A Note from the Dean

At intervals of up to eight years, medical schools in North America must be accredited by a joint commission of the Association of American Medical Colleges and the American Medical Association known as the Liaison Committee on Medical Education (LCME). In February 2007, a survey team of educators from around the country will convene a site visit on our campus as the culmination of this process.

In preparation for this visit, we undertook an intense, sixteen-month self-inquiry to assess the clarity of our objectives, determine whether our programs and resources are organized to meet those objectives, and assemble and critically consider the evidence that we are achieving them. Every constituency of the School was actively engaged in the process, and I want to praise and thank them for their dedication to this effort. Their accomplishment is presented in this report, the product of our Task Force on Reaccreditation. The analysis has confirmed what I have known since the time of our last site visit to be our institution's core values and strategic assets: a rich tradition of excellence, a proud history, a liberal and warm institution that welcomes all based on merit, a University and School of Medicine that see growth and change not as criticism of the past, but as opportunity for further distinction, and, most importantly, a faculty and student body permeated by a deep and unwavering sense of commitment that can be translated into a successful action agenda.

This School was founded in New York City in 1841 as the University Medical College, became the University and Bellevue Hospital Medical College as an integral component of NYU in 1898, and adopted its current name, the New York University School of Medicine, in 1960. It has established a tradition of excellence that is enviable. In the coming decade, that tradition will face the challenges, opportunities and critical decisions embodied in twenty-first century training of physicians and scientists, research, and delivery of health care. Based upon the deliberations and conclusions of the Task Force, I am confident that the NYU School of Medicine will not only meet those challenges, but embrace them. With the exceptional talents of our faculty and student body, continued vibrant and forward-looking leadership, and the ongoing, strong support of the University, we will implement our growth agenda for the future and most effectively and successfully penetrate the new millennium in that same tradition of excellence with which we have been blessed and entrusted.

Robert M. Glickman, MD Saul J. Farber Dean and Professor of Medicine

This document is the summary of more than a year of introspection by the community of scholars who comprise the New York University School of Medicine. The self-study and the preparation for the visit of a survey team of educators representing the LCME began in June 2005. At that

time, Dean Glickman appointed Veronica Catanese, MD, Senior Associate Dean for Education and Student Affairs as Chair, Task Force on Accreditation.

Under the direction of Dr. Catanese, a dedicated office to coordinate the activities of the Task Force was opened in July 2005 with Heather Campbell, Administrator of Education, Faculty & Academic Affairs in the Office of the Dean, serving as the Database Manager and Valerie Keane, Supervisor, Deans' Office, as Task Force Coordinator. Seven committees and five subcommittees were appointed and charged. Nearly 125 members from every component of the School were involved: chairs; full-time, voluntary and emeritus faculty; medical students; trustees; and deans, administrators and officers of the School, NYU Medical Center and the affiliated hospitals. The full committees (Steering, Objectives, Institutional Setting, Educational Program for the MD Degree, Medical Students, Faculty, and Educational Resources) met an average of ten times each from October 2005 through November 2006.

An LCME Task Force website was established (<u>http://lcme.med.nyu.edu/</u>) to facilitate interaction within and among the committees and to maximize efficiency. Whenever possible, all documents were exchanged electronically and an archive of presentations, documentary evidence, survey results and reports were available on the Task Force website.

The 14 committees of the 2000 Task Force made 155 recommendations as part of the institutional self-study. Sixty-five percent of these have been accomplished, 11% have not and on 24% some progress has been made. Eight of the recommendations were deemed no longer relevant at the time of the current self-study. The greatest achievements have been made in the areas of the educational program, faculty, and research. The educational program has been transformed by implementation of all six of the recommendations of the Curriculum 2001 Task Force. These recommendations from were to: 1) develop thematic content units that promote horizontal and vertical integration; 2) enrich the teaching of basic medical science in the clinical years; 3) ensure that the core clinical clerkships provide equivalent and high quality learning experiences across sites; 4) cultivate a culture of scholarship, mentoring, professionalism and humanism; 5) develop standardized methods of formative and summative assessment which are consistent with educational objectives; and 6) institute policies to specify teaching expectations and recognize the faculty's teaching role. Self-study recommendations from 2000 related to clarification of the faculty academic tracks and requirements for promotion and tenure have largely been accomplished. Specific accomplishments in the research arena include the completion of the Joan and Joel Smilow Research Building and the growth of the research enterprise through faculty recruitment and programmatic development in accordance with the strategic frameworks articulated in the Dean's Growth Agenda and the priorities of the Research Advisory Council (RAC).

The 2000 LCME survey team noted seven institutional strengths, seven concerns, and three transitional issues. The institutional strengths highlighted by the team were:

- 1. Dean Glickman has demonstrated his commitment to reform of the educational program by investing substantial resources in the educational mission of the school.
- 2. The School is moving aggressively in the development and use of information technology to enhance the quality of the educational program; examples are in the domains of Internet-based content delivery and student evaluation.
- 3. The students are bright and dedicated, with a documented commitment to scholarship as well as the practice of medicine.
- 4. The medical school has an outstanding record of biomedical and clinical research that creates an environment for student learning.

- 5. Both the administration and faculty of the medical school have demonstrated noteworthy responsiveness to the concerns and needs of students, and are generous of their time and effort in supporting student-led endeavors.
- 6. In recent years relationships between the medical school and the parent university have been strengthened to the mutual benefit of both.
- 7. The School continues to benefit from a rich array of health care facilities and patient populations to meet the needs of its educational program.

Substantial progress has been made in all but one of the areas of concern, and a task force has been formed to recommend a restructuring strategy for addressing that one area. The concerns identified during the last site visit as well as any progress made subsequently are outlined below:

- 1. Existing institutional objectives for the educational program do not serve as effective benchmarks for guiding curricular evolution or facilitating the assessment of educational program effectiveness. This concern has been addressed through intensive review, revision and refinement of our institutional educational program objectives, linkage of these program objectives to course objectives, specific methods of assessment and outcomes measures, and utilization of achievement of these objectives as an explicit guide for curricular "research and development.
- 2. The present system of clinical skills assessment, especially during the clerkship period, lacks sufficient rigor to assure that all students have acquired and can demonstrate the core clinical skills and behaviors needed in subsequent medical training. This concern has been addressed through four interlocking mechanisms. First, beginning in the very first year of training, students' clinical skills are formatively as well as summatively assessed in more than twenty objective, structured, clinical encounters (OSCEs). Second, each clerkship has developed and each student keeps a log of the set of well-defined, specific objectives linked to the types and numbers of actual or virtual patient encounters necessary for achievement of the core knowledge, skills and behaviors of that clerkship. Third, the clerkship directors, in conjunction with the Office of Medical Education, have developed and successfully implemented a web-based, qualitatively rich, quantitatively explicit assessment of students' knowledge, skills and professionalism that is standardized across clerkships and made clear to students, faculty and house staff. Fourth, the School has developed and successfully implemented a cross-disciplinary, integrative Comprehensive Clinical Skills Exam (CCSE), which is given to all rising fourth-year students. Students must pass the CCSE in order to graduate, and those who have difficulties undergo specific, individualized remediation.
- 3. *Career counseling does not address the perceived needs of a significant fraction of the student body.* The School, through an annual series career/residency panels and specialty programs sponsored by the Office of Student Affairs and offered through the numerous student-led, faculty-mentored interest groups and clubs, provides the student body with ample opportunities for career exploration. Over the years, however, the School has struggled with successfully bridging the gap between overall, student-centered mentoring and specific, individual, professional career development counseling. This gap existed despite the Faculty Advisory College program in place at the time of the 1993 self-study and continues to exist despite the robust faculty mentoring program instituted under the banner of the Master Scholars Program and described in the 2000 self-study. Students and faculty perceive value in the thematic-based interactions of the Master Scholars mentorship; the seminar series and colloquia add depth and breadth to the total educational experience at the School. The mentorship interactions, however, also have

been structured around the themes of the Master Societies, duplicating enrichment opportunities now well developed and open to the entire medical school community. The Program's success in permeating the environment of the School of Medicine with humanism and professionalism now allows us to reconsider the roles of Society masters and members; a task force soon to be convened by the Senior Associate Dean for Education and Student Affairs and the new Associate Dean for Student Affairs and comprised of students and faculty will be charged with studying the structure of the current Master Scholar Program's mentorship component and suggesting how it might be reconfigured to better meet the mentoring, career counseling and advising needs of the student body.

- 4. *The School has failed to achieve self-defined goals for student and faculty diversity.* The strengthening of the Office of Diversity Affairs, expansion of the activities of the Dean's Committee on Women, and the recent formation of the Dean's Council on Institutional Diversity illustrate the institutional commitment to diversity. Significant advances have been made in increasing diversity within the student population; the racial, ethnic and gender diversity of the faculty and, similarly, house staff, still lags behind what the School desires to achieve in providing an appropriately rich cadre of professional role models for our increasingly diverse student body. Both the Dean's Council on Institutional Diversity and the Dean's Committee on Women have prepared and recommended adoption of clear, formal guidelines for use in the search and recruitment of faculty members to the School of Medicine.
- 5. The system of personal counseling does not fulfill accreditation requirements for confidentiality of mental health counseling. The system for accessing mental health care has been restructured since the 2000 site visit. Mental health care professionals at Student Health Services do not participate in any clinical education activities. The student mental health records are kept separately, and the location for accessing mental health is now physically separate from other student health services. In all areas the school ensures that whenever possible students do not receive health care from faculty members responsible for their education
- 6. *Student housing is inadequate.* The location of the School in Manhattan makes this concern particularly difficult to address. Despite the tightness of residential space in this area of the city, no student who desires on campus housing has been turned away, and off-campus housing assistance is available to those who wish to use it.
- 7. The School lacks faculty career pathways, clear standards for evaluating candidates for promotion and tenure, and consistent evaluation of faculty members' career development. There has been tremendous progress in this area since the last self-study. The faculty tracks have been revised and clarified, standards for promotion and tenure have been disseminated, and the School has developed mentoring and evaluation guidelines.

Three transition issues also were raised, and each was addressed in two follow-up progress reports. These "works in progress" included:

1. The recent separation of the medical school from the hospital system has shifted greater responsibility to the school for balancing its budget, which intensifies pressures to eliminate recurrent shortfalls in its operating budget. The talents of the school's new leadership will be challenged to achieve this goal. The audited financial statements of the School for FY2005 show a \$17.4 million operating profit. This compares favorably

with the \$28 million operating loss projected for FY1999 at the time of the last self-study. All financial metrics, including operating margin, capital spending and net cash flow indicate that the School is in a much better operating position that it was six years ago and, furthermore, is investing in its future.

- 2. The School has embarked on a process to restructure its academic faculty practice plans that, if successful, will substantially change the institutional culture and provide an important financial resource. Follow-up is needed to monitor this endeavor. Central oversight of the School's academic faculty practices plans has been strengthened. There has been a 210% increase in Faculty Group Practice revenue since the time of the last LCME visit. More than 550 physicians have joined the group, which generates approximately \$225 million/year in total revenue and contributes approximately \$18 million annually to the Dean's Academic Fund, overhead coverage for the School, and academic funds for various Department Chairs. Despite the penetration of academic faculty practice plans, members of the voluntary clinical faculty of the NYU School of Medicine have remained engaged in the educational, clinical care and, in some cases, research segments of the mission of the School. An added benefit of the cultural change has been a focus upon better definition of the criteria for promotion of faculty within this clinical track.
- 3. *Current plans for curricular reform are laudable and will require broad-based support to assure their successful implementation.* As discussed above, implementation of all of the recommendations of Curriculum Policy 2001 has been one of the most substantial achievements of the School since the time of its last self-study. In parallel with curricular reform, the School has made great strides in developing innovative, interactive learning tools and incorporating robust objectives and assessments of skills acquisition into the fabric of its educational program.

In summary, the School believes that it has responded to correct as many of the concerns raised by the 2000 LCME site visit team as resources allowed. Further, we believe that the record of these seven years is one of demonstrable, significant accomplishment.

I. Institutional Setting

A. Governance and Administration

The School of Medicine has passed through a turbulent decade in its history. Over that decade, the School was home to a series of dislocations, now in the public record and the LCME archives, that began with a decision to merge both the schools and hospital systems of NYU and Mount Sinai, the failure of that attempt, the decision to merge only the hospital systems, a suit by our faculty to block that merger, the ultimate merger on July 16, 1998, and the syncopated dissolution of the merger over the ensuing eight years. In August 2006 that dissolution was completed, and the relationship between the School and University is now stronger than at any time in our history.

Despite these tumultuous events, the School of Medicine has enjoyed a solid and remarkably stable structure of governance since the last LCME site visit. The last self-study looked to the appointment on September 1, 1998 of Robert M. Glickman as the 14th Dean of the School with expectations of renewed growth and vigor and a return to more tranquil times. The former expectations have been met, the latter not entirely. Until January 1998, the School of Medicine, Tisch Hospital (the University Hospital of New York University), and the Rusk Institute of

Rehabilitation Medicine were known as the NYU Medical Center and were organized as an administrative unit of the University. All assets of this Medical Center campus were owned by NYU. After the merger, the clinical assets were owned by Mount Sinai-NYU Health. The merger called for the decline over five years and then cessation of the traditional cash support of the medical school by the hospital, and the new Dean was asked to reinvent the School's administration after losing the joint Medical Center administration that had managed both School and Hospital for many years.

That new administration was built, but the merger was never successful. Within three years, all attempts at merging the activities of the several campuses had ceased, the President of Mount Sinai/NYU Health had resigned, and Dean Glickman had been appointed the CEO of NYU Hospitals Center to complement his role as Dean and, ironically, to reunite the campus. Since that time, the Boards of Trustees of the School and the NYU Hospitals Center always have met jointly; Mr. Ken Langone serves as Chairman of both Boards, allowing for maximal cross-fertilization despite the two entities residing in separate corporations.

The consolidation of the roles of Dean and CEO has facilitated a greater integration within the governance structure. The Dean/CEO has developed a capable management team appropriate for an institution of this size and characteristics. In addition, with the restructuring as delineated above, the School of Medicine has become more closely aligned with the University, to the benefit of both. The NYU School of Medicine is governed by the New York University Board of Trustees. In addition, there is an NYU School of Medicine Foundation Board that acts in an advisory and fundraising capacity for the School and makes recommendations to the NYU Board of Trustees. Membership on the NYU School of Medicine Foundation Board is constituted largely of members from the NYU Board of Trustees.

In the first, full year of his tenure, Dean Glickman embarked on a strategic planning initiative that has been expanded and modified over subsequent years through a targeted, distributive process. Strategic planning for the NYU School of Medicine is embedded in several overlapping and on-going processes, all of which are led by the Dean of the School of Medicine/CEO of the Hospitals Center, the Senior Vice President for Health, and the Trustees. As the leader of both the School of Medicine and the Hospital, the Dean/CEO plays a critical role, as does the Senior Vice President for Health, who is the key University leader overseeing the Medical Center. The three most prominent processes that comprise the strategic planning function from a University perspective are the following:

- 1. The activities and output of the Academic Medical Center Operations Committee (AMC), the senior leadership group at the Medical Center that meets weekly and is led by the Dean/CEO;
- 2. The long-range financial planning process that produces the running, ten-year financial plan for the School of Medicine;
- 3. A recent report of a Strategic Committee of the Boards of the Medical School, Hospital, and University.

In addition to the above-mentioned processes, several other strategic initiatives have taken place in specific arenas of the medical school. In the summer of 2000, RAC undertook a strategic review of the research programs at the School in the context of planning for and construction of the Smilow Research Building. During this process, RAC members evaluated the research environment and the goals of the School's research portfolio in order to identify priority growth areas. The translational research programs which are now housed in Smilow were determined through this careful analysis. The School's distributive strategic planning and priority setting processes have served the school very well in the interval since the last LCME survey. The achievements in the School during this period of continuous, rapid change have been remarkable. Nonetheless, we believe that with the new stability that has been achieved, development of a formal, integrated, strategic plan for the School of Medicine should be a major agenda item.

Since the last LCME self-study, the collaboration between the NYU School of Medicine and the University has increased substantially in both dimension and quality. Under the leadership of President John Sexton, Dean Robert Glickman, and Senior Vice President for Health, Robert Berne, the School of Medicine, in fact the entire Medical Center, is a more organic part of New York University than at any other time in recent memory.

Communication among a medical school, the parent university, and its affiliated hospitals is essential but complex. It is accomplished at NYU through weekly AMC meetings among the leadership of the Medical School, the NYU Hospitals Center, and the University; weekly meetings between the Vice Dean for Clinical Affairs and Bellevue Hospital Center leadership; monthly meetings between Veteran's Administration (VA) leadership and the Vice Dean for Clinical Affairs; and monthly, bilateral conversations between members of these groups with key committees, such as the Curriculum and Graduate Medical Education Committees, charged with education and training.

For the past eight years, the School has benefited from a singular vision under the administration of Dean Glickman. A reorganization of the School's management structure was completed after the merger of the Hospital with Mount Sinai, and another, unexpected reorganization was undertaken when the NYU Hospitals Center de-merged from Mount Sinai. Both of these reorganizations have been successful and have resulted in an efficient and effective management structure for the NYU Medical Center. Having achieved what he felt was possible in almost a decade at the helm, Dean Glickman announced in March 2006 his intention to step down at the end of June 2007, providing adequate time for an orderly transition.

Since the last LCME site visit, the position of Vice Dean for Education, Faculty & Academic Affairs was created. This position has oversight responsibility for all educational programs within the School, as well as the management of faculty and academic affairs. Richard I. Levin, MD was appointed to this post in 2000 and left the institution to become Dean of the Faculty of Medicine and Vice Principal for Health Affairs at McGill University in September 2006. Steven Abramson, MD, who was the Vice Dean for Education at the time of the last site visit, was appointed to this position in September 2006. Dr. Abramson has been an active member of the School's administration since 1991, having served as Associate Dean for Curriculum, Vice Dean for Education, and Associate Dean for Clinical Research; his appointment, therefore, facilitated a smooth transition.

B. Academic Environment

The Sackler Institute at the School of Medicine is a division of the Graduate School of Arts and Science of New York University. It offers programs in the basic medical sciences leading to the PhD degree and, in coordination with the Medical Scientist Training Program, combined MD/PhD degree. The more than 160 faculty members of the Sackler Institute of the NYU School of Medicine open their laboratory doors both to MD and MD/PhD students, who also benefit from the more than 350 postdoctoral trainees of the School of Medicine.

Through an aggressive national recruitment program there has been a significant increase in both the number and quality of graduate applicants. Over the past ten years there has been an approximately ~250% increase in total applicants, an approximately 600% increase in U.S. applicants, and a 2000% increase in the number of underrepresented minority (URM) applicants.

The Sackler Institute programs undergo both internal and external review for quality and effectiveness. By all evaluation measures, the graduate programs in the basic biomedical sciences constitute an area of great strength and educational value for our students.

The School maintains over 100 residency training programs and has approximately 1,100 house staff members. Since the time of the last LCME self-study, Graduate Medical Education (GME) at NYU has been completely restructured. In July of 2002, the senior leadership of the School of Medicine and the affiliate hospitals approved a strategic plan to enhance and update the systems, as well as facilitate and streamline the processes that support the GME enterprise.

The Dean established an Inter-Institutional GME Task Force consisting of the leadership from the School of Medicine, Graduate Medical Education Committee (GMEC), NYU Hospitals Center, Bellevue Hospitals Center, House Staff Council, and representatives from the Finance Departments of the major affiliates to ensure that the School of Medicine and primary hospital affiliates would be able to maximize the coordination of resources for graduate medical education. Task Force initiatives have resulted in a shared philosophical and financial commitment to GME, have been instrumental in identifying and collaboratively pursuing additional means of support, and have fostered increased sharing of existing resources.

The first NYU Graduate Medical Education Retreat was held in January 2003. This retreat was specifically designed to raise awareness of the ACGME Outcomes Project, to reinforce the importance of integrating competency-based education and assessment into each training program's curriculum, and to establish a dialogue among Program Directors regarding the six general competencies. As a result of this event, the GMEC commissioned its Curriculum and Technology Subcommittee to support and provide additional resources to all training programs in the areas of the six general competencies. The Committee conducted a comprehensive needs assessment across all training programs and has been preparing educational modules to address the systems-based practice, Professionalism, and Practice-Based Learning and Improvement competencies throughout the institution.

These changes were acknowledged by ACGME in June of 2005 as it awarded the School of Medicine a full, five-year cycle as the institutional sponsor for graduate medical education. There were no institutional citations in the review, no programs were placed on probation, and the School received four pages of commendations.

Continuing Medical Education (CME) programs run by the academic departments are available, without charge, to any students who wish to avail themselves of the opportunities. CME programs provide students with yet another venue in which to enhance their clinical knowledge and skills, as well as to network with physicians and faculty from around the country.

Research has always been a major institutional priority at the School. Under the leadership of Dean Glickman and as part of the Growth Agenda, the research program has undergone significant development, including designation of research priorities, focused research recruitment, refurbishment of over 30,000 square feet of existing laboratory space, and opening of the Smilow building in the spring of 2006. This expansion complements the rich array of centers and institutes firmly established at the School of Medicine; these include the Skirball Institute for

Biomolecular Medicine, NYU Cancer Center, NYU Lung Cancer Biomarker Center, Center of Excellence for the Study of Locally Advanced Breast Cancer, AIDS Clinical Trials Group, Center for AIDS Research, Nelson Institute of Environmental Health Science, NYU Child Study Center, General Clinical Research Center, Institute for Community Health and Research, and the Cardiac and Vascular Institute.

In FY2005, the School's research programs received \$166,731,031 in grant funding, of which 86.2% was from federal agencies. In FY2005, the School ranked 36th in NIH funding to medical schools. We expect our total grant portfolio to increase by 10% over the next seven years with the opening of the Smilow Research Building and the associated recruitment of over 40 new investigators.

In calendar year 2005, our faculty published 2,463 articles in peer-reviewed journals (718 from our basic science departments and 1745 from our clinical science departments). In addition, our faculty wrote 24 books and 67 book chapters. We believe that the research activities of our faculty are strong, productive and conducive to providing a high quality educational environment for our medical students.

Research activities at the School are physically distributed among the Medical Science Building (approximately 120,000 square feet), Skirball Institute of Biomolecular Medicine (60,000 square feet), Bellevue Hospital (approximately 26,000 square feet), Public Health Building (20,000 square feet), VA Hospital (40,000 square feet), Hospital for Joint Diseases (11,000 square feet) and Sterling Forest (72,000 square feet). Additionally, faculty members from the Department of Psychiatry conduct research at the Nathan S. Kline Institute for Psychiatric Research, which recently opened a new research complex with 200,000 square feet of laboratory, clinical research, and office space.

In April 2006, the School opened the Joan and Joel Smilow Research Center, a 13-story, state-ofthe-art, biomedical research center. With this opening, approximately 110,000 new square feet of additional space for laboratories and conference rooms were added to the School's portfolio.

To facilitate the conduct of modern biomedical research, the School supports, either directly or through center grants, the functioning of several core facilities and shared resources that provide a necessary complement to the ongoing efforts in individual laboratories. These shared resources include specialized cell flow cytometry, monoclonal antibody facilities, specialized immunological assays, mass spectrometry, DNA and protein sequencing, molecular diagnostics for detection of specific cancer and cell growth markers, a transgenic mouse production facility, tissue procurement and tumor banks, biostatistical analysis, clinical research resources, epidemiology, toxicology and animal pathology resources. The Division of Laboratory Animal Resources (DLAR) provides centralized veterinary services for the Berg Institute Central Animal Facility, the Skirball Institute Central Animal Facility, the Department of Medical and Molecular Parasitology Central Animal Facility, and the Kriser Dental Center Animal Facility, as well as a number of smaller satellite facilities.

The School has developed a number of mechanisms and programs to assist faculty in obtaining extramural support. The Sponsored Programs Administration (SPA) serves as a valuable resource and is dedicated to supporting and enhancing the education, service, and research programs of the School. SPA also assures compliance with University, School of Medicine, sponsor and government policies and procedures. Examples of the types of support provided include: customized funding searches, assistance with proposals, provision of electronic resources, and grant-writing workshops. In order to streamline administrative processes, a new

Senior Associate Dean for the Office of Sponsored Programs Administration recently was recruited. The new Senior Associate Dean will be responsible for all administrative and support activities related to sponsored research, clinical trials, and the administration of regulatory functions, including the Institutional Review Board (IRB), the Institutional Animal Care and Use Committee (IACUC), and the Institutional Biosafety Committee.

In 2005, the School instituted a Master of Science in Clinical Investigation training program with two tracks: Translational Medicine and Public Health Research. These educational programs are offered to clinically-trained individuals with an interest in clinical investigation who are making the transition to junior faculty; in its first year, this program enrolled nine trainees.

The Masters Program in Global Public Health recently was instituted as a collaboration of five of NYU's professional schools. Students who are enrolled in this program and are interested in clinical research are permitted to use a portion of their time in this program for research projects in an aspect of clinical science within the School of Medicine. In addition, courses created for this Program will be available for clinical researchers.

There are additional, intramural programs which provide financial support for junior investigators. These grants are intended to enhance the faculty member's ability to compete successfully for external funds. The School has developed a Bridging Fund for interim support for faculty who have experienced, or are about to experience, a lapse in extramural grant support. The Bridging Fund supports research activities which will directly contribute to a more competitive grant submission, such as acquiring data to meet recommendations of extramural reviewers, completing work needed for the "preliminary results" section, and demonstrating successful use of methods, technology, or instrumentation.

Overall, the Committee believes that the resources in support of research are adequate. The timing of this self-study coincides with the School's planning efforts for the Clinical Translational Science Institute (CTSI) grant submission. The CTSI planning efforts, led by Bruce Cronstein, MD, involve over 100 faculty organized into seven advisory groups. As part of the planning process, a needs assessment was undertaken via a web-based survey, assessment by external colleagues, advisory meetings with key internal stakeholders, and engagement with consultants. This needs assessment has identified that, while the research enterprise is strong in many areas, our current research cores and administrative processes are "silo-ed," and the Committee believes that a more coordinated approach would further strengthen the School's research enterprise.

NYU School of Medicine has been an innovator in medical education. We were one of the first medical schools to award a PhD degree, one of the first recipients of an NIH MD/PhD (MSTP) Program grant, and one of the first schools to formally incorporate research into our general medical curriculum though an NIH-funded Honors program. Over the past 10 years, the vast majority of our incoming students had been actively involved in undergraduate research and over 80% have become actively involved in research (both basic science and clinical) during their tenure at the School of Medicine. Thus, the percentages of our students with continued engagement in biomedical research are among the highest in the country.

Over the past five years, the number of our medical students who choose to enhance and extend the period of medical training with a fifth year of research or master's program work has significantly increased. We expect approximately 15-20% of our students to take advantage of this option in this academic year and a similar percentage in future years.

The basic science departments are dedicated to the achievement of excellence in research and teaching of the biomedical sciences. The School can boast a long and rich tradition of discovery in the basic sciences that has fostered the careers of many of our graduates as researchers. The essence of our educational philosophy is that a solid grounding in basic medical science is an essential component of the preparation of all modern physicians, and is even more essential for those physicians who want to pursue an academic career. On the 2005 AAMC Graduation Questionnaire, to which our School consistently has a greater than 90% response rate, 48.3% of our students reported their intent to become full-time university faculty, compared to a national average of 32.8%. By the time they graduate, 29.8% of our students believe that they will be significantly involved in research during their medical career, 36% have participated in a research project with a faculty member, and 24.9% have submitted a research paper for publication. Therefore, the School places great value on ensuring the strength of the basic science departments, as it regards them as critical for its ability to fulfill its mission.

Four of the ten basic science departments have undergone a change in leadership since the last LCME site visit: Pharmacology (2001), Pathology (2004), Medical Parasitology (2004) and Biochemistry (2006). Including the four mentioned above, the average tenure for a basic science chair is 12.8 years.

There are 265 faculty members in the basic sciences, 257 of whom are full-time. There is a satisfactory distribution among the full-time ranks (28.8% Professors, 26.5% Associate Professors, 43.2% Assistant Professors). Since the last LCME site visit, the number of faculty members in the basic science departments has remained relatively constant

Funding for the basic sciences comes from a variety of sources, including federal and non-federal research grants, School operating funds, and endowment income. In FY2005, basic science departmental expenditures totaled approximately \$80 million. With the opening of Skirball in 1993 and Smilow in 2006, the amount of research space has increased significantly. There are 183,876 square feet of research space in the basic science departments. The Committee believes that the leadership, faculty, funding, space and facilities of our basic science departments are sufficient to achieve the School's mission.

The basic science departments play a major role in the first two years of the medical school curriculum. As described in the Educational Program section of this report, the transition from department-level courses to interdisciplinary modules was begun prior to the last LCME self-study and has been completed since 2000. In addition, as discussed elsewhere, the creation of the Advanced Science Selectives, offered at the end of the third year, has facilitated the inclusion of the basic science faculty in the clinical years of the curriculum. The basic science modules are evaluated annually by the medical students. The Committee believes that the positive results on these evaluations are an indicator of the high quality of the faculty teaching efforts.

Overall, data from the 2004 Faculty Salary Survey indicates that 80% of the basic science faculty are involved in research, with the majority of the researchers federally funded. In terms of quality, the School's overall dollar density is \$392 dollars per square foot, which is competitive with AAMC benchmarks. On average in the years 2000 through 2005, our basic science faculty published 747 articles yearly in peer-reviewed publications. The Committee believes that this is an indication of the strength of the research efforts of our basic science faculty.

As indicated in the Faculty Salary Survey results, 65% of our basic science faculty members report participation in administrative service. Most of the service work performed by basic

science faculty involves participation on committees, with additional involvement in departmental and school administrative work.

Eleven of the 18 clinical departments have undergone a change in leadership since the last LCME accreditation process: Medicine (2000), Anesthesiology (2001), Radiology (2001), Emergency Medicine (2001), Obstetrics & Gynecology (2003), Otolaryngology (2003), Ophthalmology (2004), Dermatology (2006), Pediatrics (2006), Psychiatry (2006), and Surgery (2006). In addition, the chair of the new Department of Cardiothoracic Surgery is scheduled to be replaced in 2007; this was part of the original design for the department. Including the eleven above, the average length of service as chair of a clinical department is 5.2 years.

There are 807 full-time and 3,333 part-time and voluntary faculty members in the clinical departments. The Committee believes there is a satisfactory distribution among the full-time ranks (24.4% Professors, 24.2% Associate Professors, 47.1% Assistant Professors, 4.3% Instructors/Other) and adequate representation in the specialties and subspecialties.

Clinical department funding derives from a variety of sources, including practice plan revenue, hospital affiliation agreements, federal and non-federal research grants, School operating funds and endowment income. Since the last self-study, there has been a marked increase in funding from the patient care activities in the clinical departments, due to the expansion of the faculty practice plans. In FY2005, clinical department expenditures totaled approximately \$440 million.

There are 184,715 square feet of research space in the clinical departments, which the Committee believes is adequate.

On the 2004 Faculty Salary Survey, 84% of compensated, clinical faculty members self-reported that they are involved in teaching at some level. While the majority of the teaching effort is focused on residents and fellows, there also is substantial effort in teaching medical students. In addition, our voluntary clinical faculty continue to be important contributors to our teaching mission.

As discussed in the Educational Program section of this report, the clerkships are evaluated after each block by the medical students. In addition, the residency and fellowship programs are evaluated by the house staff. The Committee believes that the high quality of teaching is evidenced by the positive evaluations in both of these areas.

Overall, data from the 2004 Faculty Salary Survey indicate that 51% of the clinical faculty selfreport involvement in research, with the majority of the researchers federally funded. In addition, a substantial number of researchers receive funding from non-federal sources (i.e., industry and foundations). On average in the years 2000 through 2005, our clinical faculty published 1,752 articles yearly in peer-reviewed publications. The Committee believes that this serves to indicate that the research efforts of our clinical faculty are strong and of high quality.

Data from the 2004 Faculty Salary Survey indicate that 60% of the compensated clinical faculty are directly involved in patient care. The growth in the clinical enterprise under Dean Glickman has been profound, and the quality of our physicians is exceptional. The success of the graduate medical education enterprise is evidenced by the institution's favorable, five-year (longest possible cycle) accreditation in which we received numerous commendations. In addition, all of the individual programs have successfully maintained their accreditation status with their respective program Residency Review Committees (RRC).

II. Educational Program for the MD Degree

A. Educational Program Objectives

The NYU School of Medicine consistently has been guided in its mission by the statement made in *The Mission of a Medical School*, written by the Faculty of the School early in the last century. According to this prospectus,

"The mission of the medical school is threefold: the education and training of physicians and scientists, the search for new knowledge, and the care of the sick. The three are inseparable. Medicine can be handed on to succeeding generations only by long training in the scientific methods of investigation and by the actual care of patients. Progress in medicine, which is medical research, must look constantly to the School for its investigators and to the patient for its problems, whereas the whole future of medical care rests upon a continuing supply of physicians and upon the promise of new discovery. The purpose of medical school, then, can only be achieved by endeavor in all three directions – medical education, research, and patient care – and they must be carried on simultaneously for they are wholly dependent upon each other, not only for inspiration, but for their very means of success."

This mission statement has guided pursuit of the environment in which our students are trained, one defined by commitment to the highest level of human achievement in a culture strongly supportive not only of excellence, but also of continual questioning, self-directed development and embrace of diversity of culture and opinion. Within this environment, the School seeks to promote a rich, generative atmosphere in which the faculty understands that the students, as their successors and stewards in society, should not merely replace, but surpass, them in scholarship, research and patient care. At the time of its last LCME self-study, the School elaborated upon its mission statement and defined a series of educational goals reflective of what the institution hopes to accomplish through its educational programs. These goals are responsive to the dominant events and trends that have reshaped and continue to affect medicine in our time. The goals of the NYUSOM, therefore, are to:

- 1. Develop physician-scholars who combine science and humanism in their approach to the fields of medicine by fostering these characteristics:
 - An understanding of the scientific principles upon which clinical medicine is based and the ethical principles and human values with which it must be practiced;
 - The use of the scientific method for thinking, judgment and decision making in professional endeavors;
 - A command of the core of essential concepts, facts and skills needed for the practice of modern medicine and the understanding that practice must include prevention and be based on evidence whenever possible;
 - A sense of the paramount, fundamental responsibility of caring for patients whose interests must always come before one's own;
 - The recognition of the limits of individual ability and knowledge that will, of necessity, promote interaction with appropriate colleagues;
 - A commitment to a lifetime of continuing education in the disciplines of medicine;
 - The skills necessary for continuous self-education including awareness of the breadth of educational resources and the technologies for their distribution, their

appropriate use, their critical evaluation, and the ultimate integration of new information into practice;

- The ability to communicate effectively with, and value the contributions of patients, their families, colleagues and the greater communities we serve;
- The highest standards of honesty and personal integrity and knowledge of the theories and principles that govern ethical decision making;
- Knowledge of the variety of approaches to the organization, financing and delivery of health care and an understanding of the complexities that financial considerations may bring to the fiduciary responsibility of the physician for the patient;
- An understanding of the possible conflicts of interest inherent in various financial and organizational arrangements for the practice of medicine in this era.
- 2. Provide programs in graduate medical education in a setting of the highest quality of patient care in the specialties of medicine.
- 3. Expose our students to our extensive programs for graduate and postdoctoral research training in the basic biomedical and clinical sciences so that, as developing physician-scholars, our students understand the nature of the research that is the basis of both current and future medical practice.
- 4. Create, acquire and disseminate new knowledge as the result of fundamental research in the basic biological sciences, in the clinical sciences, in public health, in the delivery of health care, and in the administration of health care. In this regard, we consider it essential to our educational mission at every level that our faculty be engaged in original research of the highest merit, and that our students have every opportunity to participate in research and become physician-scientists whose primary career focus will be original investigation.
- 5. Provide the highest level of primary through tertiary care to the extraordinarily diverse populations who receive medical treatment in our community and beyond. We consider the rich diversity of cultures, ethnicity, socioeconomic levels and national origins to which our students are exposed to be a major strength of our program that fosters -- through an understanding of these circumstances on human behavior and disease -- responsibility, compassion and tolerance.
- 6. Offer programs in the Post-Graduate School of Medicine for the continuing education of physicians in the basic and clinical disciplines of medicine as well as in health economics and health policy.
- 7. Educate the public on matters of health.
- 8. Enrich the education of younger students in grade school through college, especially underrepresented minorities, in order to attract them to careers in biomedical fields.
- 9. Foster the development of research collaboration between our faculty and the private sector both to expand our faculty's access to emerging therapeutic technologies and to ensure the transfer of new discoveries and inventions made by our faculty and students to full application in patient care.

The School recognizes that in order to remain true to its mission, it must clearly and specifically connect both that broad mission and its institutional goals to a medical educational program whose trainees meet and, ideally, exceed the expectations of both the medical profession and the public it serves. Therefore, to achieve the aspirations embodied in its mission statement, the

School has moved beyond the robust set of specific strategic goals articulated in the *Blueprint for the Millennium* report of its last self-study to define a comprehensive set of specific objectives that constitutes an "implementation plan" by which those strategic goals can be met. The objectives of the NYU School of Medicine are specifically linked to the ACGME core competencies, to the individual module and clerkship objectives defined by the Office of Medical Education in conjunction with each of the module and clerkship directors, and to specific methods of assessment by which attainment of those objectives can be measured. After an intensive, six-month working period, led by Drs. Thomas Blanck and David Roth, a committee of faculty, students and deans drafted the Objectives of the Educational Program of the NYU School of Medicine. These objectives were presented to, modified by, re-presented to and approved by the Dean, Curriculum Committee, module, unit and clerkship directors, Student Council, Council of Chairs, Faculty Council, Graduate Medical Education Committee and House Staff Council.

The School fully recognizes the critical importance of fostering a heightened and continuous level of awareness of these objectives throughout the medical community. To ensure this, the objectives will be explicitly discussed with all faculty, house staff, students and administrators at the beginning of each module and clerkship, and the "congruence" of our educational program with these objectives will be specifically evaluated through the module and clerkship evaluation process centered in the Office of Medical Education. Furthermore, the Objectives of the School of Medicine are the backbone upon which the Office of Medical Education, in conjunction with the Advanced Educational Systems group, is developing a robust educational program planning and evaluation system. The School's educational program objectives are now explicitly linked to existing measurements of attainment of knowledge, skills and attitudes by students in the various components of the curriculum. Therefore, the high success rate of our students on our internal assessments linked to those objectives, as well as their success rate on external assessments of those competencies, strongly suggest that the educational program at the NYU School of Medicine is meeting the School's objectives.

NYU School of Medicine Educational Objectives:

1. Medical Knowledge

Before graduation, students must have demonstrated, to the satisfaction of the faculty, knowledge and understanding of the:

- Basic principles of the scientific method and their application to the gathering of medical knowledge and clinical decision-making;
- Principles of epidemiology and biostatistics and the strengths and weaknesses of the study designs used to develop new medical knowledge;
- Basic scientific principles underlying the biochemical, genetic, molecular, and cellular mechanisms that determine the normal development, structure, and function of the body as a whole and its major organ systems;
- Normal psychosocial development of individuals from birth through old age;
- Pathology, pathophysiology, and ecological context of major diseases;
- Biological factors that cause or contribute to genetic, developmental, toxic-metabolic, infectious, autoimmune, neoplastic, degenerative, traumatic, and behavioral disease;
- Nonbiological elements, including access to health care and economic, socio-cultural, and psychological factors, that may contribute to or prolong illness;
- Clinical, laboratory, radiographic, and pathologic manifestations of major diseases;
- Pharmacologic, surgical, and psychologic treatments of common physical and mental disorders and symptoms such as pain, the relative efficacy of therapeutic interventions, and the common adverse effects of therapies;

- Palliative care of individuals with life-terminating illness and management of acute and chronic pain;
- Role of preventive medicine, including nutrition, exercise, and healthy lifestyles, in promoting health and decreasing the risk of disease;
- Epidemiology of common disorders in populations and the approaches to screening for and detecting illness, as well as reducing the incidence and prevalence of disease in populations on a global and local scale;
- Human and systems factors which may adversely affect patient safety.

2. Patient Care

Before graduation, the student must have demonstrated, to the satisfaction of the faculty, the ability to:

- Reason inductively and deductively in solving clinical problems;
- Demonstrate training level-specific knowledge and skills in the core clinical disciplines: internal medicine, obstetrics and gynecology, neurology, pediatrics, psychiatry, surgery, critical care, and ambulatory care;
- Obtain an accurate medical history that covers all essential aspects, including issues related to age, gender, and socio-economic status;
- Perform both a complete and an organ system-specific physical examination, including a mental status examination, where appropriate, in adults, infants, and children;
- Retrieve (from electronic databases or other resources), manage, and utilize biomedical information for solving clinical problems and making clinical decisions;
- Perform routine technical and certain key routine emergency procedures, as detailed in the core clinical curriculum;
- Interpret the results of common diagnostic procedures;
- Identify key clinical data, seek critical pieces of missing clinical information and determine when it is appropriate to act on incomplete information;
- Develop the flexibility to challenge and reformulate an initial assessment as new information is gathered;
- Formulate a treatment plan that demonstrates the ability to express the relative certainties of a differential diagnosis and the relative risks and benefits of treatment options;
- Construct appropriate diagnostic and therapeutic management plans for patients with common conditions;
- Recognize patients with common, immediately life-threatening conditions, and institute appropriate initial therapy;
- Recognize and outline an initial course of management for patients with conditions requiring chronic, ambulatory care.
- 3. Practice-Based Learning and Improvement

Before graduation, students must have demonstrated, to the satisfaction of the faculty, the ability to:

- Maintain a scholarly approach to medical problems and continually improve one's knowledge and skills through lifelong, self-directed study;
- Recognize uncertainty in clinical decision-making, including the ability to quantify and communicate the degree of certainty associated with specific items of scientific and clinical information;
- Use multiple information sources for problem solving;

- Make decisions based on evidence, rather than opinion, while recognizing the importance of clinical experience and the art of practice;
- Improve performance based on self-reflection, critical self-appraisal, and openness to feedback from others;
- Recognize and accept limitations in one's knowledge and clinical skills and commit to continuously improve one's knowledge and abilities;
- Educate colleagues, students, other health professionals, patients and the general public;
- Demonstrate an understanding of the critical role of research and scholarship in understanding human disease and alleviating human suffering;
- Apply the principles of continuous quality improvement to patient care.

4. Interpersonal and Communication Skills

Before graduation, students must have demonstrated, to the satisfaction of the faculty, the ability to:

- Work with other members of the health care team in a spirit of cooperation and respect;
- Communicate effectively, both orally and in writing, with respect to data gathering, relationship building, and patient education;
- Communicate effectively and compassionately with patients and their families about the evaluation, diagnosis, therapy, and prognosis of disease, and counsel patients in a caring, empathetic, and culturally sensitive way;
- Present scientific and clinical information clearly and cogently, both orally and in writing.
- 5. Professionalism

Before graduation, students must have demonstrated, to the satisfaction of the faculty:

- A commitment to provide compassionate treatment of patients, with respect for their dignity, privacy, and rights regardless of the patient's disease, prognosis, age, gender, race, sexual orientation, ethnicity, religious, cultural, or health-related beliefs, socioeconomic status, citizenship status, or ability to pay for care;
- Knowledge of the ethical principles that govern the doctor-patient relationship;
- Understanding of the ethical principles that undergird medical decision making, particularly with regard to beginning and end of life issues, genetics, and molecular technologies;
- A respect in all interactions for the patient's privacy, confidentiality, dignity, beliefs, rights, family, and cultural or religious values, even when such values or beliefs conflict with one's own;
- Expression of a professional demeanor in one's work and as a role model for society, including the consistent demonstration of honesty, integrity, and reliability in all interactions with patients, their families, colleagues, and co-workers;
- Awareness of the threats to medical professionalism posed by conflicts of interest inherent in various financial and organizational arrangements in the practice of medicine;
- Awareness of one's vulnerability to stress and the influence stress has on one's ability to care for patients;
- A commitment to place the patients' interests over one's own;
- The ability to recognize and effectively address unethical or unlawful behavior of other members of the health care team and to understand when and how such behavior must be reported;

- The ability to identify and address both self-impairment and impairment of the professional behavior of others.
- The capacity to recognize one's personal reactions to patients and manage those reactions in the patient's interest.

6. Systems-Based Practice

Before graduation, students must have demonstrated, to the satisfaction of the faculty, the ability to:

- Retrieve information by performing database searches and refining search strategies to improve relevance and completeness of retrieved items;
- Use and integrate the data from available information resources and tools, including 1) online databases and other medical internet resources; 2) textbooks and other reference sources; and 3) journal articles;
- Apply the principles of evidence-based medicine to patient care and demonstrate the ability to: 1) identify quality literature; 2) critically appraise written reports for internal reliability, validity and generalizability; and 3) apply data from a population to an individual's patient care;
- Protect the confidentiality of private information obtained from patients, colleagues, and others and demonstrate understanding of and compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA);
- Incorporate knowledge of the various approaches to the organization, financing, and delivery of health care, including particular awareness of the needs of the underserved, into clinical decision-making;
- Understand how the system of care in which a physician operates can impact his or her patient care abilities and overall professional development.

B. Structure

The medical degree program at the New York University School of Medicine provides an education that is noteworthy both for its breadth and for its depth and, accordingly, prepares students for all career options in medicine. Over the course of 145 weeks, trainees acquire competence in biomedicine in the contexts of investigation, clinical care, and outcomes assessment through a curricular program designed in congruence with the articulated goals and objectives of the School of Medicine. The mechanisms for providing that general professional education include: 1) a formal required curriculum; 2) an elective curriculum; 3) a wide range of optional academic and enrichment experiences; and 4) a program of academic and career mentoring The School is building its own curricular inventory and management system but, while doing so, maintains a basic inventory on the Kermit database.

The curriculum of the first two years of the educational program is presented in a blend of core lectures and multiple, student-centered, active learning exercises. Through a series of integrated, carefully sequenced, learning modules, students not only are first exposed to all of the relevant basic and clinical sciences, but also expand upon and continually augment their core knowledge base through small group, case-based and problem-based learning conferences, group exercises, and student-patient interactions.

Our general professional education continues into the years of clinical training. A two-week clerkship orientation at the end of the second preclinical year prepares our students for transition to the core clerkships. The required clerkships include medicine, surgery, pediatrics, neurology, obstetrics and gynecology, psychiatry, critical care, ambulatory care, and an acting internship in

medicine. In each of these clerkships, students are exposed to a wide range of subspecialties within the discipline, both in terms of patient mix and formal didactics.

Students transitioning from the third to the fourth year participate in a two-week Advanced Science Selective. Having completed a full-year of clinical training and working toward defining the next phase of their educational program, students integrate their preclinical and clinical thought patterns by engaging in an in-depth, literature-based, small group seminar on a topic drawn from the frontiers of translational medicine and/or biomedical technology. While the primary goal of the selective is to encourage scholarship, consolidation and integration of preclinical and clinical knowledge, the ability of students to select from among a variety of seminar choices permits them to pursue individualized interests and gain deeper appreciation for the interface between new biomedical discovery and clinical medicine. During this transition period between third and fourth years, all students participate in a required Comprehensive Clinical Skills Examination, a "capstone" assessment of their acquisition of core communication, history gathering, physical examination, diagnostic and clinical reasoning skills.

In addition to the required curriculum, students in the third and fourth years are required to participate in a minimum of eighteen weeks of electives. This allows students the opportunity to both broaden and deepen their educational programs still further, taking ownership of and customizing this segment of their learning program as they begin to "differentiate." All of the clinical departments, and all of the subspecialty areas within these departments, offer electives. Students also may elect to fulfill up to 12 of the 18 credit-bearing elective weeks through approved, mentored, basic, translational or clinical research endeavors.

Upon this basic structural framework of the educational program, students deepen and broaden their training through research and complementary extracurricular enrichment opportunities. These include our NIH-sponsored Honors and Independent Research Elective Programs; fellowships awarded by the NIH, Alpha Omega Alpha, Doris Duke and Sarnoff Foundation; Master Scholars program seminars and colloquia; public, urban and international health research, clinical electives, and advanced degree programs; and a multitude of extracurricular activities and student clubs.

By all outcomes measures applied – including performance on national, standardized examinations, National Residency Match Program results and annual assessment of our graduates by their residency program directors – our students demonstrate exceptional preparation for all career options in medicine.

Students are prepared to take active responsibility for their own learning from the very first weeks of their educational training program. This key aspect of the educational program begins with student preparation for small group case studies in the first month of the first year and culminates during the fourth year acting internship. As the students move through the curriculum, these activities become progressively less faculty-directed and more self-directed. At all points, the changing nature of scientific and medical knowledge and the integrative skill set required to weigh evidence and base decision-making on evolving information are stressed. Evaluation of acquisition of these skills is a specific component of summative student assessment in all of the core clerkships, and formative assessment of the development of these skills is an objective of the small group, case-based conferences in the preclinical curriculum.

During the first two years of the educational program at the NYU School of Medicine, the bulk of the educational experience occurs at a single site. This centralization allows for consistent educational experiences when the entire class is engaged in a single session or when smaller

groups of students are precepted by the same instructor. When small groups of students are precepted by different instructors, thorough faculty development/preparation precedes each series of small group exercises so that educational equivalency may be ensured.

The majority of students spend at least some time during their third and fourth year core clerkships at our affiliated clinical sites. The School of Medicine takes its responsibility for ensuring consistency in educational quality and student assessment across sites very seriously. With the assistance of the Office of Medical Education, each of the clerkships employs common mechanisms to promote cross-site educational consistency. These include bidirectional communication of specific educational objectives and assessment criteria among clerkship directors, site directors, faculty and residents; development and implementation of a common core curriculum to meet those established objectives; standardized, criterion-based assessment of student performance across sites; and feedback from students obtained both from their patient logs and their evaluations of the educational experience at each site. Each of the core clerkships, with the exceptions of Ambulatory Care, Critical Care and Advanced Medicine, balance learning in the inpatient and ambulatory settings and track students' experiences in those two complementary venues.

The School ensures consistency in student assessment across sites and among preceptors through its standardized, web-based, student clerkship assessment tool. This features qualitatively robust descriptors by which a student's knowledge, skills and professionalism may be assessed with a minimum of evaluator bias and translated into a quantitatively valid assessment of student performance. Through these mechanisms, the School continually monitors quality, content, student achievement of educational objectives, and cross-site equivalency in its educational program. The Office of Medical Education works closely with the clerkship directors in translating information obtained from all of these sources, as well as from the Student Survey, AAMC Graduation Questionnaire, residency program directors' evaluations of our graduates, and student performance on standardized examinations and internal examinations such as the CCSE, into curricular innovation and reform.

C. Teaching and Evaluation

The quality and attentiveness of faculty during the preclinical years and of both faculty and house staff on clinical rotations are rated highly by the students, confirming the School's confidence in their dedication to the educational mission. Direct, attending-level feedback to students is of high quality when it occurs, but the frequency and consistency of delivery are uneven. The School is directly addressing this latter issue through its mid-clerkship, faculty-initiated, formative evaluation system and through programmatic activities, both face-to-face and online, sponsored by the Office of Medical Education. Through annual "residents as teachers" sessions in four clinical departments, invited resident and faculty development sessions scheduled by departments with the Office of Medical Education, pre-rotation, face-to-face meetings with teaching faculty and residents, and clearly articulated and publicized objectives, core curriculum, and assessment criteria tied to the ACGME core competencies and the educational program objectives of the School of Medicine, the School consistently strives to prepare all those who participate in medical student teaching for their responsibilities.

D. Curriculum Management

The twenty-nine member Curriculum Committee directly assumes responsibility for the curriculum and provides both component-specific and global oversight of the educational program. This integrated body includes members of the faculty, administration, and student body in proportions appropriate to assure wide understanding of the issues at hand, flexibility, a lack of bias, and full representation across the institution, in order to achieve the school's overall

educational objectives. The Committee reviews and endorses or rejects all proposals for additions or deletions to the core curriculum, annually reviews each component of the educational program, tracks student workload and preparation time, and cyclically reviews the cohesiveness and congruence of the entire educational program with the objectives of the School of Medicine and the dynamic environment of medical education.

The Office of Medical Education centrally manages and coordinates the interdisciplinary curriculum, and collects and shares all evaluative data with the course and clerkship directors, Curriculum Committee and relevant department chairs. The School's faculty design, develop and implement all components of the curriculum.

E. Evaluation of Program Effectiveness

The NYU School of Medicine strongly believes that its institutional objectives are robustly met by its medical students. Our students consistently perform above the national average on the United States Medical Licensing Examinations, are accepted into highly ranked residency training programs, and perform at a level superior to that of their peers during their first year of residency training. In parallel with the pride it derives from the accomplishments of our students, the School uses the information obtained from students' program evaluations – both "in the moment" as they progress through training and as they reflect upon graduation – to continually assess and improve its educational program.

III. Medical Students

The Steering Committee specifically acknowledges the outstanding efforts of our students throughout the period of self-study. Their management of the student report and survey, which achieved a 95% response rate, was exemplary, and their contributions to the conversations of each of the committees were thoughtful and incisive.

A. Admissions

The admissions process successfully attracts and recruits outstanding students who seek a rigorous education in an urban setting. Applicants are interviewed by one member of the school's Committee on Admissions, tour the preclinical and clinical facilities with medical student guides, and meet with students as well as a dean or department chair over lunch. In the 2004-2005 admissions cycle, the School switched from an independent application system to the AMCAS program. The number of applicants has more than doubled since the introduction of AMCAS, and the percentage of accepted applicants has decreased proportionately. The quality of matriculants, exceptionally strong at the time of the last self-study, has remained so. We base this conclusion both on traditional quantitative measures (average GPA 3.73; average MCAT 33Q) and on the ability of our admissions process to identify applicants and attract matriculants with outstanding recommendations, even if their "numbers" do not rank them at the very top.

Students at the School of Medicine benefit from high faculty accessibility, a superior scope of clinical facilities, and a rich, diverse, patient population served by the municipal, private and government facilities at which they train. The Ehrman Medical Library, while space-constrained, ranks in the top 10% of U.S. medical libraries in e-holdings. The School has moved forward with a robust, web-based Course Material Management System and has invested in development of interactive teaching tools which have gained national recognition. Because of the asynchronous initial development of information technology infrastructures across departments and between the School and the previously merged Mount Sinai/NYU Health System, the structure of the School's information technology system is being reinvented and made cohesive across the education,

research and clinical care components of the institution. This, in the short run, should increase the speed and reliability of e-mail and technical support services and, in the longer run, create a platform for integrative sharing of information and learning tools across all aspects of the medical education continuum.

The resource to student ratio of the School of Medicine is not significantly affected by transfer or visiting students. The School accepts approximately five students per year into the third year of training from the Sophie Davis School for Biomedical Education, a program designed to enrich the pool of physicians from diverse backgrounds and encourage return of those physicians to their communities. Visiting students in good academic standing at their parent institution may come to NYU for electives, but they may not participate in core clinical clerkships.

The NYUSoM recognizes that the diversity of its students is essential to its goals of offering first class training in the provision of excellent and compassionate care to a diverse population. In 2005, Dean Glickman formed the Dean's Council on Institutional Diversity to assess and enhance diversity in all areas of the Medical Center. The Assistant Dean for Diversity and Community Affairs works closely with the leadership of the Sackler Institute, which through an aggressive, national recruitment initiative, has generated a 2000% increase in underrepresented minority applicants to our graduate programs. In parallel, the School maintains active "pipeline" programs, such as its Summer Undergraduate Research and High School Fellows Program. Since the last LCME site visit, the School has seen a steady, annual increase in the number of matriculating, underrepresented minority, medical students to its current percentage of 13% of the incoming class of 2009. There also has been an increase in the percentage of women matriculated: from 42% in 2000 to a high of 58% in 2003. After a drop to 43% in 2005, the first year of participation in AMCAS, the percentage of female matriculants rose again to 53% in 2006.

Both the Office of Student Affairs and the Office of Diversity Affairs provide student support programs which cultivate an environment congruent with the School's diversity goals. Through a rich array of clubs, mixers, individual and group peer and preceptor sessions, and medical centerwide colloquia and programming, the School proactively works toward creating an atmosphere of inclusion and not just understanding, but embracing, of difference. Although strides have been made in increasing diversity among the medical student population, the racial, ethnic, and gender diversity of the faculty lags behind what the School would desire to provide appropriate professional role models for our increasingly diverse student body. Guided by the recommendations of the Dean's Council on Institutional Diversity and the Dean's Committee on Women, the School is more clearly articulating its institutional goals on diversity and establishing clear guidelines for application to the search and screening processes for new faculty.

B. Student Services

The low level of student attrition attests to the academic strength of our student body. Students in academic difficulty are identified early and are offered individual tutoring, as well as specific remediation plans if necessary. The Associate Dean for Student Affairs also offers academic counseling to students and refers them to learning specialists should more targeted interventions be needed to promote acquisition of a stronger set of study or learning skills.

Students join one of six academic societies of the Master Scholars Program and, from the very beginning of their first year, are paired with a mentor in that society. The societies are comprised of faculty from many departments within the School of Medicine, so career-specific, as well as general mentoring and advising, are available through the Society structure. The Dean's Office sponsors annual career panels led by the residency program directors and/or chairs of each of the

clinical departments, and the Office of Student Affairs sponsors evening career exploration sessions organized by numerous student-led, faculty-mentored specialty interest groups. At all times throughout their training, students may meet at any time with the Associate Dean for Student Affairs to discuss their evolving professional goals.

The Senior Associate Dean for Education and Student Affairs approve every extramural elective, independent research, or individual preceptorship taken for credit by our students. The Office of Registration and Student Records obtains performance appraisals from the host programs prior to granting elective credit for extramural program activity.

By early winter of their third years, students begin a series of interactions with the Senior Associate Dean for Education and Student Affairs, who guides them through the process of residency application, matches them with individual faculty advisors in the students' departments of interests, and meets with them in large groups, small groups and individually as part of the residency application preparation process. No core clerkships are scheduled during December and January of a student's final year to ensure that the residency application process does not interfere with the student's general medical education. Letters of reference are not accepted by the Office of Registration and Student Records until the beginning of a student's final year of training.

Individual components of this sequence work well, as documented by the superb residency program matches attained by our students. The School, however, recognizes the need for seamlessness across the transition points within this program of career counseling, and is convening a task force charged with addressing the interfaces among mentoring, academic advising, personal counseling and residency advising.

Current tuition for the School of Medicine is \$38, 125. The average increase in tuition and fees over the past six years has been 5.6%. During the 2003-2004 and 2005-2006 academic years, the annual increase of tuition and fees was 7.2% and 7.4%, respectively. These increases reflect the increased operating costs of the School of Medicine, and now bring the School's tuition and fees to the middle range of those of comparable institutions in the New York area. School-based financial aid, and the students' level of satisfaction with it, remains high; as the level of student indebtedness has increased, however, students have become appropriately more conscious of the value of effective debt counseling. In response to this need, the School is restructuring its Financial Aid Office to better serve the individual and collective financial planning requirements of its students.

All medical students have access to the Student Health Service (SHS), which provides the following, confidential services free of charge: urgent medical care, mental health care, specialty referrals, required vaccinations and screenings, and international travel vaccines and counseling. The School offers United Healthcare insurance coverage to all students; options include family and dental coverage. The School also purchares disability insurance for students.

Before engaging in direct contact with patients, students receive explicit education on infectious and environmental hazards - including respiratory and bodily fluid hazards. During their clerkship orientation, students also attend an infection control session and receive a pocket instruction card delineating what to do should they be exposed to potentially hazardous body secretions or fluids in the patient care setting.

C. The Learning Environment

Results from the AAMC Graduation Questionnaire, Student Survey and clinical clerkship evaluations show that while incidents of student mistreatment do occur at NYU, they do so at a frequency equal to or below that of the national average. As part of their self-study deliberations, the Committee developed a Compact between Learners and their Teachers, adapted from that endorsed by the Association of American Medical Colleges. One recommendation of the Committee is that all stakeholders in the compact – students, faculty and house staff – be asked to formally agree to and abide by the Compact. The School's policies on sexual harassment and student mistreatment are clear; the visibility and level of awareness of these policies, again by all stakeholders, should be increased.

All of the School's standards and policies for student advancement, graduation, disciplinary action, appeal and dismissal are clearly stated in the School of Medicine Student Handbook. The process by which students are considered for and elected to membership in Alpha Omega Alpha is included in the 2006-2007 edition of the Handbook. As new policies are developed in response to improvements in web-based access of student assessments and grades, they are disseminated to the student body, faculty and department chairs by e-mail and then incorporated into the next year's version of the Student Handbook. Students have access to all their records through the Office of Registration and Student Records, which also assiduously follows federal guidelines in assuring access to and confidentiality of student records.

The Martin L. Kahn Teaching and Learning Center, Alumni Hall C study room and the Medical Library are the major sites of individual and small group study space for students; the number of seats, however, is not equal to the number of potential student users. Although it is closing in on its goal, the School is not yet able to provide sufficient, dedicated, study space for an entire class. Recognizing not only the tightness of study space but also significant changes in the ways in which students now learn, the School is investigating the feasibility of converting different-purpose sites to space that can add to the study space resources available to the student body.

Students can enjoy a variety of entertainment options in the recently renovated Rubin Hall student lounge, as well as use the rooftop basketball court for sports. The courtyard of Greenberg Hall and the newly constructed outdoor court between the Medical Science and Smilow buildings add "green space" to the urban campus environment.

IV. Faculty

A. Number, Qualifications and Functions

The period since the last self-study has included the largest expansion of the faculty in decades. Since the arrival of Dean Glickman in September of 1998, new chairs have been recruited to lead 16 of the 28 academic departments. Of the large number of full-time faculty members who have been recruited in each of the past eight years, there has been a loss of only 3.1% of new recruits per year.

We interpret these data to indicate that there are no insurmountable barriers to recruitment to the School of Medicine. Chairpersons and their laboratories have been relocated from as far away as California and Great Britain. The recruitments have followed extensive academic searches which have identified excellent rosters of candidates.

The factors which have facilitated recruitment and retention include: 1) the location of the School in New York City; 2) the review and annual approval by the Trustees of a rolling 10-year budget plan which incorporated the Growth Agenda recruitments from the outset; 3) the inclusion of the

necessary recruitment funds in the annual budgets; 4) a large and diverse faculty with expertise in many areas; 5) the new ambulatory cancer center; 6) a re-funded cancer center grant from the NIH; 7) a packed, linear array of primary, teaching, affiliated hospitals along First Avenue that represent archetypes of the federal, municipal and private health care systems with the resulting diversity of patient populations; 8) the standing of the entire University, 9) the outstanding medical, graduate, and postgraduate students at the School; 10) a top 10% e-resource library; 11) the ability to support a two-career family in the New York area; and 12) a spirit of renewal that accompanied the first new administration of the medical center in several decades.

The factors which have hindered recruitment and retention include: 1) the high cost of housing and living in New York City and a lack of university-subsidized housing for faculty, graduate students and postdoctoral students; 2) the lack of some "core" facilities for research and the inability to define what cores ought to be present in the Smilow building; 3) scarcity of office and laboratory space for clinical faculty; 4) an aging research infrastructure in many sites, including the Medical Science Building (MSB), Tisch Hospital and Bellevue, which has now been partially alleviated by the opening of the Smilow Research Building; 5) despite the new facilities of the last eight years, lack of space for expansion; 6) an IT service that was split after the merger of NYU Hospitals Center with Mount Sinai Hospital, with separate units servicing the School and clinical facilities (just now being reunited under a single administration) and which is deemed under-resourced for modern research; 7) the absence of portable tuition benefits; 8) lack of adequate assistance in school placement for faculty children; 9) inadequate child care provisions; and 10) lack of funded, protected time for clinical faculty.

The School of Medicine has made considerable efforts in the area of diversity. The Dean's Council on Institutional Diversity and the Dean's Committee on Women were established since the last self-study by Dean Robert Glickman to assess and improve diversity in all areas of the Medical Center. Two subcommittees of the Council on Institutional Diversity, the Leadership and the Faculty subcommittees, shared the charge of assessing and recommending on faculty recruitment and retention policies and practices. After conducting evaluations which included interviews with department chairs and underrepresented minority faculty, the two subcommittees drafted and submitted recommendations to enhance recruitment and mentoring activities that are already in place. The findings of the Council and the LCME Student Survey indicate the need to improve recruitment and retention practices in order to provide role models for students and a workforce that more adequately reflects the patient population. The Leadership and Faculty Committees are currently working on development of guidelines for search and screening for faculty and a diversity-focused faculty mentoring program, respectively.

The Office of Medical Education (OME) is a central resource available to faculty for curriculum planning and development, design and implementation of new teaching and assessment modalities, and development of enhanced teaching skills. OME offers direct, one-on-one, or group faculty development sessions on lecture skills, small group teaching skills, constructive, formative, feedback techniques, and bedside teaching approaches. OME jointly sponsors a new seminar series, "Topics in Medical Education and Technology," with the Frederick M. Ehrman Medical Library, the Section of Medical Informatics of the Division of General Internal Medicine, and Advanced Educational Systems. This seminar series, open to the entire faculty, is a forum through which to highlight new ideas in medical education and technology to enhance teaching and learning of medicine. In addition to OME, a cadre of NYU faculty with a strong grasp of educational theory and best practices lead faculty development and teaching skills sessions within and across the many academic departments.

B. Personnel Policies

Clarification, transparency and dissemination of the requirements for faculty promotion and tenure have been dramatically improved over the period since the last self-study. There are now six academic tracks in the School of Medicine: these include two full-time tenure tracks (Investigator/Educator and Investigator Clinical/Educator), two full-time non-tenure tracks (Clinical Investigator/Educator and Research/Educator), and two part-time, non-tenure tracks (Clinical and Research).

At the time of his or her initial appointment, every new faculty member receives the link to the Faculty Affairs website, which contains further links to the Faculty Handbook and the revised policies and procedures for appointment, promotion and tenure. In addition, the Vice Dean for Education, Faculty & Academic Affairs meets annually with the non-tenured faculty to reiterate these policies. The presentation is distributed electronically for those who are unable to attend this meeting. There are mandated meetings of each department's Appointments and Promotions Committee, which the Committee believes leads to increased awareness of these policies have been followed consistently since the revisions went into effect. Faculty awareness of the guidelines is very good; for example, in the Junior Faculty Survey, 75% of respondent were aware that promotion to tenure requires periodic assessments at years three and six, which is a key facet of the revised policies.

The School of Medicine has multiple levels of scrutiny of faculty member conflict of interest. At the individual, personal level, all faculty members at the School of Medicine must abide by the Conflict of Interest policy, which is published in the NYU Faculty Handbook. In accordance with this policy, faculty members, on an annual basis, must disclose any potential conflicts. Any conflicts must be resolved to the satisfaction of the Dean, and this information is reported to the University.

Faculty members at the School receive feedback from their departmental leaders about their performance and progress toward promotion through several mechanisms. New faculty members and those who are changing responsibilities receive an offer letter that clearly delineates job responsibilities and performance expectations. During their probationary period, faculty members are informed annually by the Chair or his/her designee of their prospects of being recommended by the Department for promotion and/or the granting of tenure.

Additionally, each full-time junior faculty member has a mentoring committee, the goal of which is to provide the faculty member with a critical assessment of his/her progress. Mentors serve as a sources of practical advice regarding preparation of manuscripts, grant applications, and presentations in teaching or research seminar venues. The mentoring committee consists of at least two senior faculty members selected by the junior faculty member in consultation with his/her Chair. This mentoring committee meets once per year and provides a written progress report to the faculty member, as well as to the Department Chair.

The faculty response to the feedback and mentoring policies has been overwhelmingly positive in the cases of departments and individuals who have embraced the procedures. The Committee believes that overall there has been much progress in this area since the last self-study, but that there still remain issues with effective communication of the policies.

Education has been one of the three major elements of the School's mission since its founding. The valuation of teaching and its role in appointment, promotion, retention and tenure have been the topics of two, major, faculty-driven reviews. The first review produced the Revision to the Policies and Procedures for Appointment, Promotion and Tenure at the School of Medicine. This revision specifically recognized both the responsibility of the faculty to teach and the requirement and opportunity for advancement through teaching. Since the adoption of this revision in April 2002, five faculty members have been awarded tenure or promoted to associate professor because of their achievements in teaching. In addition, the departmental appointments and promotions committees of each department and the School's Appointments and Promotions Committee consider teaching quantity and quality specifically in their deliberations about appointment, promotion and/or tenure.

The second review produced a new Report on Expectations Regarding Teaching. Two relevant portions from the Introduction that further define the School's valuation of teaching follow.

We, the faculty and administration of the NYU School of Medicine, honor, value and support teaching in all NYU programs: those programs extend to middle school, high school, undergraduate, medical, graduate, and post-graduate students, including interns, residents, fellows, physicians and scientists. However, one of our important missions is teaching medical students, and we must ensure that this is supported by the faculty to the highest level possible.

In brief, the committee affirms that an appointment at the School of Medicine requires teaching as part of one's career, and advancement requires a dedication to excellent, effective teaching in the context of a research university. This principle is entirely in keeping with the policy, history and culture of the University and School of Medicine.

The extent to which education is valued also is reflected in a number of innovations in education which have been supported by the School and its affiliated teaching hospitals. These include: 1) an expansion of faculty development offerings by the Office of Medical Education under the Associate Dean for Education; 2) the formation of a University-wide Committee on Education and Technology and its conception of Advanced Learning Exchange (ALEX), a new, student-centered, web-enhanced ecology of learning; 3) the creation of the Surgery Interactive Multimedia Modules (SIMMS), case-based, rich-media teaching exercises which have been adopted for expansion by the American College of Surgeons and the American Society of Surgical Educators as a national, surgical clerkship curriculum; 4) the development of a Curriculum Subcommittee of the Graduate Medical Education Committee which has created Objective Structured Teaching Examinations (OSTEs) for faculty and residents, courses on residents-as-teachers, and other development exercises to enhance teaching and attainment of the ACGME competencies.

On the 2006 General Faculty Survey, 69% of respondents were neutral or agreed with the statement, "Participating in educational programs has impact on decision-making concerning retention and promotion." We believe that the recent differentiation of faculty tracks and articulated value of teaching in appointment, promotion and tenure reaffirms the School's unwavering commitment to the educational component of its mission.

C. Governance

The governance structure of the School of Medicine is well-defined and effective. The Dean and other officers of the School meet regularly with counterparts at the University. Officers of the School of Medicine's Faculty Council and our Senators to the University hold positions of leadership in the University Senate; indeed, the Secretary of our Council recently was elected President of the University's Faculty Senate.

The primary committees which participate in the decision-making process at the School are the four Councils of governance, specifically the Council of Departmental Chairs, the Faculty Council, the Student Council and the relatively recently convened House Staff Council; the Academic Medical Center Operations Committee, consisting of the leadership of both the school and the hospital; the Senior Staff Committee that consists of the Vice Deans and Finance officers; the Curriculum Committee; and the Graduate Medical Education Committee.

To assess whether the faculty at large was satisfied with its role in decision-making, the Committee included survey questions on this topic in the General Faculty Survey. Approximately 60% of faculty respondents were neutral toward or satisfied with both the participation and the effectiveness of the faculty in institutional decision-making.

Many communication methods are used to inform and gather input from the faculty. The official representative body of the faculty, the Faculty Council, has representation from each academic department, as well as representation from both voluntary and full-time faculty. The Council meets every other week during the academic year, and its minutes are electronically sent to the entire faculty and posted on the Faculty Council website. The Council of Chairs meets weekly with the Dean and the Vice Deans and serves as an effective means of communication to the Chairs of each academic department. Minutes from these meetings also are posted online. Relevant information from these meetings and from other sources is disseminated through a variety of mechanisms, including departmental and divisional meetings.

Dean holds Town Hall Meetings at least twice annually. Open to the Medical Center community, these forums provide a mechanism through which the Dean, Chair of the Board of Trustees, and others present information on issues pertaining to both the School and the Hospital. At the end of each Town Hall session, there is time for open discussion with the Dean and other presenters.

In this age of technology, the School has increasingly relied on electronic means for communication to our faculty. Monthly, the Dean sends a Medical Center Newsbriefs e-mail to the Medical Center community; this newsletter highlights recent events, notable accomplishments, and other relevant information. In addition to this scheduled communication, the Dean, Vice Deans, and others in administration distribute information via ad hoc e-mail communications to the faculty.

In our survey of the general faculty, faculty members were overwhelmingly positive about the methods of communication of information. Faculty were queried on a variety of methods and reported satisfaction with all: Faculty Council (89% satisfied or highly satisfied); NYUMC broadcast e-mails (86%); and Departmental/Divisional meetings (86%). Additionally, the faculty reported overall satisfaction with the Dean, Vice Deans, and Department Chairs in terms of their providing clear and useful information.

V. Educational Resources

A. Finances

The magnitude of the NYUSoM enterprise has changed dramatically since 1999. The revenues, projected in 1999 to be \$392 million, doubled to \$787 million in 2005 and will be over \$800 million in 2006. The Faculty Group Practice (FGP) has tripled in size. Philanthropy has almost doubled, with much of the growth attributable to Campaign pledge payments for the Smilow Research Building and for over 100 faculty recruits for that building and throughout the campus. Research grants already have grown by 76%. Tuition has grown by 28%.

A royalty revenue stream from Remicade particularly advantages the NYU School of Medicine. In 2005, \$78.3 million of royalties were received. In 2006, approximately \$90 million will be received. Sixty million dollars are being used for current operations, recruitments and capital enhancements, and \$30 million are being reserved. The audited financial statements of the NYUSoM for FY2005 show a \$17.4 million operating profit. This compares favorably to the \$28 million operating loss projected for FY 1999 at the time of the last review.

For each of the last six years, there has been a revision of the Ten Year Strategic Plan. While the underlying strategy (the Dean's Growth Agenda) hasn't changed, the annual update has provided a discipline to ensure that we stay ahead of adaptations of the strategy (i.e., growth in the number of recruits), accommodate for unforeseen events (break up of the hospital merger) and are current in inflation factors. The projections have stayed balanced. In some years, the additional revenue and additional expense have balanced easily. In other years, institutional efforts have been needed to realign expenses.

During its annual budgeting process, the School reviews the balance of activities of the faculty to ensure both revenue generation and time for scholarly pursuit. The School provides support to the academic departments to cover salary of faculty engaged in required teaching activities. In addition, basic science faculty are not expected to cover 100% of their own salary through extramural funding; rather they receive support for uncovered salary to ensure the availability of faculty for meeting the educational mission of the school.

The NYU School of Medicine has a Faculty Group Practice (FGP) that now consists of over 550 physicians with total revenue of approximately \$225 million per year. This enterprise generates approximately \$18 million per year for the Dean's Academic Fund, overhead coverage for the School, and academic funds for various Department Chairs. The magnitude of this enterprise has more than tripled since the last LCME site visit. The reason the FGP has increased in size is the dramatic increase in programmatic initiatives, the latest of which is an ambulatory cancer center in which over 50 physicians participate and are now in the practice plan. With multidisciplinary programs becoming more prominent, an employment vehicle such as the practice plan is of greater interest to physicians. Further, as it becomes more difficult for voluntary physicians to bring on new partners, the availability of the practice plan has been helpful for new recruits.

There has been significant planning related to the clinical enterprise. In addition to the faculty practice there is also a substantial contract with the flagship hospital of New York Municipal Hospital System, Bellevue Hospital Center, which employs close to 500 faculty. Additionally, our affiliation with the VA employs over 100 additional faculty. The strategy of the FGP is to partner with physician groups throughout the metropolitan area and to provide onsite specialty care to them that complements what they already provide, with referrals coming to NYU. Further, we are planning to build a new ambulatory care center. All of these ambulatory activities are amenable to medical student clerkships and electives.

The present and future capital needs of the School of Medicine are reviewed annually and incorporated into the NYU Medical Center strategic planning process. Included in the plan are the needs of the clinical enterprise, including major construction and renovations to the hospital, a new ambulatory care center, and the renovation and upgrading of current academic and research facilities.

B. General Facilities

Alumni Hall includes the 500-seat Farkas Auditorium as well as two smaller auditoriums for lectures, symposia, and conferences. The 3rd Floor also includes a large study space available to students 24 hours a day with large windows and comfortable chairs for study and relaxation.

Completed in 1973, the Schwartz Lecture Hall provides two auditoria, including the Pfizer Foundation Hall for Humanism in Medicine, each with a capacity of 305 as well as two lecture rooms, each of which accommodates 85 students. Equipped with audio-visual systems, these facilities serve as a focal point of the first two years. Schwartz Lecture Hall is very convenient to Rubin Hall and the rest of the Medical Center.

The Geraldine H. Coles Medical Science Laboratory Building houses the Advanced Educational Systems facility, gross anatomy dissecting suites, the Printing Lab, and the Dr. Martin L. Kahn Teaching and Learning Center on the 2nd and 3rd Floors. The entire facility includes over 16,000 useable square feet of classroom and flexible classroom/laboratory space dedicated to small group teaching.

The Kahn Center, completed in 1998, contains six, multi-purpose, teaching labs with movable tables to maximize flexibility as well as computers and audio-visual equipment to facilitate discussion and integrative teaching. The design of this multi-purpose facility fosters student-faculty interchange and also provides medical students with study spaces during the off-hours. Highly effective, small group teaching and learning does occur in this facility designed to provide an environment for precisely that. While the 1998 renovation of the Kahn Center addressed space requirements for fulfillment of that educational goal, the six laboratories now require more advanced multimedia capabilities. In addition, the computers in the laboratories and small group teaching rooms are outdated and need to be replaced, and the first and ground floors of the facility also require updating and renovation to meet the requirements of an evolving, technologically-assisted learning environment.

Biomedical research is a critical component of the mission of the School Medicine. MSB is the largest of the School's laboratory facilities, and it has undergone systematic, cyclical renovation and improvement to maintain its capacity to promote a high quality environment for scientific investigation. The adjacent Skirball Institute of Biomolecular Medicine adds 60,000 square feet of laboratory space to the 120,000 of MSB; the School of Medicine also leases approximately 26,000 square feet of research space at Bellevue and 40,000 square feet of space at the VA for research and support activities. The Department of Environmental Medicine's Sterling Forest campus encompasses approximately 72,000 square feet of laboratory, teaching and office space. The Nathan S. Kline Institute for Psychiatric Research in Orangeburg, with its new \$40 million construction and renovation effort and its 200,000 square feet of modern laboratory space, maintains a strong academic collaboration with our School's Department of Psychiatry.

The Dean's Growth Agenda originally forecast demand for at least 200,000 square feet of additional research facilities to support the new faculty. The most obvious manifestation of this growth is the construction of the Joan and Joel Smilow Research Center. Facing the East River adjacent to the FDR Drive, the Smilow Research Center abuts and is entered via MSB, NYU's original research facility. This proximity will foster interaction between researchers, facilitate the integration of new programs with existing ones, and enable sharing of equipment and other resources. Ground-breaking for the Smilow Research Center occurred in October 2002, and the facility began accepting its new occupants in April 2006.

The Committee concludes that although the School has adequate teaching and research space to fulfill its mission, its teaching space requires updating and renovating in order to match the

School's pace of and drive toward educational innovation. Educational program methodologies utilized by the School have surged forward to embrace technology. While web-based learning tools and virtual patient simulations have little impact on teaching facilities, the same cannot be said for the increasing penetration of clinical simulation into the fabric of the curriculum. Currently, the preclinical and clinical OSCEs, as well as the Comprehensive Clinical Skills Examination, are performed in makeshift and borrowed space at Bellevue Hospital Center and the VA. Partial task training and surgical skills training occurs in the new, 3,000 square foot Surgical Skills Center at Bellevue. Although space constraints do not interfere with the School's ability to pursue educational innovations and attain educational excellence, the School recognizes the need to identify space and secure funding for a Comprehensive Clinical Skills Center. Such a facility would enable the School to most effectively implement its innovative plans for human patient simulation and continue to provide robust, cohesive, undergraduate, graduate and postgraduate learning experiences in simulated clinical environments.

The housing portfolio of the medical center consists of 810 owned units and approximately 160 leased units. These units accommodate the needs of the School of Medicine as well as of the hospital, and they house medical students, graduate students, post-doctoral fellows, faculty, administrators, nurses, and house staff. About half of all medical students in campus-owned housing live in the single rooms of Rubin Hall; 37% of students in the school's housing portfolio live in the studio or three-person suites of Greenberg Hall. The Skirball Residential Tower accommodates about 13% of the medical students housed in the School's owned portfolio. All three facilities undergo cyclical renovation and upgrading, although the cycle length of these renovations could be shortened.

The primary function of the Security Department is to provide the safest possible environment for all members of the medical school community. Security officers are trained in first aid, CPR, patrol procedures, knowledge of the campus, information about the alarm systems, and building evacuation. They are also trained to use citizen arrest procedures if necessary.

The Security Department is aided in its tasks by a computerized, card access, CCTV alarm system. All entrances and exits, many high security doors, and the perimeter of the medical school campus are monitored by closed-circuit television equipment with recorder capability. The card access system is integrated with the existing identification program.

All NYU-owned residential buildings, including Skirball Residential Tower, Greenberg Hall, and Rubin Hall, provide 24-hour security personnel presence and surveillance cameras in lobbies and lounges. Magnetic card-swipe access has been installed in the three NYU-owned residential properties and upgrades to proximity readers are planned. No one is allowed access into a residential facility unless he or she is a current student, resident guest, or otherwise authorized visitor. All entrants, including staff and faculty, are checked for proper identification.

NYU operates a free campus transportation service that is available year-round with modified summer and holiday schedules. The service runs along five fixed routes connecting the various campuses from 7:00 a.m. to midnight weekdays and from 10:00 a.m. to midnight on weekends. A free, on-call van service is provided for overnight transportation to and from NYU facilities as needed.

C. Clinical Teaching Facilities

The clinical resources available to the medical school are extraordinarily rich. First, Bellevue Hospital is an 800-bed hospital with just under 30,000 discharges a year and over 500,000 outpatient visits. Medical students are able to do clerkships, sub-internships, ambulatory rotations,

inpatient rotations, and clinical research electives at this site. The patient mix is extraordinarily diverse from demographic and pathophysiological perspectives. Bellevue's inpatient unit is in excellent condition, and a state-of-the-art intensive care unit recently has been opened. Two years ago, Bellevue opened a 208,000 square foot ambulatory care facility to which medical students are assigned. There are close to 500 NYU faculty on site at Bellevue through a professional services contract that provides patient care and trainee supervision.

The New York Campus of the VA, located six blocks south of the School of Medicine, provides another rich clinical resource. It has 171 inpatient service beds in acute medicine, surgery, acute psychiatry, neurology, and rehabilitation medicine. The New York Campus is affiliated with many schools of higher education, but its primary clinical affiliation is with the NYU School of Medicine. Medical students routinely rotate on these services, and the VA residency programs are fully integrated with those of NYU and Bellevue.

Additionally, the VA New York Campus provides just under 400,000 annual outpatient visits. In total, therefore, there are approximately one million ambulatory visits between Bellevue and the VA New York Campus, with another 400,000 ambulatory visits at Gouverneur Diagnostic and Treatment Center, which is also an ambulatory site for teaching. The VA also has an ample supply of NYU faculty members who are on site and full-time through an affiliation.

Tisch Hospital is a primary teaching hospital which also abounds in extraordinary opportunities for medical students. There are 37,000 discharges per year at this facility with an excellent mix of patients. Recently, through the addition of hospitalists and full-time chiefs of service, the teaching activities have been enhanced to supplement the excellent work of voluntary attending physicians. One limitation of the Tisch Hospital clinical teaching resource base is its relative lack of small group teaching conference space. Tisch Hospital recently opened a clinical cancer center, a 100,000 square foot ambulatory cancer care facility building which is free standing and will provide further opportunity for ambulatory care activity for medical students. Other affiliates, including Lenox Hill Hospital and North Shore-Long Island Jewish Health System, provide clerkships in selected areas for medical students.

The interactions between the medical school administration and the hospitals or clinics used for teaching are extensive. One of the Vice Deans of the School of Medicine has responsibility for managing these affiliations. On a weekly basis there is a joint operating committee meeting between the School of Medicine and Bellevue Hospital; on a monthly basis there is an affiliations meeting with the Veteran's Administration. There are virtually daily meetings with the Tisch Hospital administration. Above and beyond these meetings, there are multi-site committees under the auspices of GME which frequently discuss medical student education. The level of cooperation between the School of Medicine and its affiliates is extraordinarily positive and interactive. Conflict negotiation and resolution when needed are undertaken between the Dean of the School of Medicine and the appropriate Chief Executive Officer of a particular hospital or clinic.

We are fortunate that most of our clinical sites are entirely staffed by faculty with appointments in the NYU School of Medicine. At two sites, namely Lenox Hill Hospital and North Shore-LIJ, clinical staff may not be core faculty members, but members of the voluntary, part-time faculty. Representatives from these institutions participate on the Curriculum Committee and site directors communicate regularly with their respective clerkship directors. The educational program for medical students rests firmly in the hands of the School's faculty. The School maintains written, signed affiliations agreements with each of its affiliates.

In summary, the primary affiliations at Tisch Hospital, NYU Hospital Center, Bellevue Hospital/Gouverneur, and the VA, supplemented by relationships at Lenox Hill Hospital, North Shore-LIJ and others, provide a rich, well-integrated opportunity base for medical education.

D. Information Resources and Library Services

With a holdings list of 12,000 electronic journal titles and over 10,000 electronic books, the Ehrman Medical Library ranks in the top 10% of U.S. medical libraries in e-holdings. The library retains 197,000 print volumes and subscribes to 1500 print titles, of which one third are available only in print. In addition, the Library continues to purchase books every year at a higher than average level, and it lists 187 electronic databases and clinical and research support resources (i.e., UpToDate, MD Consult, Biomedical Protocols).

The primary weakness in the library holdings is that because of space limitations, the entire journal collection dating before 1985 is in remote storage, and accessible within 48 hours only by request. Shortly, we will have to put all titles published before 1990 in remote storage. Materials from 1970-1985 are still in demand for teaching, clinical care, and research. Although remote storage is increasingly common for many libraries, it is usually for materials published before 1950.

The three main groups supporting the educational mission are Advanced Educational Systems (AES), Medical Center Information Technology (MCIT), and Library. These groups are rich in technological knowledge and ability, and they have generated some extremely innovative solutions and products.

AES is a creative R&D group with broad and deep technology talent for educational applications in multiple technology areas. Its premier achievement is the creation of the surgical interactive multimedia modules (SIMMs), which have earned national recognition and are becoming the standards for national undergraduate education in Surgery. This team has significantly advanced the possibilities of computer-based instruction.

MCIT has made significant advances in the realms of stable infrastructure, custom applications, web and general technology support since the last LCME evaluation. Among MCIT's major accomplishments have been the building of a professional Help Desk and dozens of applications in support of the educational functions and mission of the School, including a powerful Clerkship Evaluation System for student assessment and web sites to support curricular needs and student life.

The Information Resources and Library Services Subcommittee intensively assessed and analyzed the sources of strength and challenges to the informational technology services at the School of Medicine. The Subcommittee found that all of the faculty, staff and management involved in supporting the educational mission are motivated and effective. However, as technological capability grows and the demand for integrative solutions increases, the bar continues to rise, along with expectations of faculty, staff, and students. In balance with the notable accomplishments, therefore, the Subcommittee highlighted areas for targeted improvement. In general, the subcommittee's analysis revealed that there likely are adequate resources in Information Technology; but these resources may not be used in the most efficient and effective manner.

The principal shortcoming identified by the Subcommittee was the lack of a clearly articulated, integrated vision of all of the interlocking components of the Medical Center and, therefore, an IT strategy to support that vision. Accordingly, the Committee recommends that a formal IT

Steering Committee - with four, mission-focused, component committees to address Education, Clinical Care, Research and Administrative needs and functions - be appointed by the Dean to direct efforts and allocate resources across the medical center, and to forge technological integration of education with research and clinical care. Depending upon the findings of the review, strong consideration should be given to centralizing some of these resources under common IT management.

The Library is a repository of advanced digital resources and expertise. Over the past seven years, the Library has made great strides in the amount of curricular and clinical reference material available on-line. It has greatly expanded its scope and now manages the medical libraries at Bellevue, the VA, and the NYU Dental School. This has allowed for a breadth and consistency of content that would otherwise not have been possible. The advent of the Web proxy server has allowed access to Library materials from virtually anywhere with an Internet connection.

The 2005 questionnaire of the NYUMC community and the 2006 LCME Student Survey both indicated a high satisfaction level with all library service measures, including circulation staff, interlibrary loans, reference, and literature searching. The library is open 24 hours, Sunday noon through Friday 9:00 p.m., and open Saturday from 10:00 a.m. to 8:00 p.m. There is a 24 hour study area with 6 computers and 16 study seats that is open 24 hours a day every day. During major exam sessions the student representatives and library staff work out an extended set of hours for Friday and Saturday evenings and Sunday morning coverage. Assistance is available during these hours for 96 hours a week.

The library contains a graphics area which includes audiovisual equipment for the few resources not on the web. There are no queues for these resources. In addition, a sophisticated set of graphics software including scanners, video-editing, digital cameras and color printing is available in the library graphics area. Starting September 2006, this equipment will be jointly managed by the School of Medicine's Media Services Department and the library.

The public access computers are used at capacity. Related to the shortage of study space, there are not enough to fulfill the need. However, there also is need for quiet study space without computers and the balance set by the library staff to accommodate this has received only comments that there is neither enough quiet space nor computer availability.

The Ehrman Library ranks 100th out of 120 U.S. and Canadian libraries in square feet available. It ranks 5th in overall usage by comparative gate count. The universe of possible users on campus is over 20,000. Pressure for seating and computer use is intense. In the Student Survey, 39% of respondents rated the amount of library study space as poor or unacceptable, and 24% rated the quality of the space as poor or unacceptable.

Despite the overwhelming trend toward electronic information retrieval and away from print holdings and despite the robust e-holdings of the Ehrman Medical Library, the library is a center for study, group learning, computer access, and assistance with and instruction in robust information retrieval. A specific plan to accommodate these resource needs of the medical center should be established and implemented.

The library staff maintains an extensive education program for both medical education and general user education for faculty and staff. The library also offers an extensive selection of professional development classes which are given during the day and early evenings at no charge.

Karen Brewer, PhD, as Chair of the library is a member of the School's Curriculum Committee. As of September, 2006, the Library's Coordinator for Undergraduate Education became a participating member at monthly preclinical module and clinical clerkship directors' meetings. The library also is a partner in the design of curriculum support tools such as the curriculum repository and SIMMS modules.

The traditional strengths of the NYU School of Medicine remain compelling, and the extraordinary dedication of our students, faculty and administration to the pursuit of excellence in a complex mission is both tangible and inspiring. These strengths include:

- 1. Strong, central management of the curriculum by a proactive Curriculum Committee in collaboration with a strong Office of Medical Education. All of the facets of Curriculum Policy 2001 have been implemented, with continual engagement of Department Chairs and faculty despite the cross-disciplinary nature of the curriculum. The School has articulated and endorsed, at every stakeholder level, specific objectives for its educational program, and through two separate policies, reaffirmed commitment to its educational mission;
- 2. The continuing willingness of a very strong faculty to contribute time for education, curricular reform, educational and academic administration and student advisement;
- 3. A research effort that engages the students fully and advances the fields of biomedical science with great impact;
- 4. The capacity to consider, test, and embrace new methods of teaching and learning, and to anticipate changes in the educational environment with flexibility and creativity;
- 5. The tenure of Dean Glickman, who has energized the campus, expanded the School's capacity for cutting edge basic, translational and clinical research, kept a focused and balanced eye on both growth and nurturance, and guided the School through a period of adaptation and self-discovery.

In parallel, the introspective process of self-examination also highlighted concerns toward which we must direct attention to best utilize our strengths and capitalize upon our opportunities. These include:

- 1. The need for cross-functional strategic planning to best deploy our resources in synergistic efforts that add value to not one, but all three components of our mission;
- 2. Overtaxed clinical and teaching spaces within our physical plant which do not inhibit achievement of our mission, but which leave little margin in meeting the needs of the academic community;
- 3. Uneven success in recruitment of underrepresented minority faculty and students despite forceful efforts;
- 4. Modest amenities for students;
- 5. A budget dependent on multiple external organizations, with a need to maximize utilization of these sources as well as create new sources of revenue.

Recommendations

Institutional Setting Committee

• Complete a formal, integrated strategic plan for the School of Medicine.

- Consider the appointment of a Vice Dean for Research to further the research mission of the School.
- Remove unnecessary administrative obstacles to clinical-translational research by coordinating the submission and review processes to the School and Hospital's regulatory offices (i.e., IRB, OCT, GCRC).
- Continue development, under the Senior Associate Dean for Sponsored Programs Administration, of administrative services necessary to support and promote faculty research efforts, including grant writing and mentorship.
- Organize and coordinate core research facilities, promoting the interaction between the new CTSI, the Cancer Institute, and other research centers within the School.
- Increase interactions with other schools at New York University with regards to opportunities for shared core services and access to innovative technologies.

Educational Program for the MD Degree

- Continue to promote cross-site equivalency in educational experience and quality by analysis of the information obtained through the students' patient logs; utilize this data not only to prompt educational program "course corrections" when necessary, but to directly inform the research and development efforts of AES in creating innovative curricular elements.
- Continue to develop, in full collaboration with the Dean, Curriculum Committee and Department Chairs, an effective method for addressing the rare instances in which clinical grading policy at the departmental level is not congruent with that adopted by the School of Medicine.
- With a robust, collaborative system for horizontal and vertical curricular conversation and integrated, interdisciplinary curriculum delivery systems now in place, continue what the joint committee of preclinical unit and module directors and clerkship directors already have begun: a thorough reassessment of the core content of the curriculum. The goals of this process are to: 1) evaluate and, if necessary, redistribute weight placed upon certain topics while introducing key new areas which reflect the changes in biomedical discovery, translational medicine, and clinical care; and 2) develop and implement innovative methods of cross-disciplinary and vertical curricular delivery.
- Continue to augment the pervasiveness and communication of opportunities for faculty and house staff teaching skills development.
- Evaluate the content, style and structure of the preclinical examinations with regard to the level of cognitive challenge and the educational objectives to which the assessments are linked.
- Continue to work on development and implementation of methods to increase the frequency of direct faculty observation and quality of constructive feedback offered across the curricular program, but particularly in the clinical clerkships.
- Continue to strengthen both transparency and awareness of transparency in the clerkship evaluation/grading process.
- Establish a robust, coordinated, integrated, web-based system that links prompt, clinical clerkship evaluation by the students with timely return to students of their own final assessments and grades.
- Continue efforts to increase the level of engagement of all clinical faculty in the teaching and assessment of knowledge, skills and professionalism throughout all four years of the educational program.

- Establish a Clinical Skills Center for actual and simulated patient encounters and scenario training that can be used for learning and assessment of achievement of pertinent educational objectives across all four years of the undergraduate medical education program, as well as in graduate and postgraduate medical education.
- Articulate a formal, documented charge to the Curriculum Committee from the Dean of the School of Medicine.
- Identify and implement a more robust curricular management system.
- The expectations that students take Step I and Step II of the USMLE should be strengthened and continually reinforced. The School of Medicine should study whether or not to institute a formal policy requiring students to take Step I before beginning their third year clerkships and Step II before application for residency.

Medical Students Committee

- Form a working group to examine ways to expand the current role of medical students in the admissions process.
- Ensure that the newly-created technical standards for admission of handicapped applicants are published in all admissions literature and are available on the Admissions website.
- Improve IT and related resources, including but not limited to the e-mail system, student portal, helpfulness and accessibility of IT Help Desk, reliability of 24-hour printing facilities on campus, expansion of CMMS to include all clinical clerkships, relocation and improvement of individual clinical clerkship websites.
- Renovate existing preclinical teaching facilities.
- Create a space devoted to less formal individual or group study.
- Identify more space appropriate for clinical teaching at Tisch and Bellevue Hospitals.
- Improve the system to make readily available reliable data on the demographics of students, faculty, and the patient population.
- Review the recruitment and admission processes of students to ensure that diversity initiatives are implemented.
- Increase efforts to recruit underrepresented and disadvantaged students and identify scholarship funds to support students.
- Continue to promote the work of the administration with the Dean's Council on Institutional Diversity to develop programs for a diverse faculty.
- Review the School's visiting student policy to ensure across host departments that visiting students do not have priority or interfere with the student experience.
- Provide information from the Student Survey to departments/services with identified problems.
- Move forward with the plan to convene a task force of students, faculty and administrators to evaluate the current systems of mentoring, career counseling, and academic advising.
- Improve the accessibility of, and communication by, the Office of Financial Aid.
- Restructure exit interviews to take place on an individual basis after a general information session, thus allowing students time to analyze their situations and ask informed questions specific to their needs.
- Explain and justify to the student body the reasons for annual tuition and fee increases, and discuss concordant increases in supplies and cost of living so that students will have adequate information for structuring budgets.
- Re-evaluate restrictions on deferring loan repayments until completion of postgraduate training.

- Consider one-on-one financial planning with the goal of creating an annual, individualized budget by student request.
- Continue to state tuition refund policy during first-year student orientation.
- Increase accessibility and hours of operation of the SHS, including physician hours.
- Increase, and thereby improve awareness, of the availability of the Student Mental Health Service.
- Continue to explore additional options for comprehensive, cost-effective, healthcare plans for medical students.
- Whenever possible, ensure that physicians at SHS are not clinical faculty at the School.
- Offer all vaccinations at SHS free of charge.
- Continue to insure confidentiality and communicate scope of services offered at SHS.
- Increase awareness of student disability insurance.
- Adopt the Compact between Teachers and their Learners; ask students, house staff and faculty to formally agree to, and abide, by the Compact.
- Send the Student Handbook and a cover letter to matriculating students during the summer before their first year.
- Review and improve as needed the procedures for informing house staff and faculty of the student mistreatment policies.
- Convene a task force to revisit whether the School of Medicine should implement an honor code.
- Publicize policy and procedure for determination of AOA status, now included in the Student Handbook.
- Delineate clear policies for the appeal of clerkship grades and have them easily accessible via the curriculum webpage; provide this information verbally at the beginning of every clerkship.
- Continue to reevaluate the current usage of space in efforts to establish additional study space.
- Evaluate the possibility of relocating Rubin Gym and/or obtaining corporate rates for an off-campus gym.
- Provide students access to the Skirball and Smilow conference rooms in the evenings when they are not utilized.
- Cover the large expanse of underutilized space by the basketball court with grass or artificial turf. Purchase benches and other types of seating so students can enjoy this recreational area.

Faculty Committee

- Develop a formal mechanism for the responsible recruiter to inform the administration of the reasons for failure to recruit any leading candidate, with the ultimate goal of tracking and identifying centrally the common reason for any failed recruitments so that they can be remedied in the future.
- Develop a formal mechanism for exit interviews of established faculty who leave the institution to pursue other career opportunities in an effort to identify weakness in our faculty infrastructure.
- Enhance the system for delivery of faculty development activities.
- Create a website to serve as a faculty development clearinghouse, which would include creation and enhancement of web-based modules and web-based resources.
- Develop a mechanism by which to recognize the quality of teaching.

- Increase awareness of current teaching and evaluation activities (i.e., Topics in Medical Education and Technology seminar, other central and departmentally-based efforts).
- Post the rosters of members of the School and departmental Appointments and Promotion Committees on the Faculty Affairs website to increase faculty awareness.
- Review the School's Conflict of Interest policies to determine if they could be better integrated.
- Verify that mentoring meetings are being held.
- Continue to publicize the mentoring committee requirements and processes both through the Office of Education, Faculty & Academic Affairs and the academic departments.
- Continue, in the upcoming leadership transition, to promote a high level of consultation and involvement of the faculty when important strategic decisions are made.
- Improve communication between the faculty and the Board of Trustees, perhaps through joint faculty-trustee committees and other like initiatives.
- Develop a central faculty electronic portal where resources relevant to faculty can be housed. In the interim, enhance and publicize by e-mail the resources and links located on the Faculty Affairs webpage.
- Mandate and enforce the usage of an active, NYU-domain, e-mail address by every faculty member in order to enhance and ensure communication.
- Constitute a task force to determine appropriate recognition and feedback mechanisms for the teaching responsibilities of the voluntary clinical faculty.

Educational Resources Committee

- Replace carpeting, seating and lighting in the Schwartz and Alumni Hall rooms and upgrade the multimedia projection facilities.
- Consider establishment of a committee to examine the current use of all of the teaching spaces in the School of Medicine.
- Renovate the first two floors of Coles to support the educational effort going forward.
- Upgrade multimedia capabilities and information technology throughout the Kahn Center.
- Continue to plan for a Clinical Skills Center to keep the School in a competitive position in the utilization of simulated environments.
- Study the quantity of, quality of, and demand for student study space; consider renovating at least one of the following spaces to provide additional student study space: Alumni Hall A, Schwartz Lecture Halls C/D, or the Student Cafeteria Annex; consider increased student access to other spaces and conference rooms in Skirball and Smilow in the evenings and off-hours when such spaces are not being utilized.
- Continue to explore opportunities to meet the library's needs and expand its space.
- Continue to foster a relationship with the ERSP to explore and exploit whatever opportunities may arise to economically and efficiently alleviate space and facility constraints on campus.
- Continue to make reasonable and necessary investments in Rubin Hall, while strongly considering construction of a new dormitory.
- Develop a plan to respond to student housing demand through additions to the portfolio, both owned and leased.
- Undertake an outside assessment of student security in conjunction with an evaluation of overall security at the Medical Center.

- Continue to advocate for teaching space in all clinical facilities.
- Develop a strategic plan for the Medical Center, a major component of which should address the library and information technology.
- Appoint a formal IT Steering Committee to direct efforts and allocate resources across the medical center, and to forge technological integration of education with research and clinical care.
- Establish an Education IT Subcommittee with appropriate representation and subcommittees to address its major constituencies.
- Carefully review IT requests during the capital budgeting process.
- Review the decentralized IT resources and consider centralizing some of these resources under common IT management.
- Make wireless network access pervasive throughout the Medical Center physical space.
- Deploy full Web access on all public Tisch/Rusk workstations and make selected Web access to education sites available on clinical patient desktops.
- Provide a robust, external access method for easy access to all server-based files and applications.
- Establish unity of identity across the Medical School, Tisch Hospital, and to the extent possible, the clinical and teaching affiliates such as Bellevue.
- Allocate space to faculty and staff on a recently-acquired mass-storage device known as a SAN and work out details of sharing and managing that space.
- Continue to work on improving the availability and performance of Popmail, while looking at the feasibility of unifying e-mail systems across the Medical Center.
- In concert with the Hospital, utilize a professional outsourcer's data center capability, with appropriate disaster recovery services; to the extent possible, upgrade the current data center to professional standards.
- Evaluate and obtain technology that makes videoconferencing, webcasting, etc. simple for the lay person.
- Move to a searchable, shareable, "industrial strength" curriculum database.
- Streamline service of the Student Printing Facility.
- Develop, through the IT Steering Committee, a strategy for evaluation of computerbased exams and for "teaching the teachers" how to integrate developing technology into standard and novel curriculum.
- Execute a strategy of support for research faculty that is extensible to other faculty, including back-up, support, and web-based collaboration tools.
- Evaluate the feasibility of an Enterprise Agreement for Windows Operating System and Office applications, as well as for analogous offerings for Apple equipment.
- Pursue an integrated architecture strategy of data collection and warehousing.
- Continue to improve the appeal, ease of navigation, and search-ability of the Medical Center's web sites.
- Pursue a strategy of integrated calendaring that addresses personal, facility, and course calendaring.
- Continue to address library space issues in accommodating resource needs including study space, group learning space, computer access and appropriate staff space for its clientele; establish a specific plan and prioritization of overall facilities upgrades.
- Continue to have library faculty work with course and clerkship directors in both formal structures such as the monthly unit/module and clerkship director's meetings and informally to ensure the most appropriate integration of library resources into the course materials delivered over the internet.

LCME Committee Membership

Steering Committee

Co-Chairs: Robert Glickman, MD *Dean, School of Medicine; CEO NYU Hospitals Center; Professor of Medicine* Veronica Catanese, MD *Chair, Task Force on Accreditation; Senior Associate Dean for Education and Student Affairs; Associate Professor of Medicine and Cell Biology*

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Professor of Pathology; President, Faculty Council
Eric Rackow, MD
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Educational Program for the MD Degree Committee

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