IV. Report of the Faculty Committee

The Faculty Committee formed as part of the LCME self-study had representation from various faculty constituencies, including department chairs, senior and junior faculty, basic science and clinical departments, and part-time and full-time faculty. The Committee reviewed the School’s progress in the faculty realm since the last LCME self-study and overall, was very pleased with the results.

In order to effectively reflect upon and answer the self-study charges, many of which were relevant to a broader swath of faculty, the Committee chose to form multiple subcommittees. An Information Technology Subcommittee, chaired by Ruth Lehmann, PhD, invited Information Technology leadership to a Committee meeting and, based upon the discussion, formulated several recommendations. Due to the overlap of the Information Technology Subcommittee’s recommendations with those concurrently generated in other working self-study committees, the specific recommendations from Dr. Lehmann’s subcommittee were then forwarded to the Information Resources and Library Services Subcommittee of the Educational Resources Committee for consolidation and inclusion in their report.

A Junior Faculty Subcommittee, chaired by Deborah Yelon, PhD, generated and distributed electronically a survey to all junior faculty. The purpose of the survey was to evaluate the effectiveness of the current mentoring and feedback systems which were instituted since the last self-study. The response rate was 52%.

A Clinical Educational Environment Subcommittee, chaired by Harold Weinberg, MD, PhD, developed a survey of all voluntary clinical faculty which was distributed electronically. Given the very large number of individuals in the potential set of respondents, the response rate was low. Nevertheless, a large number of physicians participated in the survey and, therefore, the Committee believes that there were issues brought to light which deserve further discovery and discussion.

A General Faculty Subcommittee, chaired by Bruce Bogart, PhD, designed a survey that was distributed electronically to all full-time faculty of the School. The purpose of this survey was to determine how informed the faculty was about school issues of faculty participation in education and school governance. It also included issues that were of general interest to the faculty. The response rate was 43% of our full-time faculty.

A. Number, Qualifications, and Functions

The period since the last self-study in support of re-accreditation by the LCME has included the largest expansion of the faculty in decades. Since the arrival of Dean Glickman in September 1998, new chairs have been recruited to lead 16 of the 28 academic departments; of these, nine were recruited from outside of the New York metropolitan area. Table 1 shows recruitment of faculty into the full-time academic tracks between September 1, 1998 and August 2006.

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Recruited</th>
<th>On Faculty as of August 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate tenure</td>
<td>42</td>
<td>42</td>
</tr>
<tr>
<td>Tenure track</td>
<td>239</td>
<td>157</td>
</tr>
<tr>
<td>Full-time non-tenure track</td>
<td>511</td>
<td>391</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>792</strong></td>
<td><strong>590</strong></td>
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</table>
On average, 90 new, full-time faculty members have been recruited in each of these eight years, and there has been a loss of only 3.1% of new recruits per year.

A portion of these recruits – initially 77 and now an expectation of 120 – were identified as part of the plan of faculty expansion and renewal referred to as the “Growth Agenda” for the Glickman administration. The totals and departmental distributions of those hired in this category are shown in Table FA-2. Of the 792 faculty members in Table FA-1, 61 were identified as needed additions to the standing faculty and considered part of the Growth Agenda. This number is projected to double with the opening of the Smilow Research Building and the completion of the Growth Agenda expansion.

<table>
<thead>
<tr>
<th>Department</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
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<tr>
<td>Anesthesiology</td>
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<td>1</td>
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<td>2</td>
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<tr>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>7</td>
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<td>2</td>
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<tr>
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<td>6</td>
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<tr>
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</tr>
</tbody>
</table>

Grand Total 4 7 11 13 11 3 12 61

1While Skirball Institute is listed as a separate department, all faculty recruited to the Institute have primary faculty appointments in one of the traditional departments.

**Recruitment and Retention**

We interpret these data to indicate that there are no insurmountable barriers to recruitment to the School. Chairs 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.

To determine the key factors which facilitate or hinder recruitment and retention, we asked the deans, institute directors, recruiting chairs and the chairs of the Recruitment Advisory Committee, a group charged with the coordination and oversight of recruitment to the new Smilow Research Building, to list the most important positive and negative factors they have encountered.
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 ten 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.

**Faculty Diversity**

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 LCME self-study by Dean 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 which are already in place. The findings by 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.

**Recommendations**

- 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.
Development of Faculty Teaching and Evaluation Skills

There are a number of opportunities for faculty members to improve their teaching and evaluation skills. OME is a central resource available to faculty for curriculum planning and development, assessment of the effectiveness of course objectives, and design and implementation of teaching and assessment modalities.

Curriculum Development

The OME collaborates and provides guidance to faculty in development of curriculum, assessment of curricular and student needs, design of course organization and structure, creation of goals, objectives, and syllabi, and assessment of students. In these areas, OME assists the faculty in incorporating sound educational practices and theories and provides the relevant faculty development. A recent example of new curriculum development was the Disabilities Curriculum introduced in academic year 2005-2006. OME orchestrated the development of this curriculum with key faculty members from the Department of Rehabilitation Medicine, the Skills and Science of Doctoring module, and United Cerebral Palsy of New York. Evaluations of the curriculum by students, faculty and patients with disabilities were overwhelmingly positive (see Appendix). Another recent example is the development of a Pain Curriculum in 2004. OME worked with individuals from the Skills and Science of Doctoring and the Mechanisms of Disease: Nervous System modules to integrate pain management into the first two years of the curriculum. In addition to the two examples above, other specific interventions developed in concert with OME and the module/clerkship directors (i.e., OSCE’s, cyber classrooms) have been rated very highly by the students. The OME fosters faculty awareness of the elements of teaching that drive learning (i.e., “assessment drives curriculum,” student-centered teaching).

Module/Clerkship Evaluation

All courses and clerkships are evaluated by students using a web-based evaluation system. This system allows for timely feedback to module directors and departmental chairs for the continuous improvement of courses. The OME provides guidance to faculty in effectively evaluating modules and units (i.e., developing questions and creating effective reports from the evaluation data). This evaluation data can be used for targeted faculty development sessions, either at the individual or at the course level. Issues with an overall module or unit may be identified via this mechanism, and OME will then intervene with appropriate faculty development activities. In the clerkships, additional focus has been on the comparison of educational experiences at the various sites, in order to identify sites which may need assistance with their teaching efforts.

Teaching Skills and Methods

OME conducts individual consultation and departmental sessions directed at giving guidance in analyzing and enhancing teaching skills. These sessions are directed at the improvement of small-group teaching skills, lecture skills, techniques for conducting bedside teaching, and the use of innovative technology during lectures, among other topics. Faculty members may ask OME for assistance, or they may be identified via the course evaluation system or module directors. For example, over the past few years, OME has worked with the module directors in the first two years to institute evaluations of individual lectures, conferences, and labs. Department chairs and module directors receive detailed reports on these evaluations and may request interventions with faculty members to improve their teaching skills. We also have piloted detailed evaluations of clinical and teaching skills of the attending physicians and residents in the Surgery Clerkship. Expansion of this system into other clerkships is anticipated.

OME has worked with key faculty in our academic departments to develop a number of web-based resources for faculty development and has plans to develop more. In addition, OME
provides links to useful educational resources developed by outside organizations and institutions, and is the focal point for collaborative faculty development programs with the Graduate Medical Education Committee and the NYU Office of Organizational Development and Learning (ODL).

**Student Assessment**
OME assists module directors with creating higher-order cognitive assessments with which to assess students. In conjunction with module and clerkship directors, OME developed high fidelity exams, such as OSCEs, which are used throughout the curriculum. OME guides module and clerkship directors in the development of both formative and summative assessments appropriate to the course or clerkship objectives. In addition, OME confers with basic science faculty, guiding them on how to construct written test questions and do item analyses of exams in the preclinical curriculum.

On a systems level, StudEval (our web-based student assessment system) was developed by OME and the clerkship directors and was targeted at consistency of grading, with a goal of more accurate reflection of student skills. As part of the development of StudEval, OME led an effort to determine the overarching assessment criteria used throughout the clerkships.

**Topics in Medical Education and Technology Seminar Series**
A new seminar series, “Topics in Medical Education and Technology,” jointly sponsored by OME, the Frederick M. Ehrman Medical Library, the Section of Medical Informatics of the Division of General Internal Medicine, and Advanced Educational Systems was introduced in the Fall of 2005. Topics have included pedagogical as well as practical technology and educational innovations for teaching across the continuum of medical education. This seminar series for faculty is a forum through which to highlight new ideas in medical education and technology, and to foster discussion of and engender innovative approaches to utilizing technology to enhance teaching and learning of medicine.

**Departmental Activities**
In addition to OME, there is a cadre of School of Medicine faculty with a strong grasp of educational theory and best practices in many departments. These faculty often run faculty development activities within many of the academic departments. For example, the Division of Primary Care developed an Observation and Feedback web-based module, which was piloted within the Department of Medicine and is now available to all clerkships as well as residency and fellowship training programs. There are some departmentally-based activities which focus on the residency and fellowship programs. For example, the Division of Pulmonary and Critical Care and the Division of Cardiology in the Department of Medicine recently hosted a joint dinner session for their faculty that focused on enhanced teaching and evaluation skills. The format of this event was presented to the Graduate Medical Education Committee for use by other departments and training programs.

On the General Faculty Survey, 60% of respondents were neutral or agreed with the statement, “The School provides adequate assistance to improve my teaching, including departmental mentors, training sessions and educational specialists.” The Committee believes that the 40% of faculty who disagree with this statement may do so because of: 1) the lack of awareness of those faculty not integrally involved in teaching of the available resources; and 2) the supply of faculty development activities not meeting the demands of faculty. The clinical faculty often needs only rudimentary resources (i.e., clinical space) to teach, and with the relative scarcity of these resources, the Committee believes that many of the negative responders may be referring to this
impediment. In addition, the structure of the question does not allow us to separate with which of the three elements the faculty was dissatisfied.

**Future Activities**
OME is currently working with ODL to develop a systems-based model of faculty development by leveraging OME and departmental faculty development sessions to reach a broader audience. The proposal is to develop and offer a series of broadly-based faculty development activities to enhance teaching skills, in collaboration with ODL and a growing group of faculty with enhanced teaching skills. The system would utilize multiple approaches, including train-the-trainer and workshops led by experts.

**Recommendations**
- 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).

**B. Personnel Policies**
The written appointment and promotion guidelines are distributed in hard copy at the time of employment, and are contained in Faculty Handbook of New York University and the Revision to the Policies and Procedures for Appointment, Promotion and Tenure at the School of Medicine (both located on the Education, Faculty & Academic Affairs website: http://www.med.nyu.edu/faa/resources). They were revised in April 2002. Several discrete events led to this revision. First, Dean Glickman was appointed and felt that a review of our titles and system of appointment and promotion was necessary. Second, the self-study conducted by the faculty in preparation for the LCME’s 2000 site visit called for improvements in the system, including clarity in and dissemination of the requirements for promotion and tenure. The accreditation report of the LCME 2000 Site Visit Team highlighted this point and the need to create a system of tracks that were comprehensible to all. In the summer of 1999, the Dean appointed a Committee on Appointments, Promotion and Tenure. The resulting proposal was refined during academic year 2000-2001 through a series of discussions with broad faculty representation. The final proposal was approved unanimously by the Faculty Council and the Council of Departmental Chairmen in 2001.

There are now six academic tracks in the School of Medicine:
- **Investigator/Educator Track**: A full-time, tenure track for those faculty members in any department whose primary career is in independent, investigator-initiated research and who devote some time to education and service.
- **Investigator Clinical/Educator Track**: A full-time, tenure track for those faculty in the clinical departments whose primary career combines independent research with clinical activities and who devote some time to education and service.
- **Clinical Investigator/Educator Track**: A full-time, non-tenure track for those faculty members in clinical departments whose primary career is in the provision of clinical care and who devote a substantial portion of their efforts to teaching, research, and service.
- **Research/Educator Track**: A full-time, non-tenure track for those faculty in any department whose primary career is in research, but who devote a portion of their efforts to education and service.
Clinical Track: A part-time, non-tenure track for those faculty members in clinical departments whose primary career is in the provision of clinical care and who devote some time to teaching, research, and/or service.

Research Track: A part-time, non-tenure track for those faculty involved in part-time or time-limited research in other’s laboratories and who devote limited time to teaching and service.

In terms of communication of these policies, every new faculty member at the time of his or her initial appointment receives a link to the Faculty Affairs website, which contains links to the Faculty Handbook, Revision to the Policies and Procedures for Appointment, Promotion and Tenure at the School of Medicine and the Report of the Committee on Expectations Regarding Teaching. 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. The clarity and dissemination of the revised guidelines have been well-received, and 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 respondents were aware that promotion to tenure requires periodic assessments at years three and six, which is a key facet of the revised policies.

Recommendation

- Post the rosters of members of the School and departmental Appointments and Promotion Committees on the Faculty Affairs website to increase faculty awareness.

Institutional and Departmental Conflict of Interest 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 must abide by the Conflict of Interest policy, which is published in the NYU Faculty Handbook (www.med.nyu.edu/faa/resources). In accordance with this policy, on an annual basis, faculty members must complete a form disclosing any potential conflicts, which is then returned to the Dean’s Office. Any conflicts must be resolved to the satisfaction of the Dean, and this information is reported to the University.

For those faculty members engaging in research activities, there is a School of Medicine addendum to this aforementioned policy, which can be found on the Sponsored Programs Administration website (http://www.med.nyu.edu/spa/policies/nyusom/conflictofinterest.html). With each grant submission, all key personnel must submit a financial disclosure form that identifies any potential conflicts of interest.

The Conflict of Interest Committee, composed of faculty members, reviews research protocols in which an investigator discloses a conflict of interest. Working with the investigators, the Committee members devise a plan for managing the conflict of interest where necessary. Management plans have included: disclosure, inclusion of other faculty members to evaluate or oversee research and on occasion, exclusion of faculty members from the research.

Any faculty members participating in a Continuing Medical Education activity must abide by the CME Conflict of Interest policy, which ensures compliance with School and ACCME regulations.
At the corporate level, there is the Conflict of Private Interest policy: (http://www.med.nyu.edu/compliance/audit/conflicts.html).

The Committee believes that the School appropriately scrutinizes faculty member conflict of interest. However, the current procedures may require a faculty member to disclose multiple times per year.

**Recommendation**

- Review the School’s Conflict of Interest policies to determine if they could be better integrated.

**Feedback on Academic Performance**

There are several mechanisms by which faculty members at the School receive feedback from their departmental leaders about their performance and progress toward promotion. An improvement since the last LCME site visit was the introduction of a standard offer letter template for new faculty or for those who are changing responsibilities. This offer letter clearly indicates the job responsibilities and expectations of the faculty member. 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 or the granting of tenure. A formalized review on promotion and/or tenure prospects by the Chair and the Departmental Appointments and Promotions Committee is completed in the third and sixth year of service for all assistant professors, assistant curators, and associate professors in full-time tracks. The Dean notifies the Department Chair when these two formal reviews are due. When each of these reviews is completed, the Chair notifies the Dean and the faculty member of the outcome. If the likelihood of being recommended for promotion and/or tenure is low, the Chair advises the faculty member of his/her options. This notification includes the names of the members of the Departmental Appointments and Promotions Committee who reviewed the candidate’s credentials.

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. The committee is a resource through which the faculty member can seek advice regarding general and specific questions concerning her/his roles in the Department and the School and the Departmental expectations for his/her academic career, including clinical activities, teaching, research, and scholarly achievements. The mentors may serve as a source 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, and this requirement is written in the standard offer letter for all new faculty members. This mentoring committee meets once per year to discuss the following: clinical activities (where appropriate), current research directions, current and planned funding sources, publications, teaching activities and performance, invited lectures, other achievements, and committee and service contributions. A yearly written report by the mentoring committee is provided to the faculty member, as well as to the Department Chair.

The current review and mentoring mechanisms are relatively new initiatives, put into place in 2002. To assess the level of understanding, utilization, and effectiveness of these mechanisms among the junior faculty, the LCME Faculty Committee conducted a survey during the month of April 2006. The survey was distributed to all current junior faculty, and the overall response rate was 52%. The survey indicated a high level of awareness regarding review and mentoring policies. Sixty-three percent of respondents were aware of the requirement for a mentoring
committee for junior faculty. Members of basic science departments were more aware than members of clinical departments (76% vs. 59%), and tenure-track faculty were more aware than non-tenure-track faculty (79% vs. 41%). Mentoring committees, where utilized, are proving to be worthwhile. Forty-six percent of respondents reported that they have a mentoring committee. Of those who do not have a mentoring committee, the most common reasons cited were the lack of awareness of the concept and the lack of awareness of the requirement. Of those who did have a mentoring committee, 53% were satisfied or strongly satisfied with their experience, and an additional 34% were neutral. A variety of positive outcomes were reported to result from the mentoring committee process, including advice regarding research directions (51%), clinical activities (27%), teaching responsibilities (28%) and funding opportunities (28%), assessment of promotion/tenure readiness (39%) and general positive reinforcement (57%). However, only 29% of respondents received a written report after their mentoring committee meetings, indicating a need to improve the consistency of reporting procedures. Overall, 83% of respondents believe that mentoring committees should be required. Of the suggestions for improvement, the most common were to publicize the requirements and to clarify aspects of the process.

It is clear that the recent changes in faculty review and mentoring procedures have had a profound effect on the academic culture at the School, leading to significant changes in the faculty development process. This cultural shift is still in progress and is expected to move toward broader enhancement of feedback and mentoring throughout the faculty environment. 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. However, there are problems in permeating all departments evenly and in getting a wide array of senior faculty involved. Senior faculty participation in mentoring committees should be encouraged and, where possible, administrative support for organizing committee meetings should be considered, especially in the clinical departments where administrative support for junior faculty is less common. The Committee believes that overall there has been much progress in this area since the last LCME self-study, but that there still remain issues with communication of the policies.

Recommendations

- 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.

Value Placed Upon Education by the Institution

Education has been one of three major elements of the School’s mission since its founding and, in the last several years, has been elevated in value to the institution through a series of specific activities. Today, the School offers education to diverse learners in multiple programs including:

- The Salk School of Science: A magnet middle school of science, jointly founded by the School and the Board of Education of the City of New York.
- The Summer High School Fellows Program: Founded over 15 years ago, this program brings underserved city youth to discover careers in biomedical science.
- The Summer Undergraduate Research Program: Directed at under-represented minority college students, this highly competitive program produces a very high yield of undergraduates entering medical and graduate studies.
- Undergraduate Medical Education: One-hundred sixty students per year are admitted to the School.
The valuation of teaching and its role in appointment, promotion, retention and tenure has been the topic of two, major, faculty-driven reviews colloquially referred to as Artman I and Artman II after the chairman of both. Artman I 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. The report describes the responsibilities: “In addition to research and scholarly activities, all tenure track faculty members are required to participate and demonstrate a high level of effectiveness in teaching. In basic science departments this usually occurs in lecture rooms, small discussion groups, seminars and laboratories, and in the supervision of medical and graduate students and postdoctoral trainees. Teaching activities in clinical departments also involve the supervision of students as well as residents, fellows and other professionals and may occur in ambulatory facilities, at the bedside or during clinical rounds (in addition to the venues described for basic science departments). Every faculty member should maintain a teaching portfolio that contains information regarding this aspect of his/her career, as well as documented participation in extramural teaching activities at regional, national, and international levels.”

The traditional criteria were further modified to allow the awarding of tenure on the two tenure tracks, and the awarding of promotion on the two non-tenure tracks as described with each track, “Faculty members in this track who have achieved extraordinary distinction as educators and scholars in pedagogical topics may be promoted and awarded tenure on the basis of their superior teaching accomplishments.” Since the adoption of the Revision in April 2002, five faculty members were 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.

Artman II produced a new Report on Expectations Regarding Teaching. Two relevant portions from the Introduction which 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.

Excellence in teaching is also recognized through: 1) the University-wide competition for the Distinguished Teaching Award, for which the School of Medicine nominates a candidate annually; 2) the awarding annually of great teacher status to two faculty members who teach in the first and second year of the educational program; 3) the awarding by the graduating class of two best teacher awards, one to a preclinical and the other to a clinical faculty member; 4) the awarding of similar recognition annually by the many departments and divisions, and 5) the recognition of these achievements at the newly created, annual Dean’s Honors Day which celebrates the extraordinary achievements of our faculty before their colleagues and the Trustees and Officers of the University.

The section of the LCME self-study on the Educational Program also highlights a number of innovations in education that 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 creation of a University-wide Committee on Education and Technology, organized by the Vice Dean for Education, Faculty & Academic Affairs, including members from NYU’s Courant Institute of Mathematical Sciences, Stern School of Business, Steinhardt School of Education, Center for Advanced Digital Art of the Tisch School of the Arts, Digital Library and the offices of the Chief Information Officer and the Provost which has invented the 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 Committee 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.

We believe that the recent modifications, in particular, to our policies and culture around teaching demonstrate that the School highly values teaching.

On the 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.” Despite the above-described modifications, there are members of the faculty who have devoted their careers to education and are recognized as excellent teachers, but who have not delved into pedagogical scholarship. The Committee agrees with the Artman differentiation of faculty tracks in that excellence in teaching alone, with its attendant mentoring, assessment and guidance, should not be a qualification for the awarding of tenure.

The Committee believes that the differentiation of faculty tracks that occurred in part as a result of the 2000 LCME self-study has been a great success within the School and has offered greater clarity in the promotions and tenure processes.

C. Governance
To address this question robustly, the Committee must describe in brief a bit of history. In the last LCME self-study, the Committee on Governance noted, “A series of events began in June 1996 that could be characterized as the most turbulent period in the history of the School.” That
sentence referred 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, which was completed in August 2006.

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 hired to reinvent the School’s administration after losing the joint Medical Center administration which 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, and Mr. Ken Langone has served as Chairman of both Boards, allowing for maximal cross-fertilization despite the two entities residing in separate corporations. The achievements in the School during this period of continued, rapid change have been remarkable and are cited in other sections of this report and the database. 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.

**Effectiveness of Mechanisms for Organizational Decision-Making**

With that as preamble and despite the epic events, the Committee can report that the mechanisms for organizational decision making are effective. The School of Medicine and University are much closer now than at any time in our history. The Dean and other officers of the School meet regularly with their 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 was elected President of the University’s Faculty Senate.

The primary committees that participate in the decision-making process at the School of Medicine 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. The standing committees of the School listed elsewhere also are important contributors to decision-making. All of these are advisory to the dean. The deans’ consistent and informative representation at the Faculty Council meetings is welcomed by that council as a strength of the current administration. To ensure that the faculty at large was satisfied with their role in decision-making, the Committee included survey questions on this topic in the General Faculty Survey. Approximately 60% of faculty respondents were neutral or satisfied with both the participation and the effectiveness of the faculty in institutional decision-making.
Timeliness of, Efficiency of and Appropriateness of Input into Decision-Making

Decisions are made with a speed and efficiency appropriate to the topic. Broad participation characterizes the process most of the time. The most complex and difficult issues are often sent to ad hoc committees or task forces. These include the changes to the policies for appointment, promotion and tenure discussed elsewhere in this Committee’s report. As illustration, the issue was first presented by the deans to the Faculty Council and the Council of Chairman. A committee was appointed and produced a detailed report. The Vice Dean for Education, Faculty & Academic Affairs then conducted shuttle diplomacy to achieve local consensus, and the two Councils voted unanimously in favor of the revised proposal. With the support of the Faculty Council and our senators to the University, the various authorizing boards and the Provost then endorsed the changes.

Overall, and as described above, there is balance within the committees of the faculty, department heads, and medical school administrators in decision-making. A major area of improvement since the last LCME self-study was the activation of Departmental Appointments and Promotions Committees that make recommendations on appointment, promotion and tenure independent of the Chairmen. From time to time, various groups express concern about their perceived lack of knowledge of, or contributions to, decisions at the school. Despite many electronic and print vehicles published to all constituencies on a regular basis, some feel uninformed. The issue of communications is discussed elsewhere and will be a topic of focus for the School of Medicine.

Recommendations

Despite the improvements since the last LCME site visit, the Committee felt that the decision-making processes of the School could continue to be improved in two main areas.

- 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.

Effectiveness of Faculty Communication

There are many communication methods 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, and representation from both voluntary and full-time faculty. The Council meets every other week during the academic year. The minutes of these meetings are both electronically sent to the entire faculty and posted on the Faculty Council website. As described in the Preamble of the Faculty Council, “The purpose of the Council is to provide for an organizational structure and procedures that will promote informed discussion and decision-making on all issues related to the operation of the Medical Center.”

The Council of Chairmen 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 are also posted online. Relevant information from these meetings and from other sources is disseminated through a variety of mechanisms, including departmental and divisional meetings which occur at variable frequency.

Approximately 2-3 times per year, the Dean holds Town Hall Meetings, which are open to the Medical Center community. At these meetings, the Dean and others present information on issues pertaining to both the School and the Hospital. At the end of each Town Hall, 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, which includes highlights of recent events, notable accomplishments, and other relevant information. In addition to this scheduled communication, the Dean, Vice-Dean, 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, the Vice Deans, and the Department Chairs in terms of providing clear and useful information.

**Recommendations**

- 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.

**Clinical Educational Environment**

In response to a concern expressed during the 2000 LCME site visit and our last self-study, a survey of our voluntary clinical faculty was undertaken in the spring of 2006. The goal of the survey was to assess whether the spirit of volunteerism of our voluntary clinical faculty had remained constant during the period since the last self-study. While the response rate varied by department, the Committee noted several themes. In the years since the last LCME self-study, voluntary clinical faculty have continued to play a critical role in the education of our medical students and house staff, and members of this group of faculty view their roles in education as important. Approximately two-thirds of respondents indicated that they are involved in teaching of medical students and/or house staff, and the most common reason cited for their involvement was because of its importance to these groups.

The definition of teaching expectations of voluntary faculty members (20 hours per year, if asked by their chair, specified in the Report of the Committee on Expectations Regarding Teaching), has met with mixed results. Forty-one percent of the survey respondents did not believe that this requirement should be in effect. Despite this, two-thirds of respondents indicated that the variety of policy changes during the last decade did not alter the amount of teaching time or their view of their teaching responsibilities. One item of concern was that 75% of respondents indicated that they did not receive adequate feedback from the NYUSoM about their teaching.

**Recommendation**

- Constitute a task force to determine appropriate recognition and feedback mechanisms for the teaching responsibilities of the voluntary clinical faculty.

**Discrimination and Harassment**

In order to ensure that we are meeting our goals of a discrimination-free, sexual harassment-free workplace, the General Faculty Survey included a number of questions on these topics. A summary of results from this survey is included as an appendix to the database.