of the course or clerkship and be prepared for their roles in teaching and evaluation.

ED-30 The directors of all courses and clerkships must design and implement a system of formative and summative evaluation of student achievement in each course and clerkship.

Those directly responsible for the evaluation of student performance should understand the uses and limitations of various test formats, the purposes and benefits of criterion-referenced vs. norm-referenced grading, reliability and validity issues, formative vs. summative assessment, etc. Courses or clerkships that are extremely short in duration may not have sufficient time to provide structured activities for formative evaluation, but should provide some alternate means (such as self-testing or teacher consultation) that will allow students to measure their progress in learning.

FA-2 There must be a sufficient number of faculty members in the subjects basic to medicine and in the clinical disciplines to meet the needs of the educational program and the other missions of the medical school.

In determining the number of faculty needed for the educational program, medical schools should consider that faculty may have educational and other responsibilities in academic programs besides medicine. In the clinical sciences, the number and kind of faculty appointed should also

relate to the amount of patient care activities required to conduct meaningful clinical teaching across the continuum of medical education.

FA-4 Members of the faculty must have the capability and continued commitment to be effective teachers.

Effective teaching requires knowledge of the discipline and an understanding of curriculum design and development, curriculum evaluation, and methods of instruction. Faculty members involved in teaching, course planning and curricular evaluation should possess or have ready access to expertise in teaching methods, curriculum development, program evaluation, and student evaluation. Such expertise may be supplied by an office of medical education or by faculty/staff members with backgrounds in educational science.

Faculty involved in the development and implementation of a course, clerkship, or larger curricular unit should be able to design the learning activities and corresponding evaluation methods (student and program) in a manner consistent with the school's stated educational objectives and sound educational principles.

Among the lines of evidence indicating compliance with this standard are the following:

- Documented participation of the faculty in professional development activities related specifically to teaching and evaluation.
- Attendance at regional or national meetings on educational affairs.
- Evidence that faculty members' knowledge of their discipline is current.

FA-14 The full faculty should meet often enough for all faculty members to have the opportunity to participate in the discussion and establishment of medical school policies and practices.

ER-2 The present and anticipated financial resources of a medical school must be adequate to sustain a sound program of medical education and to accomplish other institutional goals.

ER-4 A medical school must have, or be assured use of, buildings and equipment appropriate to achieve its educational and other goals.

The medical school facilities should include offices for faculty, administrators, and support staff; laboratories and other space appropriate for the conduct of research; student classrooms and laboratories; lecture hall(s) sufficiently large to accommodate a full year's class and any other students taking the same courses; space for student use, including student study space; space for library and information access; and space for the humane care of animals when animals are used in teaching or research.

The chief academic officer, curriculum leaders, and faculty should understand, or have access to individuals who are knowledgeable about, methods for measuring student performance. The school should provide opportunities for faculty members to develop their skills in such methods.

ED-31 Each student should be evaluated early enough during a unit of study to allow time for remediation.

ED-33 There must be integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum.

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Curriculum management signifies leading, directing, coordinating, controlling, planning, evaluating, and reporting. Evidence of effective curriculum management includes:

- Evaluation of program effectiveness by outcomes analysis, using national norms of accomplishment as a frame of reference.
- Monitoring of content and workload in each discipline, including the identification of omissions and unwanted redundancies.
- Review of the stated objectives of individual courses and clerkships, as well as methods of pedagogy and student evaluation, to assure congruence with institutional educational objectives.

ED-36 The chief academic officer must have sufficient resources and authority to fulfill the responsibility for the management and evaluation of the curriculum.

ED-37 The faculty committee responsible for the curriculum must monitor the content provided in each discipline so that the school's educational objectives will be achieved.

MS-13 Transfer students must demonstrate achievements in premedical education and medical school comparable to those of students in the class that they join.

MS-23 A medical school must provide students with effective financial aid and debt management counseling.

In providing financial aid services and debt management counseling, schools should pay close attention and alert students to the impact of non-educational debt on their cumulative indebtedness.

MS-27 Students must have access to confidential counseling and services from health professionals who have no involvement in the academic evaluation or promotion of students receiving those services.

MS-3 2 Each medical school must define and publicize the standards of conduct for the teacher-learner relationship, and develop written policies for addressing violations of those standards.

The standards of conduct need not be unique to the school but may originate from other sources such as the parent university. Mechanisms for reporting violations of these standards - such as incidents of harassment or abuse - should assure that they can be registered and investigated without fear of retaliation.

The policies also should specify mechanisms for the prompt handling of such complaints, and support educational activities aimed at preventing inappropriate behavior.