III. Report of the Medical Students Committee

The Medical Students Committee first met in November 2005 and was charged by Veronica Catanese, MD, LCME Institutional Study Task Force Chair, with the task of assessing student life at the School of Medicine. Specifically, the Committee was directed to analyze the admissions process including financial aid, diversity within the School of Medicine community, student services, student well-being, and the learning environment, including infrastructure and the mechanisms in place to ensure that students receive an outstanding education. In addition to addressing these charges, the Medical Students Committee decided to work closely with the Student Caucuses (described below) to ensure that student opinions were accurately represented throughout the LCME process.

The Committee met monthly from November 2005 until June 2006, generally meeting for one hour each time. The Committee divided into pairs comprised of a student and a faculty member or administrator to research and evaluate how the School fulfills the standards of the Medical Student charges of the LCME. These pairs met independently of the Committee and presented their research and findings to the group as a whole for lively discussion and debate of the issues. The information each pair utilized in analyzing their respective charges varied; however, each pair used information in the LCME database, the report of the 2000 LCME self-study (and, when necessary, the report of the 1993 LCME self-study), the 2006 LCME Student Survey, AAMC GQ from 2000 to 2005, discussions with students who were part of the LCME Student Caucus, and other information as noted in the report.

The Medical Students Committee worked closely with the LCME Student Caucus, a group of students that organized and oversaw the execution of the LCME Student Survey. The Caucus was comprised of all student members of all LCME committees and other interested students. All meetings of the Student Caucus were publicized to the school via e-mail and via the Student Portal and were open to the entire student body.

The results of the LCME Student Survey and the discussions of the LCME Student Caucus were shared with the Medical Students Committee and with all other LCME committees, both in a formal analysis of the Survey and through student representation on the committees in an attempt to ensure that the student voice was heard throughout the LCME self-study.

A. Admissions

The Admissions Process

In the 2004-2005 admissions cycle, the School of Medicine switched from an independent application system to the AMCAS program. The requirements for admission have not changed and are fully available to applicants and matriculants. The number of applicants has more than doubled since the introduction of AMCAS (see database), and the percentage of applicants accepted has decreased proportionately. The ratio of accepted applicants to matriculants has remained steady at 34% and the quality of matriculants, as reflected in GPA and MCAT scores, has remained exceptionally strong (average GPA 3.73; average MCAT 33Q).

In assessing student satisfaction with the application and admissions process, the Committee utilized information from the 2006 LCME Student Survey. Looking retrospectively, the following graphs derived from the LCME Student Survey show that the overwhelming majority of students reported having a positive interaction with their admissions interviewer.
How do you rate your overall interaction with your interviewer when you interviewed at NYU SoM?

<table>
<thead>
<tr>
<th>Rating</th>
<th>% Responding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unacceptable</td>
<td>1%</td>
</tr>
<tr>
<td>Poor</td>
<td>6%</td>
</tr>
<tr>
<td>Average</td>
<td>19%</td>
</tr>
<tr>
<td>Good</td>
<td>45%</td>
</tr>
<tr>
<td>Excellent</td>
<td>34%</td>
</tr>
</tbody>
</table>

It is worth noting that students, by a margin of 60% to 40%, felt that they should play a larger role in the Admissions process. When asked what role students envisioned themselves playing in the admissions process, the following responses were generated.

If you believe students should participate beyond their current role as tour guides, which of the following roles should students play?

<table>
<thead>
<tr>
<th>Role</th>
<th>% Responding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal Student Info Session</td>
<td>61%</td>
</tr>
<tr>
<td>Student to Student Interviews</td>
<td>46%</td>
</tr>
<tr>
<td>Member of Admissions Committee</td>
<td>11%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
</tr>
</tbody>
</table>

According to the Associate Dean for Admissions and Financial Aid, students in the past did play a larger role in the admissions process (i.e., interviewing applicants); however, due to inevitable scheduling conflicts student interviewers found it difficult to participate consistently in the admissions process. The Associate Dean for Admissions and Financial Aid was excited to hear that students wanted to be more involved and is willing to work with the student body to find new ways to incorporate students into the admissions process.

In addition, the Committee reviewed all publications created and disseminated by the Admissions Office, including the technical standards for admission of applicants with disabilities, the catalog and all materials available to prospective students. The information is available online and in the School of Medicine Applicant Information booklet. The Committee found that all LCME standards are upheld by the admissions publications.

Recommendations

- 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.

Students and Available Resources

Before analyzing whether or not resources were adequate, the Committee examined the trends regarding the number of students in the 1st Year class, the entire medical student body, the
masters and doctoral program candidates, the number of residents and fellows and the number of visiting students taking courses at NYU. The Committee found that, while the number of 1st Year students has remained relatively constant at about 160, the total number of students, the number of doctoral candidates and the number of residents and fellows have all increased slightly in the past several years. The number of visiting students has fluctuated, but not significantly.

Faculty
The data on the number of faculty members in each department provided in the database were reviewed. In total, the NYUSoM employs 1030 full-time, 265 part-time faculty and 3222 voluntary faculty, representing a variety of academic fields. With a faculty:student ratio of approximately 2:1, there appears to be a sufficiently large number of faculty members to provide instruction to medical students throughout the four years. However, the difficulty in assessing whether or not there is sufficient faculty instruction stems from the fact that it is extremely difficult to ascertain how many hours are devoted to medical student education by each member of the faculty. It is important to note, however, that the recently adopted Report of the Committee on Expectations Regarding Teaching requires each full-time faculty member to spend 50 hours minimum and each voluntary faculty member to spend 20 hours minimum on teaching activities annually, if so requested by the chair of his department.

Furthermore, as part of LCME Student Survey, students were asked to rank the accessibility of faculty members during the preclinical program and the clinical program. Answer options ranged from 1-Unacceptable to 5-Excellent. The mean for preclinical years was 3.95, with a standard deviation of 0.82. Of the respondents, 96% ranked faculty accessibility at “Average” or above. For the clinical years, the mean was 3.65 with a standard deviation of 0.80, with 92% of the respondents ranking faculty accessibility during clinical years at “Average” or above. While students were given an option to comment on any issue during the preclinical and clinical years, there were no comments directly addressing faculty availability. The above data suggests that students are generally satisfied with faculty availability throughout the four years of medical education at the School. With the recently adopted Report of the Committee on Expectations Regarding Teaching, it is likely that further improvement in this area will occur during the coming years.

Information Resources and Library Services
The Committee reviewed the database summary of the collections in the Ehrman Medical Library, including online materials and journal subscriptions. The number of electronic journal subscriptions has increased dramatically over the past year. Most other categories (books, audiovisuals, and databases) have remained largely unchanged. Additionally, while not listed here, the library has obtained licenses for clinical and educational PDA software. This is likely to become a particularly useful resource given the recent expansion of the wireless network on campus to include PDA devices at clinical sites. Overall, since this increase in library holdings has outpaced any change in the size of the entering class, and since the library has been emphasizing acquisition of online resources that can be used by multiple individuals simultaneously, it is likely that this resource is adequate for the size of the student body.

Recent years have seen a large expansion in the number of online educational resources available to students. Each module in the first and second year of medical school maintains a separate website at a central site: http://education.med.nyu.edu/courses/. The amount of information available on these sites varies significantly among different modules. All module directors, as well as faculty participating in the course, are able to post relevant materials via the Course Materials Management System (CMMS), which students can download from a password-protected site. Core clinical clerkships also have individual websites which are linked from the
same site although CMMS has not yet been utilized for the clinical clerkships. AES, in collaboration with the Surgery Department, has developed the Surgical Interactive Multimedia Modules (SIMMs). SIMMs are teaching tools which allow students to explore a specific surgical problem in depth, free from the constraints imposed by the clinical environment. The SIMMs utilize the strengths of digital video, 3D simulations and cross-discipline content integration. AES is currently working on additional teaching tools and modules for other clinical clerkships. In addition to all of the above educational resources, a student portal has been created with a goal of providing students with a convenient, customizable, central location from which all of the academic as well as non-academic material.

As a part of the LCME Student Survey, students were asked to evaluate the state of information technology at the School. Questions pertinent to this topic included student satisfaction with the School’s network for internet access, e-mail, CMMS, wireless access, access to 24-hour computing and printing on campus, availability of technical support for computer problems, and quantity of curricular resources available on School’s network. In addition, students were asked to comment on the status of information technology at the school. Overall, student satisfaction with the state of information technology was significantly lower than for other areas assessed by the survey. For instance, 26% of respondents ranked the School’s network for internet access at “Poor” or “Unacceptable” levels. Similarly, 56% stated that their satisfaction with e-mail is “poor” or “unacceptable,” with only 15% of students ranking e-mail reliability at “Good” or “Excellent” levels. Students were generally satisfied with CMMS, with 90% ranking it at “Average” or above. Respondents gave an average score to the wireless network on campus, with the mean of 3.03 (SD 1.05). Students found accessibility of 24-hour computing on campus to be satisfactory (Mean 3.71, SD 0.98). However, they were not as highly satisfied with access to 24-hour printing (Mean 3.18, SD 1.25) and the Coles 201 printing facility (Mean 2.59. SD 1.04). Finally, most students said that the quantity of curricular resources available on the network was “the right amount.” The comments reiterated student dissatisfaction with the state of information technology at the school, and in particular, dissatisfaction with the e-mail system, calling it “slow, unreliable and plagued by excessive spam.” Many students also commented on the lack of accessibility and helpfulness of the IT Help Desk. Most comments included a statement that IT is the area most in need of improvement at the School of Medicine. Clearly, while students are generally satisfied with certain aspects of information technology, such as CMMS and 24-hour computing, student responses suggest that a number of other IT-related resources are not adequate and require attention.

Facilities
Capacities of each of the lecture halls and seminar rooms used for teaching purposes, as well as study space capacities, are listed in the database. Five auditoriums (Farkas, Lecture Halls A, B, E and F) are sufficiently large to house a full medical school class. The laboratory space on the 2nd and 3rd floors of Coles Teaching Laboratories can be used as a small group conference facility as well, bringing the total combined small group conference capacity to $29 \times 5 + 15 \times 6 = 235$. This combined capacity of laboratory and small group conference space is sufficiently large to house one full medical school class. However, we feel that there may be need for a space devoted to individual or group studies by students in a less formal setting. The committee supports the efforts of the School to evaluate possibilities for this type of space.

In addition to preclinical facilities, availability of teaching facilities at the clinical sites (Tisch, Bellevue) also was explored. While we were not able to obtain concrete numbers regarding the total number of teaching spaces available at Tisch and Bellevue Hospitals, as well as other clinical sites, we are aware that the majority of departments have at least one large conference room and/or library in Bellevue Hospital.
As a part of the LCME Student Survey, students were asked to evaluate the quality of preclinical and clinical teaching facilities including lecture halls, anatomy and multipurpose laboratory facilities, small conference rooms, clinical teaching space at hospitals and transportation to off-campus teaching sites. All items were ranked from 1-Unacceptable to 5-Excellent. In general, students were more satisfied with preclinical facilities than with the clinical ones, but overall score for both was between “Average” and “Good.” A number of student comments stressed the need for additional teaching space in Tisch and Bellevue Hospitals, stating that it is difficult to find space for small group teaching in these hospitals.

Patients
Total number of hospital beds in Tisch and Bellevue Hospitals and total number of patients seen in these hospitals per year are summarized in the database. With over 60,000 annual admissions between the two main teaching hospitals, as well as availability of other teaching hospitals and sites (i.e., VA, North Shore-LIJ, Lenox Hill), it appears that the number of patients is sufficiently large to accommodate the size of a current medical school entering class.

Instructional Equipment
The School has all the necessary traditional, instructional, equipment for the laboratories, such as dissection instruments, microscopes, basic laboratory supplies, etc. Moreover, necessary clinical equipment is available to all students. All Coles seminar rooms are equipped with projectors, screens and computers for presentations, and Coles laboratory rooms are equipped with large touch screens. In addition, the Coles building houses a computer lab, Coles 201, which gives students 24-hour access to both PC and Macintosh computers as well as high capacity laser printers. Finally, all the necessary audiovisual equipment is available for lectures. The majority of lectures are recorded and available to students in MP3 format. PowerPoint presentations used during first and second year lectures are available as well, via the CMMS.

In evaluating class size, the Committee considered the:

- need to share resources to educate graduate students or other students within the university
- size and variety of programs of graduate medical education
- responsibilities for continuing education, patient care, and research

As shown in the database, the total number of graduate students in the Sackler Institute of Graduate Biomedical Sciences is 249 in 2005-06. While the size of the graduate class is significantly smaller than the medical school class, it is still possible for the graduate students to have an effect on the resources available to medical students. This primarily concerns only students in the first two years of medical school, as graduate students are unlikely to compete for the resources at the clinical sites. Several resources may be considered here: facilities, such as lecture halls and libraries, faculty availability to teach lectures, labs and small group conferences, availability of basic science laboratory space for medical student research, etc. Of these, competition for facilities is probably of the least concern. Most graduate student lectures take place in smaller departmental conference rooms in MSB and Skirball Institute. Thus, there is little competition for medical school lecture halls. Furthermore, since the library has greatly expanded the list of online resources over the past several years, competition for library resources such as scientific journals has been largely addressed.
Another area in which graduate students may present a serious competition for resources is availability of laboratory space for research to medical students. PhD students in Year Two and beyond and MD/PhD students during their graduate years are nearly full-time in the laboratory, and thus may greatly reduce the research opportunities available to medical students who can only commit a few months to laboratory research. On the other hand, MD/PhD students as well as PhD students can serve as mentors to medical students in the laboratory.

As a part of LCME Student Survey, students were asked to rate the ease of finding research opportunities on campus from 1-Unacceptable to 5-Excellent. The mean was 3.64 (S.D. 0.94), which is between “Average” and “Good.” Overall, there were very few comments about the lack of research opportunities at the School, although some students did request better communication and advising regarding research opportunities on campus. There were a number of students who stated that finding research opportunities on campus was not a difficult process.

**Recommendations**

- 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.

**Diversity**

The School of Medicine 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. Since the last LCME site visit, the School has seen a steady annual increase of matriculating underrepresented minority students to its current ratio of 13% of the incoming class of 2009. There also is an increase in the number 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 AMCAS program participation), the percentage of female matriculants rose again to 53% in 2006. Data on socioeconomic diversity is not readily available, but proxy data on financial aid eligibility and indebtedness show socioeconomic diversity in the student body. However, several responses to the LCME Student Survey indicated concern about the inadequacy of racial and socioeconomic diversity among students at the School of Medicine. AAMC data on average parental income, which for the School is approximately $140,000, may also indicate lack of socioeconomic diversity in the student population.

**Outreach Programs**

Several outreach and recruiting activities have been developed to achieve diversity goals:

- A recruitment program which involves over 30 visits each year to recruitment fairs and colleges by School representatives.
- Summer Undergraduate Research Program with recruitment targeting underrepresented minority and disadvantaged students.
- Visits and tours of the School for students from Historically Black Colleges and Universities and other schools with large minority student populations.
- Native American Mentoring Program, including workshops to prepare Native Americans for graduate and medical school, pre-medical workshops which include MCAT
preparation, mock-interviews and exposure to the Native American community through local and academic publications.

- Program for Preparatory Education in Science and Medicine to expose K-12 students to careers in medicine and broaden opportunities for bright school children, especially those from backgrounds which are socioeconomically compromised and/or underrepresented in the medical and scientific community.
- Bridging the Gap mentoring program for underrepresented minority NYU pre-medical students.

**Support Programs**

Appropriate student support programs are provided. In addition to student support programs provided by the Office of Student Affairs, the Office of Diversity Affairs provides advising and support to underrepresented minority students. The Assistant Dean meets regularly with members of the Black and Latino Student Association (BALSA), and students are encouraged to visit the office individually. The Assistant Dean also meets regularly with representatives of the Student Council to inform students on diversity activities, explore support needs, and involve students in various initiatives, including participation in the Dean’s Council on Institutional Diversity. The Assistant Dean meets frequently with underrepresented minority students in the first year to monitor their progress and provide needed support. A dedicated, minority faculty advisor is also available to students on a regular basis. The faculty advisor, the Assistant Dean, and representatives of BALSA also develop and implement workshops for minority students on how to navigate the first and third year, of medical school.

Diversity Mixers are hosted by the Office of Diversity Affairs to form a supportive community for students and establish a mentoring network. Students selected from the Sophie Davis program to join the School of Medicine in their third year also participate in the mixers. The Office is further developing an orientation program for the Sophie Davis students to bring them to the NYU campus on a regular basis and to ensure a smooth transition. The office also supports various student groups such as the Lesbian, Gay, Bisexual, and Transgender People in Medicine (LGBTPM) group, the Muslim students group, and the Chinese Scientists group in planning and organizing events and seminars and creating an environment of support and inclusion at the School of Medicine.

**Professional Role Models**

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. A large majority of underrepresented minority students surveyed for the LCME noted inadequate diversity among preclinical and clinical faculty.
How would you rate the diversity (racial, ethnic, religious, sexual orientation) among pre-clinical faculty?

<table>
<thead>
<tr>
<th></th>
<th>Completely inadequate</th>
<th>Inadequate</th>
<th>Neutral/No opinion</th>
<th>Adequate</th>
<th>Completely adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaskan Native</td>
<td>0%</td>
<td>33%</td>
<td>33%</td>
<td>33%</td>
<td>0%</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>6%</td>
<td>22%</td>
<td>35%</td>
<td>33%</td>
<td>4%</td>
</tr>
<tr>
<td>African American</td>
<td>43%</td>
<td>43%</td>
<td>14%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>2%</td>
<td>16%</td>
<td>48%</td>
<td>24%</td>
<td>10%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>17%</td>
<td>52%</td>
<td>17%</td>
<td>10%</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>11%</td>
<td>21%</td>
<td>28%</td>
<td>28%</td>
<td>11%</td>
</tr>
</tbody>
</table>

How would you rate the diversity (racial, ethnic, religious, sexual orientation) among clinical faculty?

<table>
<thead>
<tr>
<th></th>
<th>Completely inadequate</th>
<th>Inadequate</th>
<th>Neutral/No opinion</th>
<th>Adequate</th>
<th>Completely adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaskan Native</td>
<td>0%</td>
<td>0%</td>
<td>50%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>3%</td>
<td>21%</td>
<td>41%</td>
<td>30%</td>
<td>5%</td>
</tr>
<tr>
<td>African American</td>
<td>30%</td>
<td>48%</td>
<td>21%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>1%</td>
<td>12%</td>
<td>53%</td>
<td>24%</td>
<td>9%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>14%</td>
<td>41%</td>
<td>28%</td>
<td>14%</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>10%</td>
<td>17%</td>
<td>33%</td>
<td>27%</td>
<td>13%</td>
</tr>
</tbody>
</table>

The Dean’s Council on Institutional Diversity and Dean’s Committee on Women are taking several steps to address this deficit. They have recommended clear articulation of institutional goals on diversity, clear guidelines in the search and screening for faculty positions, and adequate reporting and accountability by hiring bodies.

Several initiatives have been planned and implemented to improve racial and ethnic diversity among faculty, in part to enhance the diversity of professional role models:

- Participation by residency directors and faculty in national meetings to recruit house staff and publicize residency programs.
• Establishment of a residency program open house at the School.
• Development of a cross-institutional, New York City-wide network of minority graduate students and post-doctoral fellows.
• Establishment of formal guidelines for the recruitment and hiring of minority faculty.

Several initiatives also have been developed to improve gender diversity among faculty, in part to enhance the diversity of professional role models:

• Establishment of a women faculty-medical student mentoring program.
• Review of salary and promotional data and tenure to assess gender equity.
• Establishment of a women’s advocacy group to identify and recruit female candidates for faculty positions.
• Active recruitment of applicants to the Executive Leadership in Academic Medicine program to prepare senior women faculty to move into leadership positions.

Data on racial and gender composition of the faculty, some of which depends upon self-identification and self-reporting, are incomplete. Nevertheless, data from both Human Resources and Faculty Records reveal a lack of racial and gender diversity among faculty at the School of Medicine.

Socioeconomic Diversity among Students

The Office of Admissions and Financial Aid does not have longitudinal data on socioeconomic diversity. However, national AAMC data on average parental income among students place the School ($140,000 per annum) among the top of the private medical schools. Data on educational debt accumulated by our graduates incorporates a 2004-2005 increase in tuition of fees, and therefore, cannot be used to assess trends in socioeconomic diversity among our graduates.

Average educational debt of all graduates with debt:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$84,093</td>
<td>$76,992</td>
<td>$83,519</td>
<td>$91,867</td>
<td>$95,935</td>
<td>$121,495</td>
<td>$112,389</td>
</tr>
<tr>
<td>% Increase</td>
<td>-8.5%</td>
<td>8.5%</td>
<td>10.0%</td>
<td>4.4%</td>
<td>26.6%</td>
<td>-7.59%</td>
<td></td>
</tr>
</tbody>
</table>

Percentage of graduates with debt in excess of $100,000:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>40%</td>
<td>31%</td>
<td>20%</td>
<td>45%</td>
<td>47%</td>
<td>68%</td>
<td>51%</td>
</tr>
</tbody>
</table>

Expectations of the Community

Much effort has been made since the last LCME review to improve diversity at the School of Medicine. An increase in outreach and recruitment efforts has doubled the number of underrepresented minority students. There also has been a significant increase in the number of women students despite a slight dip after the initial increase. The Office of Diversity Affairs has been expanded to address diversity in all areas of the School and Medical Center. A Dean’s Council on Institutional Diversity and a Dean’s Committee on Women have been established to improve diversity in the leadership, faculty, staff and students, and to advise on patient care and community outreach efforts. Several important improvements are underway as a result of these initiatives. Guidelines on diversity in recruitment for leadership and faculty positions and for mentoring and promotion of faculty have been developed and an Institute of Community Health and Research, recommended by the Dean’s Council on Institutional Diversity, was established in 2006.
Nevertheless, as the Student Survey indicates, ethnic, gender, and socioeconomic diversity of students remain issues to be continually addressed by the NYUSoM.

**Recommendations**
- 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.

**Transfer and Visiting Students**
Noted below is the number of transfer students accepted into the third year of medical school:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Visiting students</td>
<td>462</td>
<td>441</td>
<td>480</td>
<td>433</td>
</tr>
</tbody>
</table>

*19 of 22 students are in the Sophie Davis Program

Visiting medical students are offered electives/subinternships only and are not permitted to do core clerkships. In the Student Survey, students were asked to comment on the impact of visiting students on clerkships. The comment analysis of the survey revealed both positive and negative responses (n=121):

**Positive responses:**
27% of respondents feel that visiting students enriched their experience on clinical rotations.
18% of respondents feel that visiting students give a different perspective on the NYUSoM experience.

**Negative responses:**
21% of respondents feel that visiting students were frequently given priority over NYU students in choice of patients and procedures.
17% of respondents feel that visiting students take away OR time from NYU students during the Surgery and Ob/Gyn clerkships (9% of all respondents commented specifically about the Plastic Surgery elective).

**Neutral responses:**
15% feel that visiting students had no impact on their clinical experience.

Overall, the rotations experiencing the most impact from visiting students were Ob/Gyn (27% of students responding), Surgery (42% of students responding), and Electives (28% of students responding).
In order to ascertain whether or not the transfer students received comparable medical school education prior to entering NYU, we compared the USMLE Step 1 mean score of transfer students to the NYU mean, and to the National Mean, and found that in three of the four years the mean score was above the National Mean and close to the NYU mean.

<table>
<thead>
<tr>
<th>Matriculation Year</th>
<th>Transfer Mean USMLE Step 1</th>
<th>National Mean USMLE Step 1</th>
<th>NYU Mean USMLE Step 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>227</td>
<td>216</td>
<td>231</td>
</tr>
<tr>
<td>2003</td>
<td>212</td>
<td>216</td>
<td>227</td>
</tr>
<tr>
<td>2004</td>
<td>221</td>
<td>216</td>
<td>226</td>
</tr>
<tr>
<td>2005**</td>
<td>227</td>
<td>217</td>
<td>227</td>
</tr>
</tbody>
</table>

**preliminary scores through October 2005

In reviewing the school’s protocol for visiting medical school applicants, the committee determined that the screening, registering and maintenance of information associated with such students are in accordance with the LCME guidelines. Students from LCME schools are accepted on a routine basis provided they are in good academic standing, meet the NYU-established health immunization, malpractice and personal health insurance criteria, and provide documentation of these requirements. In addition, the students from non-LCME accredited schools must have a sponsoring NYU faculty member who is satisfied that their credentials are appropriate for our institution, and those students must obtain a letter of eligibility from the New York State Board of Medicine. The Senior Associate Dean for Education and Student Affairs reviews the application of any visiting student whose credentials are in doubt. NYU does not permit visiting students to participate in core clerkships, and we do not accept visiting students from institutions without their own clinical facilities.

**Recommendations**

- 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.

**B. Student Services**

**Career Choice and Counseling**

**Academic Advising**

Academic advising begins in the first year with the Master Scholars Program. This program
serves to provide students with paracurricular enrichment as well as formal mentorship from both basic science and clinical faculty. Students join one of five societies:

- Jonas Salk Society for Biomedical and Health Science
- Severo Ochoa Society for Medical Informatics and Biotechnology
- Walter Reed Society for Health Policy and Public Health
- May Chinn Society for Bioethics and Human Rights
- Lewis Thomas Society for Arts and Humanities in Medicine

Through this program, students gain exposure to disciplines outside of the basic sciences and clinical medicine, and are afforded access to faculty in both structured and informal meetings; these monthly faculty interactions provide intellectual guidance and mentorship for students.

At any time thought necessary, a student can arrange for an individual meeting with the Associate Dean for Student Affairs for further academic advising or direction. These meetings also can be arranged for students with academic performance issues or personal circumstances resulting in academic problems. During the end of third year, as preparation begins for the residency application process, students are provided with advisors from within departments of their choosing. These departmental advisors provide valuable guidance on residency choices.

Finally, there are a series of other methods by which students gain advice and guidance, including:

- Summer Fellowships: Between first and second year, students may choose from one of many academic activities designed to provide them with an in-depth exposure to a particular medical or scientific discipline (most provide opportunities for counseling, some include faculty mentorship)
- Clinical Clubs: The School has over 20 different student organizations which focus primarily on particular medical subspecialties and clinical activities, each of which sponsor various events (panel discussions, lectures, and workshops), and bring together students, residents, and faculty
- Clinical Correlation: 4th Year students are matched with first year students to provide peer counseling and to help integrate clinical concepts with biomedical science.

Students who may require additional counseling or tutoring in order to keep abreast and profit from the rigorous curriculum of medical school are offered many resources. Primarily, the Associate Dean for Student Affairs will meet with students requiring such counseling in order to understand the specific needs and make necessary arrangements (i.e., remediation, educational testing, study skill enrichment, special accommodations, etc.). Formal tutoring is provided without charge to students who require assistance as determined by module or clerkship director or by the Associate Dean for Student Affairs. Students also have access to mental health resources through Student Health Services (SHS).

From the AAMC GQ for the years 2003-05, student satisfaction in the following areas were:

<table>
<thead>
<tr>
<th>Responsiveness of Administration to NYU 2003</th>
<th>% satisfied or very satisfied</th>
<th>% no opinion</th>
<th>% dissatisfied or very dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>NYU 2003</td>
<td>78.5</td>
<td>14.1</td>
<td>7.3</td>
</tr>
</tbody>
</table>
In general, student satisfaction with the above services has decreased in the past three years. In particular, academic and personal counseling, while once on par with the national average, declined as reflected in the 2005 GQ. It should be noted that the Senior Associate Dean for Student Affairs was ill for several months during the 2004-2005 academic year. The 2006 GQ reveals some “rebound” in level of satisfaction of graduating students with academic counseling, with 48.8% reporting they were satisfied or very satisfied. Student satisfaction with tutorial help also has decreased, but this appears to be due to the fact that many students have no opinion on the issue. Finally, on average, students feel that the administration is quite responsive to student problems.

### Academic Difficulty

In evaluating possible reasons why students experience academic difficulty, we compared MCAT scores, science vs. non-science majors in undergraduate major, and whether the undergraduate schools were private, public or Ivy League. No significant correlation existed between any of the proposed variables and academic difficulty, suggesting that no systematic variables predict academic difficulty among our students. In addition, the Preclinical and Clinical Boards on Academic Standing, after evaluating the records of students, state that the most common reasons for academic difficulty are illness and personal issues, not lack of academic capability to succeed in medical school.

In the last concluded academic year (2004-2005) no students took a leave of absence because of academic difficulty, and two students repeated first year. Between 1999 and the academic year of 2004-2005, a total of nine students withdrew or were dismissed from medical school. Five of the nine students withdrew from medical school during their first year. As gathered from the Student Survey, 72% of students at the School of Medicine do not believe they had academic difficulty as defined by their personal standards.

The School of Medicine’s Student Handbook states all the guidelines related to academic performance. It also includes the Preclinical and Clinical Boards procedures to evaluate and help students with academic difficulty. The Preclinical and Clinical Boards work together with
module, unit and clerkship directors to identify students who need remediation and set up a plan. Remediation programs are designed by the relevant module and unit directors in the first two years of medical school and by clerkship directors in the last two years of medical school. Module and clerkship directors believe that these regular meetings help them identify students who are coming under their supervision and have had previous academic difficulty, therefore allowing them to take measures to help those students.

In the preclinical years, most programs not only identify students who are having academic difficulty but also students who are “in danger” of having academic difficulty. All modules offer tutoring for students who are having academic difficulty, whether identified by the professor or by the student him/herself. Tutoring sessions are offered by second, third and fourth year students who excelled in the module or by graduate students. The tutoring sessions are run differently, depending upon module directors’ discretion. Some module and unit directors offer general review sessions to all students to help them identify problems and prevent failure in an exam. Students who had difficulty once are normally monitored and offered tutoring beforehand for other courses to prevent difficulty.

Clerkship directors individually design methods of remediation for students who are having difficulty. Most clerkship directors set up study plans with the students and are more watchful of them to help them keep up with the material and succeed in their rotation. Because some clerkships are relatively short (i.e., four weeks), directors cannot regularly identify students having academic difficulty early enough to effectively intervene in mid-clerkship. In those cases, remediation occurs during a second, full clerkship.

During the preclinical years, academic difficulty is documented through the regular Preclinical Board meetings among module and unit directors and the appropriate deans. As a group, the Board determines, on a case-by-case basis, which students are to meet with the Associate Dean for Student Affairs to discuss the academic difficulty. A similar body exists for the clinical years, but until the 2006-2007 academic year met less frequently. Because of the potentially long delay between the end of a clerkship and the assignment of a clerkship grade, a few students who had significant academic difficulties continued on to other clerkships without effectively addressing deficiencies in their cumulative performance. The improvement in the grade reporting process and the increased frequency of Clinical Board meetings instituted for the 2006-2007 academic year should facilitate more effective intervention in the clinical years.

The Associate Dean for Student Affairs, upon meeting with students who experience academic difficulty, attempts to identify specific issues to resolve. Students with emotional or personal issues are provided with appropriate counseling resources, while students with primarily academic issues are offered remediation, retesting, tutoring, or other similar resources. Other sources of academic difficulty are dealt with on a case-by-case basis at the discretion of the Associate Dean for Student Affairs.

### Academic difficulty in preclinical years:

<table>
<thead>
<tr>
<th>Class Year</th>
<th># of students with academic difficulty in First Year</th>
<th># of students with academic difficulty in Second Year</th>
<th># of students with academic difficulty in First Year who continued to have difficulty in Second Year (%)</th>
</tr>
</thead>
</table>
On average, 16.8% and 11.5% of students have some academic difficulty during the first year and second year, respectively. Academic difficulty is defined as having performed below minimum expectation on a single exam or multiple exams. The significant variability in difficulty from year-to-year, particularly in the second year, is likely attributed to curricular changes and development (e.g., changes in course structure or exam schedules). In some years, the proportion of students who continue to have difficulty from first to second year approaches 50%, suggesting that remediation methods did not fully prevent students from having subsequent difficulties.

Academic difficulty in clinical years:

<table>
<thead>
<tr>
<th>Class</th>
<th># of students with academic difficulty in Clinical Years</th>
<th># of students with academic difficulty in at least one Preclinical Year who continued to have difficulty in Clinical Years (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>11</td>
<td>1 (9%)</td>
</tr>
<tr>
<td>2004</td>
<td>5</td>
<td>3 (60%)</td>
</tr>
<tr>
<td>2005</td>
<td>16</td>
<td>7 (44%)</td>
</tr>
<tr>
<td>2006</td>
<td>17</td>
<td>7 (41%)</td>
</tr>
<tr>
<td>2007</td>
<td>11</td>
<td>5 (45%)</td>
</tr>
<tr>
<td>2008 *</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* The clinical years for the Class of 2007 were not yet concluded at time of data collection.

Approximately 7% of students have academic difficulty during their clinical years. Clinical responsibilities provide students with an entirely new set of academic challenges. The nature of grading on clerkships changes in many respects; however, again, nearly 50% of students with academic difficulties have experienced similar problems previously. These data suggest that some of the policies regarding promotion of students with academic difficulties may be too lenient. For a subset of students with repeated difficulty, it may be in their ultimate best interest to enforce stricter remediation, including repetition of all or part of a year or creation of a new “Fifth Year” curriculum with special educational opportunities to improve their performances.

The Committee analyzed the data on students who did not graduate within four years. Reasons that students do not graduate in four years included a year off for academic enrichment (i.e., research, additional advanced degree, others), MD/PhD training, repetition of a year/decelerated curriculum, or withdrawal/dismissal.

Among incoming students, the percentages of MD/PhD’s as part of the matriculating class are approximately 5.6% to 7%. (In each graduating class between 2000 and 2005, percentages of MD/PhD’s as part of the graduating class have ranged from 3.9% to 8.5%). Among the 967 matriculated students in the six years from 1999 to 2005, only 9 students (0.9%) either withdrew or were dismissed.

Among entering classes since 2001, approximately 20 students per year (12.3%) have taken an additional year for academic or paracurricular activities (not including MD/PhD candidates).
Activities have included:

<table>
<thead>
<tr>
<th></th>
<th>Average # of students/year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masters of Public Health</td>
<td>3.4</td>
</tr>
<tr>
<td>NIH (Research Fellowship)</td>
<td>3.0</td>
</tr>
<tr>
<td>International Activity</td>
<td>1.2</td>
</tr>
<tr>
<td>Intramural Activity (i.e., research at NYUSoM)</td>
<td>7.8</td>
</tr>
<tr>
<td>Extramural Activity (i.e., research at other institution)</td>
<td>2.6</td>
</tr>
<tr>
<td>Other</td>
<td>1.6</td>
</tr>
</tbody>
</table>

A “Fifth Year” curriculum has been instituted and encouraged by administration, providing students with a leave of absence from medical school. During this time, students do not pay tuition at NYU, but do have access to all medical school facilities. However, because of the “leave of absence” designation, students are not covered by the school’s malpractice insurance and cannot participate in any clinical activities, nor can they be certified by the Office of the Registrar to take national examinations such as USMLE Step 2 CK and CS.

National data from medical schools on extended training or a fifth year are not available. Data from other leading institutions in the nation were reviewed for the past 3 years; ranges for extending medical training beyond four years (excluding MD/PhD) ranged from 30 to 50%. Descriptions for what these students did during the extra time included research, community service, and advanced degrees.

**Career Choice and Elective Selection**

The Committee reviewed the information in the LCME database regarding intramural electives, extramural electives and international electives, and it obtained the following data on students who elect to take extramural electives and international electives.

The percentages of students who choose extramural and international electives are below:

<table>
<thead>
<tr>
<th>Class</th>
<th>% Students with at least one extramural elective</th>
<th>% Students with at least one International elective</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>64.4</td>
<td>16.5</td>
</tr>
<tr>
<td>2004</td>
<td>74.0</td>
<td>16.2</td>
</tr>
<tr>
<td>2003</td>
<td>61.1</td>
<td>14.6</td>
</tr>
</tbody>
</table>

In evaluating career and residency planning, the Committee found that during their preclinical years, students are advised on career opportunities and choices by the Associate Dean for Student Affairs. In addition, their Master Scholars Program mentor, with whom they interact on at least a monthly basis, is available both for informal counseling as well as for specific direction. In the early winter of the second year, the process of preparing students for the clinical years begins. By winter of the third year, students meet as a group with the Senior Associate Dean for Education and Student Affairs and, by March of that year, have submitted a list of potential residency choices. In early May, third year students receive departmental advisors in their areas of interest; those students with more than one potential career pathway receive advisors in each of their disciplines of interest. For this reason, on average, there are 1.5 advisors per student. Students may submit a request for a particular advisor; however, whether or not that advisor is appointed
to the student is at the discretion of the department. Students’ experiences with their advisor(s) are largely variable and depend on the initiatives of both the student and faculty advisor. Some students develop a strong personal relationship with their advisors, while others may never contact the faculty members. In some instances, students may opt to pass on their appointed departmental advisor and use another faculty member with whom they are familiar as their unofficial advisor.

Students who have not yet "differentiated" are welcome to meet with the Associate Dean for Student Affairs to further explore possibilities to assist in the successful decision making process. Between May of their third year and August of their fourth, all students meet both in small groups and in one-on-one sessions with the Senior Associate Dean for Education and Student Affairs, who advises them specifically on application preparation and ultimately writes their Dean's letters. Further information on career and residency planning is available in the section on academic advising.

From the AAMC GQ for the years 2003-05, student opinions and satisfaction in the following areas were:

<table>
<thead>
<tr>
<th>Area</th>
<th>NYU 2003</th>
<th>% agree or strongly agree</th>
<th>% no opinion</th>
<th>% disagree or strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I received appropriate faculty guidance in the selection of fourth year elective activities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NYU 2003</td>
<td>46.9</td>
<td>20.1</td>
<td>32.8</td>
<td></td>
</tr>
<tr>
<td>NYU 2004</td>
<td>45.6</td>
<td>18.1</td>
<td>36.3</td>
<td></td>
</tr>
<tr>
<td>NYU 2005</td>
<td>32.7</td>
<td>19.1</td>
<td>48.2</td>
<td></td>
</tr>
<tr>
<td>NYU Avg</td>
<td>42.0</td>
<td>19.1</td>
<td>38.9</td>
<td></td>
</tr>
<tr>
<td>National</td>
<td>62.6</td>
<td>13.7</td>
<td>23.7</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area</th>
<th>NYU 2003</th>
<th>% satisfied or very satisfied</th>
<th>% no opinion</th>
<th>% dissatisfied or very dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Career Assessment Activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NYU 2003</td>
<td>40.3</td>
<td>32.2</td>
<td>27.5</td>
<td></td>
</tr>
<tr>
<td>NYU 2004</td>
<td>35.0</td>
<td>40.0</td>
<td>25.0</td>
<td></td>
</tr>
<tr>
<td>NYU 2005</td>
<td>34.5</td>
<td>28.8</td>
<td>36.7</td>
<td></td>
</tr>
<tr>
<td>NYU Avg</td>
<td>36.6</td>
<td>33.9</td>
<td>29.5</td>
<td></td>
</tr>
<tr>
<td>National</td>
<td>53.9</td>
<td>26.4</td>
<td>19.8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area</th>
<th>NYU 2003</th>
<th>% satisfied or very satisfied</th>
<th>% no opinion</th>
<th>% dissatisfied or very dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of Personnel Providing Career Planning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NYU 2003</td>
<td>42.3</td>
<td>28.2</td>
<td>29.5</td>
<td></td>
</tr>
<tr>
<td>NYU 2004</td>
<td>35.0</td>
<td>37.5</td>
<td>27.5</td>
<td></td>
</tr>
<tr>
<td>NYU 2005</td>
<td>29.5</td>
<td>27.3</td>
<td>43.2</td>
<td></td>
</tr>
<tr>
<td>NYU Avg</td>
<td>35.7</td>
<td>31.2</td>
<td>33.0</td>
<td></td>
</tr>
<tr>
<td>National</td>
<td>50.8</td>
<td>26.5</td>
<td>22.7</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area</th>
<th>NYU 2003</th>
<th>% satisfied or very satisfied</th>
<th>% no opinion</th>
<th>% dissatisfied or very dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Satisfaction with Career Planning Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NYU 2003</td>
<td>40.9</td>
<td>25.5</td>
<td>33.6</td>
<td></td>
</tr>
<tr>
<td>NYU 2004</td>
<td>33.7</td>
<td>36.9</td>
<td>29.4</td>
<td></td>
</tr>
<tr>
<td>NYU 2005</td>
<td>28.1</td>
<td>29.5</td>
<td>42.5</td>
<td></td>
</tr>
</tbody>
</table>
Overall, when compared to national averages, NYU students appear significantly less satisfied with career and elective counseling. Over the past three years, trends show that students perceive that they receive less faculty guidance in selecting electives. Further, students are less satisfied with activities and personnel surrounding career assessment and planning. When studying overall satisfaction with career planning, just as many students are satisfied as are dissatisfied with services.

**Residency Applications**

In examining the timeline for the application process, the Committee found that a meeting is held by the Senior Associate Dean for Education and Student Affairs and the Registrar in the late winter of the third year to review the residency application process. Students submit a preliminary curriculum vitae and a list of possible areas of residency training in early March; by early May, they receive departmental advisors in their areas of interest. During May and June, the Senior Associate Dean for Education and Student Affairs meets in small groups with all students to discuss the process of obtaining letters of recommendation, constructing a robust program list, and writing a personal statement. After that group meeting, each student meets individually with the Senior Associate Dean for Education and Student Affairs, who also offers to read and comment upon each student's personal statement, an offer of which the vast majority of students avail themselves.

The school does not offer required, 4th Year core clerkships during December and January, thereby releasing students from academic obligations during peak residency interview season. In the winter of their third year, students meet as a group with the Senior Associate Dean for Education and Student Affairs, who recommends that they leave one month free for interviewing; that recommended month varies in accordance with the timing of the student's particular matching program. Those rare students, notably MD/PhD trainees, who must complete core rotations over this period in order to graduate without adding another year to their program, work with the Registrar and the Senior Associate Dean for Education and Student Affairs to construct a schedule that allows a month during this period. If that is not possible and a student misses more than three days of a four-week month rotation, the clerkship directors provide additional time as needed to assure that the student meets the clerkship's expectations. All but the MD/PhD students complete two of the twenty required weeks of elective time during the Advanced Science Selective block that ushers in the fourth year; 18 additional weeks of electives are required for graduation. With the time required for the 4th Year clerkships (Advanced Medicine, Critical Care and, for some of the students, Ambulatory Care if not taken as a third year student), the total number of weeks of required work in the fourth year ranges from a minimum of 28 to a maximum of 32. There is ample time, therefore, to complete curricular requirements. Students also have enough time to schedule and take national licensing examinations.

The Medical Student Performance Evaluations of all students are prepared by the Senior Associate Dean for Education and Student Affairs. The dean employs the student's preclinical and clinical records (grades and descriptive comments), accomplishments as recorded on an academically structured curriculum vitae (the format and content of which are reviewed individually with each student), and personal knowledge of the student gained during a scheduled, one-on-one interaction prior to the start of the formal application season. Additionally, comments may be included in the Dean's Letter from faculty and others with whom the student has worked, but has not asked for a formal letter of recommendation. These comments are reviewed and quotes/excerpts are included at the discretion of the Senior Associate
Dean for Education and Student Affairs.

Students’ departmental advisors do not have a formal role in writing or contributing to the Dean’s Letter (unless asked by the student to submit comments), nor do they meet with the Senior Associate Dean for Education and Student Affairs. All students have the opportunity to read their Performance Evaluation before it is transmitted to programs.

**Recommendations**

- 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.

**Financial Aid**

The Committee found that the School of Medicine provides students with effective financial aid as exemplified by the following statement found on our website: “The School of Medicine has an extensive array of low-cost educational loans available to students in need. Repayment is deferred while you are a student and interest charges do not exceed 6% in repayment. Scholarship funds are provided as part of financial aid packages to students with the greatest demonstrated need. Stafford Student Loans are available to most students, providing up to $8,500 a year at interest rates subsidized by the federal government. An additional $30,000 in Stafford Loan funds is available with unsubsidized interest. These loans are the primary source of aid to students. Those students in need of additional aid are assisted through the school’s program.” From the 2006 Student Survey, 65% of students queried felt that their satisfaction with the financial aid process was at least average or better. Furthermore, 45% felt that the amount of loans awarded met their needs, 11% were neutral and 14% responded unfavorably. Work-study funds seem to be readily available for students who qualify. Taken together, the policies in place provide students with the aid they need to pay for school.

![Overall satisfaction with the financial aid process](image_url)
During the spring, 4th Year students attend a group exit interview at which all student borrowers receive individual loan summary sheets indicating the sources of the loans, the holders of the loans, and pertinent contact information. General debt repayment strategies are outlined, and information about loan consolidation, deferment and forbearance is provided. Students have the opportunity to ask questions and are redirected to the lender if necessary.

While the opportunity to discuss accrued debt is provided, the process is not individualized enough for graduates to fully understand their debt and their options for managing this debt. It is clear from student responses on the survey and School of Medicine published policies that little debt management counseling exists until the day of the exit interview. This is thought to be an inadequacy in the financial aid program and is reflected in the Student Survey, with greater than 50% of students responding to the “adequacy of debt counseling” in the neutral to negative range. Of note, the average student loan repayment period is as follows: 10-30 years for federal Stafford, 10 years for federal Perkins, and 10 years for private NYU loans.
Financial aid for 2005-2006 (including MD/PhD students):

<table>
<thead>
<tr>
<th>Class Year</th>
<th>First</th>
<th>Second</th>
<th>Third</th>
<th>Fourth</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Students with financial aid from all sources</td>
<td>83%</td>
<td>83%</td>
<td>77%</td>
<td>80%</td>
<td>81%</td>
</tr>
<tr>
<td>% Students with grants/scholarships from institutional sources</td>
<td>75%</td>
<td>71%</td>
<td>55%</td>
<td>72%</td>
<td>68%</td>
</tr>
</tbody>
</table>

The following illustrates the responses obtained from the student body and a summary of their comments from the 2006-2007 LCME Student Survey (n=172).

**Student Comments about the director of Financial Aid:**
- 44% of all students who commented wrote about their dissatisfaction with the director of Financial Aid. This includes 46% of respondents in the class of ’06 and 58% of respondents in the class of ’07.
- 21% of all respondents commented on the director’s lack of professional behavior.
- 23% of all respondents commented on the director’s lack of availability, specifically the absence of walk-in office hours, frequent cancellation of appointments, and slow response to e-mails and phone calls.

**Student Comments about debt counseling:**
- 48% of all respondents complained of the poor debt counseling offered by the Office of Financial Aid.
- 32% of all respondents commented on the need for individual one-to-one sessions on an annual basis for debt counseling and advising on personal budgets. This included up to 40% of respondents in the class of 2008, 38% of respondents in the class of 2009, and 33% of MD/PhD students.
- 10% of all respondents mentioned of lack of information regarding loan consolidation.
- 6% of respondents complained of the need for greater, non-need based aid such as loans and work-study, beyond the sum awarded in the financial package.

**Student Comments about the Financial Aid website:**
- 12% of all respondents complained of either lack of information contained on the website, or the need for access to a secure, online account containing personal financial aid information and current balance with the Bursar of the School of Medicine.

**Student Satisfaction (2005 AAMC Graduation Questionnaire):**

**Financial Aid Administrative Services:**

<table>
<thead>
<tr>
<th></th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>NYU</td>
<td>14.2%</td>
<td>22.7%</td>
<td>15.6%</td>
<td>14.2%</td>
</tr>
<tr>
<td>All Schools</td>
<td>28.7%</td>
<td>39.6%</td>
<td>8.9%</td>
<td>5.2%</td>
</tr>
</tbody>
</table>

**Debt Management Counseling:**

<table>
<thead>
<tr>
<th></th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>NYU</td>
<td>10.6%</td>
<td>15.6%</td>
<td>17.0%</td>
<td>22.0%</td>
</tr>
<tr>
<td>All Schools</td>
<td>23.3%</td>
<td>36.9%</td>
<td>11.3%</td>
<td>5.5%</td>
</tr>
</tbody>
</table>

Senior Loan Exit Interview
In summary, while the ability to obtain financial aid exists, there is little debt counseling and management provided to students after they have “signed.” Furthermore, 20-40% of students expressed dissatisfaction with the overall “functioning” of the Financial Aid Office and the senior exit interview, and these figures are further supported by the 2005 AAMC GQ. This fall, the Director of the Office of Financial Aid resigned; Phyllis Schulz, from New York University Office of Financial Aid, assumed supervision of the School of Medicine’s Office of Financial Aid on November 1, 2006, and a previously administrative position was upgraded to a Counselor of Financial Aid. Through a recently obtained endowment to support in part medical students’ awareness of and ability to manage their own financial situations, a program of group and individual counseling is planned for the spring of 2007. A major priority of the new Financial Aid Office is to redesign its services to better meet student needs.

The Committee realized that no explanation was given to students for recent annual tuition increases of greater than 7%, despite the stated goal of 3-6% as delineated in the 2003-2006 NYU School of Medicine Bulletin. As the cost of tuition increases, so does the cost of books, supplies, room/board and personal expenses increases and this is not directly taken into account. From their responses to the Student Survey, most students agree that they were not adequately informed about tuition increases.

<table>
<thead>
<tr>
<th></th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>NYU</td>
<td>9.3%</td>
<td>17.1%</td>
<td>14.3%</td>
<td>16.4%</td>
</tr>
<tr>
<td>All Schools</td>
<td>22.4%</td>
<td>32.6%</td>
<td>3.8%</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

It appears that medical educational and total educational debt is increased at a disproportionate rate compared to tuition and fees for 2005-2006, and non-educational debt also has increased. This finding may in part be explained by lack of financial advising and debt counseling as outlined above. Furthermore, students revealed a significant awareness of, and dissatisfaction with, loan repayment obligations to lenders given the relatively low medical resident salary.
The Tuition Refund Policy is clearly stated in the Bulletin of the School of Medicine:

“Refunds will be made in full for unused semesters and the following scale will apply for partial semester refunds:

After one week – 90% refund of tuition paid; After two weeks – 70% refund of tuition paid; After three weeks – 50% refund of tuition paid; After four weeks – No refund.

If, pursuant to the rules of conduct and academic regulations of the University and of the School of Medicine, withdrawal of a student is required before the end of the term for which tuition has been paid, a prorated refund will be made.” *NYU School of Medicine Bulletin 2003-2006*

**Recommendations**

- 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.

**Student Health Services**

**Personal Counseling**

The Master Scholars Program (MSP), as well as the Professional Development Program within the MSP, provides students with faculty mentors who provide regular, on-going advisement and support to the students. In group and individual sessions with their mentors, students have opportunities to share their concerns and receive guidance. However, this program initially was not designed to be a personal counseling, but rather a paracurricular program aimed at enriching students’ experience with focused discussions on a specific MSP Society area of concentration. For example, the May Chinn Society focuses their discussions on bioethical issues in medicine.
In the Student Survey, 55% of the respondents state that the availability of their Master Scholars mentor is above average. Twenty-eight percent of the respondents rate their mentor’s availability as average, while 17% rate it as below average. Thirty-two percent of the respondents found their relationship with their mentor to be above average, 18% neutral, while 49% ranked the relationship as below average. The MSP/Professional Development Program is selected by 43% of the Student Survey respondents as one of the top five areas at the School in need of improvement, thus suggesting that these programs do not satisfy all of the personal counseling needs of the students.

Some students also receive personal counseling through interactions with the Associate Dean for Student Affairs. In the Student Survey, 52% of the respondents note that the accessibility of the Dean of Students was above average, 18% average, while 10% do not know. Fifty-six percent of the respondents find the Dean of Students’ responsiveness to problems to be above average, 16% average, 6% below average, and 22% of the respondents do not know. In terms of the quality of academic advising provided by the Dean of Students, 44% of the respondents rate it as above average, 19% as average, and 9% as average, and 29% don’t know. The data from the Student Survey indicates that the advising available through the Dean of Students is valuable for students, but also suggests not all students’ needs are being met, further supporting the need for improvements to personal counseling at the School.

**Health Services**

All medical students have access to the Student Health Service (SHS), which provides the following services free of charge:

- Urgent medical care
- Mental health care
- Referrals for specialists
- Required vaccinations
- Occupational injuries
- STD screening
- Annual PPD screening
- International travel vaccines and counseling

The Committee reviewed the hours and policies of SHS. In the Student Survey, 71% of the respondents rate the SHS as above average. Sixty-six percent of the respondents view the confidentiality of SHS above average. Twelve percent of the respondents rate the confidentiality as average, 6% below average, while 16% don’t know. However, 15% of the respondents to the Student Health comments section (n=86) feel that the SHS is inadequate to meet the needs of students, citing limited hours of operation, negative experiences with nursing and physician staff, and lack of confidentiality.

In the Student Survey, 40% of female respondents rate the quality of gynecological services above average, 13% as average, 8% below average, while 39% didn’t know. In a similar trend, 39% of the female respondents in the Student Survey regard the confidentiality of gynecological services as above average, 8% as average, and 5% as below average; while 48% didn’t know. However, in the Student Health comments section, 19% of the respondents (n=86) specifically complain about gynecological services at SHS. These students were concerned about lack of confidentiality, unprofessionalism, and limitation of hours. Of particular concern was that the physician who conducted the gynecological exams was an Assistant Professor with some interaction with students on the wards. Since the time of completion of the Student Survey, that
physician has left the School and accepted a faculty position at another institution. This affords the opportunity to name, if possible, to the position someone who does not interact with medical students during their educational program. This will ensure that physicians who deal with sensitive issues at SHS, such as mental health and gynecology, are not involved in the academic evaluation or promotion of students.

**Mental Health Services**

Students are able to obtain mental health counseling through the SHS. The psychiatrist has no role in teaching medical students and no involvement in the academic evaluation or promotion of medical students. Records of mental health counseling are kept separately from the SHS medical records. Students are seen by the psychiatrist for 3-10 visits. If continued mental health care is necessary, students are referred to a group of psychiatrists who agree to see students at a discounted rate. These physicians also are not involved in the academic evaluation or promotion of students. Students can contact the psychiatrist by phone in case of emergency when the SHS is closed.

The Student Survey reveals that 70% of the respondents could not rate the quality of Mental Health Services because they “didn’t know”; similarly, 70% of the respondents could not comment on the confidentiality of Mental Health Services. Meanwhile, 19% of the respondents find Mental Health Services to be above average, 7% find them to be average, and 5% find them to be below average. Twenty percent of the Student Survey respondents rate the confidentiality of Mental Health Services as above average, 5% as average, and 1% as below average.

**Health Insurance**

Currently, the School of Medicine offers United Healthcare insurance coverage to all students. All students are required to have health insurance, either through United Healthcare or another source. Students must provide proof of health insurance each year if they elect to waive School coverage. Those who do not submit a coverage waiver are enrolled in the School plan.

Students also have the option of enrolling in a family plan. Students wishing to enroll in the family plan can add dependents during either of the two open enrollment periods (September or January). Students wishing to add dependents outside of the open enrollment periods can do so only upon proof of a qualifying event (i.e., copy of marriage certificate, birth certificate, etc.) within 30 days of the qualifying event.

Students are charged the full premium. The amount is included on the tuition and fee bills. Students are made aware of its availability the summer before first year, as well as during each semester by the Office of Student Affairs.

According to the Student Survey, 29% of the respondents do not know the cost of health insurance offered by the School of Medicine to students, 26% rate it as below average, 27% as average, and 18% as above average. Eighty-six percent of respondents do not know the cost of health insurance offered by the School to students for dependents. Of those who rated the cost for dependents, 7% view it as below average, 4% as average, and 3% as above average. While 46% of the respondents regard the adequacy of services covered by the health insurance as above average and 22% find it to be average, 23% “don’t know” and are unable to assess its adequacy. Nine percent of the respondents view the adequacy of services covered as below average. In the comments regarding Student Health, 15% of respondents (n=86) believe that the United Health Insurance is too expensive. Five percent of respondents commented on the poor customer service provided by United Health Insurance.
Forty six percent of the Student Survey respondents report that they have dental insurance. Of these, 46% obtain dental insurance through their parents, 30% through the plan negotiated by Student Council, 11% from a private insurance, 5% from a spouse, and 9% from some other means. Thirty nine percent of the respondents have not seen a dentist in over one year, 25% of the respondents had their last dental check up in the past year, and 39% had theirs in the past 6 months. Sixty three percent of the respondents would purchase dental insurance from the School if it were made available. In the open comments section, 13% of the respondents believe that the School should provide dental insurance to students (n=86). As of in 2006-2007, the School offers dental insurance to students.

Students are covered by disability insurance through the School of Medicine until prior to graduation, when they are given the option of continuing coverage.

Immunizations
Students must present evidence of the following immunizations:

- Two MMR vaccines – given after twelve months of age and at least one month apart
- Diphtheria/ Tetanus vaccine within the last ten years
- Meningococcal vaccine within the last three years
- Three hepatitis B vaccines spaced at 0, 1 and 6 months
- PPD with results measured in millimeters
- Titers for rubella, rubeola, varicella and hepatitis B showing serological proof of immunity

Students who do not show immunity are revaccinated upon their arrival. All vaccines administered at SHS are free of charge, except for the meningococcal vaccine (Menomune) for which there is a $75.00 charge.

The Student Survey revealed that 65% of respondents feel that the “adequacy of immunization and screening for communicable diseases” is above average, 28% think it is average, and 7% rate it as below average. In the Student Health comments section, there was some concern that the most up-to-date vaccinations are not provided to students and that the meningococcal vaccine should be free of cost.

Infection Control
Students are educated on proper respirator fitting during second year of medical school. During Clinical Clerkship Orientation, students attend a 1.5 hour Infection Control Workshop covering universal precautions, proper handling of body fluids, needles, and other sharps, and what to do in case of exposure. These students receive a laminated pocket card which lists procedures to follow in case of exposure.

According to the Student Survey, 44% of the respondents feel that the “adequacy of teaching throughout medical school about prevention and occupational exposure to infectious diseases (e.g., Hepatitis B, HIV, etc)” is above average, 36% view it as average, and 20% as below average. However, in the comment section of the Student Health section, 14% of the respondents (n=86) feel that there is a “lack of education and support for students for students with needle stick injuries and other occupational hazards.”

Recommendations
- 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.

C. The Learning Environment

The Teacher-Learner Relationship and Student Mistreatment
The Committee developed a Compact between Learners and their Teachers, adapted from the AAMC. This compact appears in the Appendix MS-32A. In addition, the Committee reviewed the School of Medicine’s policies on sexual harassment and student mistreatment and found that the policies were clear and in compliance with LCME standards. The Committee spent significant time discussing the effectiveness of these policies as described below.

Evidence of Effectiveness
A measure of the effectiveness of our system is that the students use the established mechanism to report instances of abuse. Anecdotally, there are fewer reports of mistreatment by the faculty and staff who have been counseled about their behaviors.

In addition, the results of the AAMC GQ show that overall, students complain less than or equal to their counterparts in most areas involving student mistreatment.

<table>
<thead>
<tr>
<th>Year</th>
<th>Yes NYU</th>
<th>Yes All Schools</th>
<th>No NYU</th>
<th>No All Schools</th>
<th>Count NYU</th>
<th>Count All Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>20.6%</td>
<td>20.0%</td>
<td>79.4%</td>
<td>80.0%</td>
<td>136</td>
<td>13813</td>
</tr>
<tr>
<td>2001</td>
<td>12.0%</td>
<td>17.1%</td>
<td>88.0%</td>
<td>82.9%</td>
<td>150</td>
<td>14133</td>
</tr>
<tr>
<td>2002</td>
<td>8.6%</td>
<td>16.5%</td>
<td>91.4%</td>
<td>83.5%</td>
<td>152</td>
<td>14159</td>
</tr>
<tr>
<td>2003</td>
<td>7.4%</td>
<td>15.0%</td>
<td>92.6%</td>
<td>85.0%</td>
<td>149</td>
<td>13632</td>
</tr>
<tr>
<td>2004</td>
<td>8.1%</td>
<td>13.5%</td>
<td>91.9%</td>
<td>86.5%</td>
<td>160</td>
<td>10683</td>
</tr>
<tr>
<td>2005</td>
<td>12.1%</td>
<td>12.8%</td>
<td>87.9%</td>
<td>87.2%</td>
<td>140</td>
<td>9440</td>
</tr>
</tbody>
</table>

Students who report mistreatment generally cite issues of mistreatment at similar or lower levels than the national average. In addition, those students citing instances of mistreatment usually do not feel the mistreatment to be serious enough to warrant reporting to the Dean’s Office or supervising faculty. Over the past several years, a maximum of two instances per year of student mistreatment have been reported to members of the Dean’s Office. In the past six years, only two faculty members have been removed from teaching positions due to instances of student mistreatment.

The results from the Student Survey correlate with the data from the GQs. Of the 673 students completing the Student Survey, 145 reported experiencing harassment or discrimination. Of these students, 35% reported experiencing favoritism, 26% slurs/offensive jokes, and 17% poor
evaluations. However, it is difficult to draw conclusions based on these allegations of harassment or discrimination because it is not possible to determine the severity of these experiences. Of the 538 students responding to questions in the Student Experience section, 108 made comments regarding experiences of mistreatment. Most of these comments were made by clinical students, and the vast majority of cases of reported student mistreatment occurred in the clinical setting. Twenty-five students discussed incidents involving discrimination including racism, sexism and favoritism. These incidents ranged from offensive jokes or slurs made by clinical faculty members to favoritism toward female students by male faculty members. In addition, other students and other medical center employees also were cited as responsible for harassing comments or discrimination. Sixty-one students commented on incidents involving shouting, yelling, or other means of humiliation. Although some of the reported incidents were preclinical and involved preclinical faculty and administration, most involved clinical faculty and house staff, with incidents occurring most frequently in Surgery and Ob/Gyn. These two departments also garnered the most comments in regards to the assignment of tasks, work, or responsibilities for purposes other than the student’s education (“scut work”). The majority of responses to this question specified residents as the people assigning this type of work most often. Few students (8) reported incidents of persons taking inappropriate credit for work they have done. These situations most frequently involved clinical faculty, including both residents and attendings.

The Clinical Clerkship Evaluations completed by students at the end of each clerkship also provide information regarding the effectiveness of the School’s policies on student mistreatment. The data and comments provided by these evaluations parallel the data and comments received in the Student Survey and in the AAMC GQ. Ob/Gyn and Surgery were the clerkships with the most instances of student mistreatment, also as indicated in the Student Survey.

<table>
<thead>
<tr>
<th></th>
<th>Total Mistreated</th>
<th>Belittled/ Humiliated</th>
<th>Physical Harm</th>
<th>Personal Service</th>
<th>Scut</th>
<th>Sexual Harassment</th>
<th>Bias</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2002 – June 2003</td>
<td>57</td>
<td>21</td>
<td>1</td>
<td>12</td>
<td>29</td>
<td>2</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>July 2003 – June 2004</td>
<td>77</td>
<td>32</td>
<td>0</td>
<td>9</td>
<td>37</td>
<td>2</td>
<td>6</td>
<td>24</td>
</tr>
<tr>
<td>July 2004 – June 20055</td>
<td>60</td>
<td>22</td>
<td>5</td>
<td>7</td>
<td>24</td>
<td>0</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td>July 2005 – April 2006</td>
<td>38</td>
<td>11</td>
<td>2</td>
<td>2</td>
<td>13</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Overall, the results of the AAMC GQ, Student Survey, and Clinical Clerkship Evaluations show that while incidents of student mistreatment do occur at the School, they generally occur at a frequency equal to or below those of the national average. Therefore, the policies that the School of Medicine has in place regarding student mistreatment seem to be effective in preventing student mistreatment and in handling allegations of it.

**Programs to Prevent Student Mistreatment**

The dissemination of the policies and procedures above and the creation of the feedback loop to clerkship directors and department chairs have set a standard of institutional non-tolerance of inappropriate behavior towards students. Other relevant policies (i.e., sexual harassment, anti-discrimination) also have been disseminated to the faculty and staff of the School.

The results of the Student Survey show that student awareness of school policies, including the policies on sexual harassment and student mistreatment, should be improved. Of all students,
39% rated their awareness of the School policies as “Average” and 33% rated their awareness as “Poor.” Only 23% rated their awareness as “Good” or “Excellent.” When asked to rate the appropriateness of policies and procedures for student mistreatment, 73% of students replied, “Don’t Know.” However, the vast majority (19% of total students) of those able to respond to this question rated the student mistreatment policies as “Average” or “Good.” In addition, in the AAMC GQ, the 2005 results show that only 45% of graduating students were aware of the School’s policy on student mistreatment:

<table>
<thead>
<tr>
<th>Year</th>
<th>NYU</th>
<th>All Schools</th>
<th>NYU</th>
<th>All Schools</th>
<th>Count</th>
<th>All Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>50.4%</td>
<td>49.8%</td>
<td>49.6%</td>
<td>50.2%</td>
<td>135</td>
<td>13706</td>
</tr>
<tr>
<td>2001</td>
<td>72.0%</td>
<td>67.3%</td>
<td>28.0%</td>
<td>32.7%</td>
<td>150</td>
<td>14133</td>
</tr>
<tr>
<td>2002</td>
<td>74.3%</td>
<td>70.3%</td>
<td>25.7%</td>
<td>29.7%</td>
<td>152</td>
<td>14160</td>
</tr>
<tr>
<td>2003</td>
<td>71.1%</td>
<td>69.6%</td>
<td>28.9%</td>
<td>30.4%</td>
<td>149</td>
<td>13630</td>
</tr>
<tr>
<td>2004</td>
<td>63.8%</td>
<td>69.5%</td>
<td>36.3%</td>
<td>30.5%</td>
<td>160</td>
<td>10693</td>
</tr>
<tr>
<td>2005</td>
<td>45.0%</td>
<td>57.4%</td>
<td>55.0%</td>
<td>42.6%</td>
<td>140</td>
<td>9443</td>
</tr>
</tbody>
</table>

Therefore, it seems that while these policies may be appropriate and effective, the majority of the student body is unaware of them. These policies are included in the Student Handbook, which all students receive during New Student Orientation. Also during Orientation, it is mentioned where all of these policies may be found. Nevertheless, it appears that students remain unaware of many of the school’s policies regarding mistreatment. Therefore, it is recommended that students be reminded during New Student Orientation and again during Clerkship Orientation that these policies exist and where they can be located. These steps may help increase student awareness of these policies. Also, it is recommended that clinical faculty, especially house staff, be reminded of these policies on a regular basis in order to prevent student mistreatment from occurring.

**Recommendations**

- 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.

**Academic Policies**

**Standards and Policies**

The School administration was able to provide the Committee with copies of the School’s policies from either University policy or the School of Medicine Student Handbook. Included in these policies are the presence of and the make-up of many committees including, but not limited to: the Preclinical and Clinical Boards on Academic Standing, the Standing Committee on Student Abuse, and the Disciplinary Committee of the School of Medicine.

However, the crux of this charge is assessing student familiarity with the listed policies. In the Student Survey there were multiple questions addressing this issue. One question stated: “Please
rate your awareness of NYU School of Medicine policies (i.e., student advancement, disciplinary action, appeal, dismissal, sexual harassment, and student abuse). The results were as follows:

![Awareness of NYU SoM Policies](chart)

Of note, more than 1/3 of students rated their awareness as “poor” or “unacceptable.” Students also were asked to “Please rate the appropriateness of the policies and procedures for disciplinary action.” Of note, 68% of the 633 students responding said, “Don’t know.” Similarly, more than 2/3 of the students answering the question “Please rate the appropriateness of policies and procedures for student mistreatment.” Overall, it appears that a majority of the students are not familiar with the current policies, despite their posting on the School’s website and their distribution at the beginning of the first year. In the comments section of the Student Survey, 25% of respondents (n=122) requested more clear and consistent administrative policies, including the need for an honor code.

**Familiarity with the Alpha Omega Alpha (AOA) Selection Policy**

In the Student Survey, students were asked to, “Please rate the extent to which you agree with the following statements:

![“I think it is clear how much the first two years of medical school are weighted toward acceptance into the AOA Honor Society”](chart)

Of note, almost 3/4 of students disagreed with the statement when concerning the first two years of medical school, and nearly 2/3 disagreed when concerning the final two years of medical school. It appears from this survey that students are not familiar with the policies and procedures of acceptance into the AOA Honor Society. The explicit detailed description of the process by which students are confirmed for and elected to AOA was included for the first time in the 2006-2007 edition of the Student Handbook.
Access and Confidentiality of Student Records

The school has provided adequate information to assure both access to and confidentiality of student records, in compliance with the FERPA guidelines. Questions in regards to this were included in the Student Survey. Results of the question “Please rate the confidentiality of student records,” were as follows:

![Confidentiality of Student Records](image)

Notably, half of the students responding replied, “Don’t Know.” Familiarity seemed to increase among students in the upper classes.

Similarly, when asked to rate the availability of student records (e.g., grades, evaluations, etc.) for review and challenge, 43% responded, “Don’t know.” Again, familiarity seemed to increase with upper classes, although the overall trends stayed the same.

In the comments sections of the Student Survey, some students expressed discontent with the access to exams and grading strategies (n=122):

- Seven percent of respondents feel there is great difficulty in viewing exams, learning from mistakes on exams and challenging these grades.
- Eleven percent of respondents believe that there need to be more clearly stated policies for determining clerkship grades, consistency of these policies across all clerkships and better access to evaluations, including the ability to challenge grades.

Appeals of Academic Recommendation

A student who objects to a recommendation of the Board may petition the Dean for a review of its action. This appeal must be in writing, state the basis for the student's objection, and be received by the Dean within two weeks of the date the Board notified the student of its
recommendation. The basis for an appeal would be discovery of new information that was not available to the Board or evidence that the School of Medicine Academic Guidelines were applied unfairly.

The appeal will be heard by an Appeals Committee consisting of three senior faculty appointed by the Dean. The Appeals Committee shall act upon the appeal as soon as is practical after appointment by the Dean. The Appeals Committee shall review the Board's recommendations and, in so doing, it shall hear the student in person if the student wishes to make a personal appearance before it; shall review such records as it deems pertinent, including a personal written statement submitted by the student; and shall, if it deems necessary, review any report by, or consult with representatives of, the Board. The Appeals Committee shall submit a written report of its review, including a recommendation to the Dean. The Dean shall convey a written decision on the appeal to the student. The Dean's decision will be final and binding.

**Clerkship Grading Policy**

The grading policy algorithm for each clerkship is provided in hard copy and/or on the clerkship website in most clerkships and addressed directly by the clerkship director on the first day of each new rotation. Students with questions/issues with grades have a three-week window after receipt of their grade in which to meet with the respective clerkship director and review all of the data that contributed to the grade. Beginning in 2006, a formal second step was added to the grade clarification process. If, at the conclusion of his/her meeting with the clerkship director, the student still questions the grade obtained, he or she can request a formal grade review by a panel of three other clerkship directors convened by the Senior Associate Dean of Education and Student Affairs at the conclusion of a full academic year. All of the information that contributed to the student’s grade will be reviewed against the grading algorithm used for the entire class. The panel may recommend no change, an increase, or a decrease in grade. The decision of the panel is binding. If re-grading is warranted based upon that analysis, explanation of the process that led to the re-grade will be sent by the clerkship director to the Senior Associate Dean for Education and Student Affairs for approval prior to submission of any grade change to the Registrar.

**Recommendations**

- 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.

**Student Study and Recreational Spaces**

**Student Study Space**

The Coles building was opened in 1971 and, with the renovation of its 2nd and 3rd floors in 1998, it was renamed the Martin L. Kahn Teaching and Learning Center. This facility is one of the primary teaching sites for the first two years of our medical school curriculum.

While the 1998 renovation of the 2nd and 3rd floors added six small group teaching rooms and six new laboratories (five of which can be divided in half to provide ten additional small group teaching/ study rooms), the amount of space in the Coles building is barely adequate to meet the
study space needs of the student body. Additionally, the fact that the conference rooms on the 1st floor (with the exception of Coles 105) are in poor condition further limits the study space options of the student body. The renovation of Alumni Hall C partially addressed the lack of study space available to students; it accommodates roughly 59 students. It should be noted that although the medical library provides a limited amount of study space, students from the other NYU graduate schools (especially the School of Dentistry) and general medical center community compete with the School of Medicine students for this space. The library is open 24 hours a day from Sunday at noon until Friday at 9:00 p.m. Hours on Saturday are 10:00 a.m. to 8:00 p.m.

The Faculty Dining Room, Cafeteria Annex, and Student Cafeteria are also utilized by a limited number students after operating hours (i.e., after 2pm, Monday-Friday) to study. However, these areas are not very conducive to studying because they are often times noisy and have poor lighting. The lecture auditoriums (Schwartz E and F) and smaller Schwartz classrooms also can be utilized after hours as a study space. Coles 201 offers slide and transcript printing to students free of charge and also provides 29 seats which can be utilized for individual or group studying.

In regards to accessibility, the Faculty Dining Room, Coles laboratories and small group seminar rooms are only accessible with medical student ID after 5pm and on weekends; Alumni Hall C is accessible only by medical student ID at all times.

In the previous LCME self-study, two recommendations regarding study space were proposed:

- Restrict access to study space facilities by increasing the use of card access.
- A new study space facility, equal in quality to Alumni Hall C, should be identified and renovated.

The first recommendation has been addressed and potential sites for additional study space are being evaluated. The current LCME Student Survey once again points to the lack of quality study space at the School of Medicine. Forty-five percent of the respondents (n=138) commented on this issue. The Committee concluded that the size of the student body necessitates that the School provide more places for students to study.

**Lounge and Recreation Areas**

The student lounge, located in Rubin Hall, was recently renovated and provides students with a variety of entertainment options. The lounge features three, big screen, entertainment centers, a piano room, poker table, pool table and a dark room. Additionally, there are a variety of other games available, including an air hockey table.

Greenberg Hall does not provide students with a lounge area, but it does provide students with a courtyard in which to host events or enjoy some fresh air.

There is a basketball court located on the roof of the Dean’s offices that is heavily utilized by students for a variety of activities ranging from basketball to soccer. The Rubin Gym was recently renovated and several new pieces of equipment were installed. Students are provided with a bike storage facility.

The preponderance of comments on the current LCME Student Survey regarding recreational facilities were directed toward the Rubin Gym. Many students felt that the gym was unacceptable on many fronts, including its size, aesthetics and general maintenance of the facility. While there were many positive comments in the Student Survey regarding the basketball court, a significant
number of students pointed out that the adjacent space, currently covered with rocks, is underutilized.

**Personal Storage Facilities**

Student lockers currently exist on the ground floor of the Medical Science building and on the second and third floor of the Teaching and Learning Center. Students are able to utilize the resident/physician lounge or locker room at most clinical sites to store personal belongings.

**Recommendations**

- 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.

**Student Survey**

In addition to addressing the charges put to the Committee, the Medical Students Committee reviewed the results of the Student Survey as a whole with the goal of ensuring that both the strengths and weaknesses of the school as demonstrated in the survey were adequately represented in final LCME report. While the final survey analysis details the depth and breadth of student thoughts and concerns about NYU School of Medicine, it is appropriate to excerpt several paragraphs of the Executive Summary that encapsulate the results of the Student Survey.

First, the survey was designed and explained to students as a way “to make their opinions heard” and as a chance “to improve those areas of the school that need improvement while enhancing the strengths of the school.” As a result, the comments provided by students contain much constructive criticism. Prior to the comment analysis, therefore, it is important to contextualize student thoughts on the School with the raw numbers from the student survey.

Overall student satisfaction in the survey was extraordinarily high – the published numbers speak loudly for themselves. A few highlights, however, demonstrate these facts. In Questions 24-7, more than 80 percent of all respondents rate their overall experience at the School as either “good” or “excellent,” with fewer than 5 percent of the responding members of the student body rating their experience as anything less than average. Students consistently rate the educational experience to be above average, with 66 percent of clinical students describing their interactions with clinical faculty as “good” or “excellent” and only 7 percent of students rating those interactions as less than average (questions 6-36). Similarly, more than half of the clinical students describe their experiences on all clinical rotations as above average and 86 percent of students describe rotations at Bellevue Hospital (where the majority of rotations are completed) as either “good” or “excellent” (questions 6-12). In aggregate, 70 percent of students rate their interactions with faculty during the pre-clinical years as “good” or “excellent,” while only 6 percent of students rate those experiences as less than average (questions 5-15). Satisfaction with issues related to student life was equally well-represented in the survey. More than 87% of responding students rated their overall satisfaction with the Office of Student Affairs as better than average (questions 16-2).
The high marks described above were not evident in all 24 sections of the student survey. Certain sections, including those on information technology and housing as it relates to Rubin Hall, received poor approval ratings from a majority of students. However, the clearest indications of student thoughts on which aspects of the school require improvement come from the final section of the survey in which students were asked to select the five areas they felt were most in need of improvement. Topping the list were housing and information technology, followed by the Master Scholars Program, the Professionalism Portfolio, eating facilities, financial aid, study spaces and certain aspects of the academic program. Specific student thoughts on improving these areas are detailed below in the comment analysis.

As might be expected in a survey of this magnitude, the tone of student comments varied dramatically. A number of students corroborated the trend from the numeric data in the survey, expressing sentiments that the NYU School of Medicine has provided them with an exceptional medical education and has been a wonderful experience. The majority of the students who made comments in the survey, however, clearly stated that they wanted to use the survey to highlight the exemplary areas of school functioning while identifying those areas in need of improvement in an effort to enhance the quality of education and the quality of life available to NYU medical students now and in the future. Three general areas for improvement were identified in reviewing the comments:

1. Better dissemination of information to students
2. Improved infrastructure at the medical school, both physical and technological
3. More consistency in the overall educational program

When working well, each of these themes was highlighted by students as models for how the other areas of the school could be improved; when inadequate, these themes were repeatedly mentioned by students as the sources of the greatest frustration during medical school.