NYU SoM 2006 LCME Student Survey Analysis

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Overview of the LCME Student Survey and Comment Analysis Process

The NYU SoM 2006 LCME Student Survey was available to all MD and MD/PhD students at the school from February 1, 2006 until February 26, 2006. During that time, 674 of the 709 eligible students (95%) began the survey. Over the course of the three weeks that the survey was available, the student government worked with the administration to maximize student participation in the survey. Through a coordinated effort of emails from the Dean of the School of Medicine, from the Senior Associate Deans for Student Affairs and Education and from all student leaders, we were able to achieve our 95% participation rate. Even so, all 674 students did not complete the survey in its entirety. Some sections (such as the section on third and fourth year academics) did not apply to all students, so it was not possible to require that all sections be completed before submission of the survey. As a result, participation in each section varied, ranging from 25% completion of questions about the main NYU campus (only students who responded that they use the facilities were asked to respond to these questions) to 95% completion of demographic questions.

In order to allow for public discussion of the data, the LCME Student Caucus, with the assistance of members of the Dean’s Office, created histograms of the responses to each question, both as aggregate data and divided into class and MD/PhD status. The data has been available on the NYU SoM LCME web site at http://lcme.med.nyu.edu/reports since April 2006. The “N” for each question is listed with the histograms in that document. When relevant, summary statistics including mean, median, mode and standard deviation are also presented.

In addition, the Student Survey yielded over 650 single spaced pages of comments covering topics in each of the sections. Abstraction and analysis of the comments was completed by 40 medical students who are members of the LCME Student Caucus. To accomplish this task, a minimum of two students reviewed all of the comments from a given section. These students organized the comments by theme and tallied the number of responses dealing with each theme to create percent responses per topic. Students working on each section also wrote a brief summary of the overall gestalt of the comments in their section. In addition, these students have included a few highlight comments in the following summaries that are representative of the comments as a whole. Questions about the process of comment abstraction should be directed to Josh Jones, Chair of the LCME Student Caucus at jaj252@med.nyu.edu.

Members of the student body expressed concern about the anonymity of the data to several members of the LCME Student Caucus. As a result, all identifying information was removed from the comments prior to release to the student body and the School of Medicine as a whole.
Executive Summary

Over 95 percent of the NYU School of Medicine Student Body participated in the 2006 LCME Student Survey in February 2006. The survey provided statistical data on student opinions regarding school functioning in areas ranging from the admissions process and the educational program to study spaces and recreational facilities. Perhaps the greatest strength of the survey, though, was that it allowed students to express their opinions of the school through free-response questions at the end of each section. Students took advantage of this opportunity by writing more than 650 single-spaced pages of comments on all topics. The volume of comments varied dramatically by topic, ranging from approximately five pages of comments on women in medicine at NYU SoM to 112 pages of comments on the best and worst courses from first- and second-year of medical school. Approximately 40 NYU medical students assisted in completing the analysis of both the numeric data and the student comments throughout March and April 2006. The analysis process was described earlier; a detailed summary of each section of comments appears below. This executive summary, then, will provide a thematic summary of student opinions about the strengths and weaknesses of the New York University School of Medicine.

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 in the survey include much constructive criticism (described in detail below). Prior to the comment analysis, therefore, it is important to contextualize student thoughts on NYU SoM 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 Question 24-7, more than 80 percent of all respondents rate their overall experience at NYU SoM 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” while only 7 percent of students rate those interactions as less than average (question 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” (question 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 (question 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 (question 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 need improvement come from the final question of the survey (question 24-8) 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 is expected from 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 NYU SoM 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 in addition to those areas that need 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. In reviewing the comments, three general areas in need of improvement became apparent:

1. The need for better dissemination of information to students
2. The need for improved infrastructure at the medical school, both physical and technological
3. The need for more consistency in the overall educational program

When working well, each of these themes were 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. The remainder of the executive summary, therefore, will expand on these three themes.

Dissemination of Information

From the time they are accepted into NYU School of Medicine until the time they leave for a residency program, students report that they suffer from a lack of communication of important information in almost all areas of functioning of the school. In each area of the student survey, students comment on the lack of official communication about important issues. The problem begins immediately after students are accepted—many students commented that they did not receive information about the first year of medical school (including start date, necessary immunizations and health requirements) until one to two months before they were scheduled to start classes. From that point, students report that the lack of information provided to them snowballs. Students state that they are not provided with adequate information about Financial Aid, about tuition increases and about debt management counseling. Students are not provided with academic schedules for classes during first and second year until weeks or even days before a course starts; in third and fourth year clerkships, students often do not know their schedule until the first day of the clerkship (when they might be on overnight call the day they find out about the call schedule). Students are not provided with information about the Housing Lottery unless the information becomes available through the elected Class Presidents. Even when they look for the information, students are often not provided with adequate resources to find off-campus housing, an especially difficult problem for students in relationships and for other students who find on-campus housing to be unaffordable or in other ways unacceptable. Students are not provided with up-to-date security information when an incident occurs on campus. Students are not provided with adequate information regarding research opportunities, often claiming that even when they look for openings in labs, they are unable to find them because of the disorganization in publicizing these research opportunities. Students even comment that they do not receive sufficient communications from fellow students in leadership
positions. As evidence, students write about the lack of opportunities to get involved in school committees such as the Technology in Undergraduate Medical Education Committee, the Committee on the Residential Environment Committee, the Dean’s Committee on Women, the Dean’s Council on Diversity and even the Curriculum Committee. Moreover, many students feel that they do not hear feedback from their fellow student representatives who sit on the above committees. Even offices such as the Office of Student Affairs, which received very high marks in the statistical data, were criticized in written comments for occasionally being inconsistent with email responses. Overall, students feel strongly that they do not receive timely or complete communication of information about opportunities at NYU School of Medicine from the Dean’s Office, the course and clerkship directors, student representatives or other administrative departments.

Students also report a corollary to the problem about lack of communication of information: frequently, the information students need is unavailable in a clear form to students, even those who search for it. As examples, students cite an inability to find a clear written policy on how selection into the Alpha Omega Alpha Honor Society is determined and an inability even to find policies about how to contest a grade when a student feels that they have been unfairly marked down in a course or a clerkship. In this context, students often report that they are able to find answers to similar questions, but that they are confused about which information is accurate. Students frequently report that the information is not available on easily accessible web sites (or if it is, it is not adequately publicized). In some cases, students report getting contradictory information from different members of the Faculty and Administration; the lack of clear written and available policies in these and other areas make it difficult for students to know whom to trust in these situations.

Students repeatedly point out that problems with dissemination of information should be fixable. Students provide a number of suggestions to enhance the dissemination of information at NYU SoM:

1. Update the school web site, the Student Portal and the CMMS to make them more user friendly and to provide clear information to the student body via these sites.
2. Publicize scheduled meetings between members of the Administration and the student body so that students know when they can expect to receive more information on given topics.
3. Post important announcements in a central location that all students can access such as the student portal; supplement these announcements with email reminders of important dates.
4. Clarify policies that are unclear and provide copies of the policies to students at Orientation or at different times during a student’s medical education (ie. at the meetings mentioned above).

With these suggestions in place, students feel that important information will be more readily available to the student body at NYU School of Medicine.

Infrastructure

When students comment on problems with the infrastructure at NYU School of Medicine, the comments are divided among physical infrastructure and technological
infrastructure. In both areas, students feel that significant changes are necessary to provide specific, basic resources to students that are fundamental to a good medical education.

**Physical Infrastructure**

Students feel strongly that problems with the physical infrastructure at NYU SoM greatly detract from the medical student experience and even force the institution to lose prospective students to other universities because of inadequacies with our physical plant. Such problems stem from the fact that the current medical school buildings are 40+ years old and are not well-maintained. As examples of the problems, students repeatedly point to problems with housing, teaching facilities, study space, eating facilities and more general problems with temperature control in all school facilities that make teaching, learning and even living difficult at times. Students report problems in these areas that range from minor inconveniences such as unpleasant aesthetics to major problems such as an inability to find a place to study on campus prior to a medical school exam.

More than fifty percent of the student body listed improvements to housing as a top priority in the last question of the student survey. Reading the comments in the Housing section reveals that the major problem with quality is in Rubin Hall while the major problems with space and lack of availability are in Greenberg and Skirball Halls of Residence. The space available for students in Rubin Hall is in a chronic state of disrepair, is not adequately maintained on a daily basis, costs more per square foot than similar real estate in Manhattan, has major problems with temperature control (both too hot and too cold at different times) and is an unacceptable setting for graduate student housing. Moreover, students report feeling unsafe in Rubin Hall because of problems with security (lack of video cameras, inattentive guards, etc.) and break-ins over winter break 2005-2006 about which rumors spread, but no official notification was received. Many students commented that the poor quality of housing is an important factor that may drive prospective students to attend other comparable medical schools with better facilities.

In addition to the problems with housing, students repeatedly point to a lack of teaching space and study space as two major issues that the school must address so that students will be able to spend the requisite time studying to become a physician. The current setup of study space at NYU SoM involves a limited number of seats in Alumni Hall C (exclusively dedicated to student study space), a limited number of seats in Ehrman Medical Library and a limited number of rooms and seats in the Coles classrooms that are only available when the rooms are not being used by different groups at the School of Medicine. As a result of this lack of study space, students find themselves unable to study in groups on campus, unable to find available appropriate study environments (because seats in different study areas are in such high demand) and many students feel that the only options for study involve studying in their rooms or studying off-campus. A large number of students feel that this lack of study space seriously detracts from their ability to maintain a sufficiently high performance level in their courses and clerkships. In addition to the lack of study space, students report that teaching spaces at the primary teaching hospitals, Tisch and Bellevue, are quite limited, often to the point that students have to sit on the floor in crowded conference rooms to meet with teaching attendings.

Students also report issues with recreational facilities such as the basketball court on the Schwartz Roof and the gym in the basement of Rubin. The space next to the basketball court is underutilized because it was never fully converted after the courtyard was closed for the construction of Smilow. The Rubin Gym is similarly underutilized, but many students state that
they are unlikely to use the gym because the equipment is frequently broken and unsafe and the entire area is small, unclean and in disrepair.

Students see a number of possible long-term resolutions to the problems with the physical infrastructure at NYU School of Medicine. The most common suggestions advanced by students in the survey include:

1. Continued work to repair Rubin Hall for the next few years until a replacement student dormitory can be built that will accommodate more students at reasonable prices. For many students, this issue is among the highest priorities at NYU SoM.
2. The creation of more study space, whether it comes from renovations of spaces such as Alumni Hall A or B, the Cafeteria Annex or the designation of new areas of the Smilow Research Center as student study space.
3. The creation of new clinical teaching spaces in both Tisch and Bellevue Hospitals.
4. Continued improvements both to the Schwartz Roof and the Rubin Gym.

Technological Infrastructure

Many students complain about difficulties with the Information Technology infrastructure at NYU School of Medicine. A large number of students argue that IT is the department most in need of improvement at the school. Complaints are many and varied, ranging from difficulties with email and printing in the student printing lab, Coles 201, to problems with the wireless network and problems accessing information through the Course Materials Management System (CMMS) or the Student Portal.

Students are specifically concerned that the problems with IT at NYU SoM limit their access to important information. Email outages that lasted over a week during the 2004-2005 school year were problematic for students. While most agree that email has improved since that time, it remains slow, unreliable and full of spam. Similarly, students complain that, while the Student Portal and the CMMS are both excellent ideas in theory, neither service is user-friendly enough to fulfill its purpose adequately. Furthermore, students claim that problems logging into computers and printing in the Coles 201 student print lab have become a hassle and take valuable hours away from study time.

The network itself causes problems for students. While on campus, most students state that the network provides good access to resources such as course modules and library resources. However, when students leave campus, the access to on-line information becomes much less reliable, especially through the dial-up service. Some services such as uptodateonline.com are not available off-campus, making it much more difficult for students to study. Students also state that on-campus access to the wireless network is problematic because it is difficult to set up on a specific computer and there is not adequate coverage throughout the hospitals.

Perhaps the biggest problem with the lack of reliability of the technological infrastructure at NYU SoM is that it impedes the ability of faculty, administrators and fellow students to communicate adequately among each other.

As a general rule, students did not have specific suggestions for improving IT beyond stating that it must be done quickly to improve the student experience at NYU School of Medicine.
Educational Program

According to the results of the survey, the third major concern of students at NYU SoM can broadly be categorized under the heading of the educational program. While many students comment that they are happy with their education overall, a number of students identify broad, systemic problems with the organization and implementation of the curriculum in pre-clinical and clinical years that, if addressed, could significantly improve the academic experience of all students. These issues can be divided into concerns that affect all four years, including scheduling, grading and exams, concerns about pre-clinical academics and concerns about clinical clerkships. Outside of the formal curriculum, students express concerns about inadequacies in the Master Scholars Program, the advising system and the professionalism curriculum that impact students’ plans for the future.

Concerns about the formal academic program

When commenting on the formal academic program, students’ primary concerns focus on a lack of consistency in the quality of the education they receive throughout all four years. Many students express worries about how grades are determined in pre-clinical courses and clinical clerkships and how those grades are used for awards and accolades such as selection into the Alpha Omega Alpha Honor Society. In addition, students comment on problems with the curriculum that are present throughout all four years. Two common themes that are apparent in comments from students of all four years relate to difficulties resulting from not having course and clerkship schedules available until just before the course begins and difficulties resulting from not having adequate information about courses or clerkships available to students on-line (although a number of students report that technical difficulties with courses have improved through the use of the Student Portal and the Course Materials Management System). Students also comment that they frequently do not receive their course and clerkship grades in a timely fashion, although most comments about timeliness of feedback come from students in the clinical years. Further, students argue that that the process for reviewing or challenging a grade is not clear and may differ from course to course or clerkship to clerkship.

Within the pre-clinical courses, students emphasize that course organization and faculty dedication to teaching often govern which courses are most effective in providing the solid basic science background for medical education. Student assessments of how “useful” the material will be in the clinical years and when practicing as a clinician also frequently factor into student assessments of how good an individual course is. Given these common concerns, students express a number of generalized frustrations with lack of consistency in courses from the pre-clinical years (issues specific to individual courses are described in the text summary of “Best and Worst Courses”). One theme that appears frequently in student comments is the dramatically varying quality of lecturers and small-group leaders both within courses and between courses, with some lecturers presenting information that is too detail-oriented without providing a clear overview of major topics in medical education. Students also generally feel that the more learning modalities employed by a course (ie. lectures, small group conferences, on-line modules, laboratory sessions, etc.), the more effective that course is in helping them learn relevant material. Many students also comment that course notes, especially Power Point slides of lectures, should be complete and should be provided to students prior to lecture. A second major theme evident throughout the survey is a concern with the lack of consistency in exam and grading policies. Many students state that they would like to have every exam returned to them for review; at the very least, students request consistency across courses in having the ability to
review exams. A number of students also lament the fact that exams in some courses do not correlate well with material presented in class and that some exams focus on seemingly irrelevant details while not testing major concepts. Overall, students feel that enhanced clarity and organization both within courses and within the pre-clinical curriculum as a whole would enhance learning and the medical student experience.

Within the clinical clerkships, students express similar concerns about problems with consistency in teaching and evaluating student performance. One of the most common complaints revolves around inconsistencies in academic experiences at different clinical sites. Students report that they perform under different expectations depending on the clinical site of the rotation. Many students state that they have different opportunities to perform procedures, have direct patient contact observed by attending physicians and have different teaching available to them depending on the rotation site. Furthermore, students report that these different opportunities often result in different evaluations and different grades. As a result, many students request enhanced consistency across clerkship sites both in treatment and evaluation of medical students. In addition to problems with consistency across sites, students report dramatically different experiences and expectations in different clerkships. Many students express frustration that clerkship grading policies, including the weighting of shelf exams, are not clearly delineated. A number of these students request that grading policies be standardized across clerkships to the greatest extent possible. A larger proportion of the clinical students also request that grades be returned in a timely fashion so that they are better able to correct bad habits and maximize their educational experience. Many students also remark that clinical teaching facilities are not adequate and that they are often frustrated by their inability to find a place to meet with attending physicians and residents for academic sessions.

Advising, Mentoring and Professionalism

The final area of the Educational Program that students cite as in need of improvement involves programs dedicated to mentoring, advising and student professional development. An overwhelming concern among students is that they do not receive adequate academic or personal advising at the school. Many students note that the Senior Associate Dean for Student Affairs and the members of the Office of Student Affairs are very helpful and provide answers to questions. However, a large number of students cite glaring deficiencies in the official mechanisms by which students gain access to mentors, advisors and guidance in professional development, specifically in the Master Scholars Program and the Professionalism Development Curriculum.

The Master Scholars Program divides students into five separate societies: the Jonas Salk Society for Biomedical and Health Science; the Severo Ochoa Society for Medical Informatics and Biotechnology; the Walter Reed Society for Health Policy and Public Health; the May Chinn Society for Bioethics and Human Rights; and the Lewis Thomas Society for Arts and Humanities in Medicine. Within each society, students are paired with a mentor with similar interests (each mentor has, on average, four mentees). Groups comprised of two mentors and eight mentees meet monthly over lunch to discuss issues important to the students. A large number of students express concern that the lunches are ineffective ways of providing increased meaningful interaction between students and faculty. Many students comment that the goals of the lunches and the overall purpose of mentoring within the Master Scholars Program are unclear both to students and to faculty. A number of students comment that they have switched mentors because of compatibility issues, while others state that they have decided not to switch mentors (in spite
of compatibility issues) because switching would be a hassle where the benefits of finding a
good mentor do not outweigh the hassle of trying to switch. Students also feel that any support they did receive during the first two years of medical school disappears when they enter their clinical years.

Beginning with the Class of 2007, Master Scholars’ mentors also review each student’s Professionalism Portfolio individually as an end-of-year professionalism review. The other components of the Professionalism Curriculum include seminars on professional issues and a system of “comment cards” that allow students to comment on professional (or unprofessional) behaviors that students observe around the School of Medicine. Many students comment that the Professionalism Curriculum does not adequately address student concerns about learning professional behaviors. Students specifically cite the assignments required by the Professionalism Portfolio as being unenlightening, extra tasks that do not enhance their own professionalism and take valuable time away from other activities. Student comments range from requesting that the assignments be re-designed to requesting that the Professionalism Curriculum be entirely revised or even eliminated. Another major concern of students was that the professionalism curriculum, as it now exists, does not address unprofessional behaviors among the student body. Students are concerned that the comment cards are not being used and that, even if they were used, they would not adequately handle examples of unprofessional behavior. Many students also express concern that having their Master Scholars’ mentor review their portfolio, including reflections and comment cards, is not a worthwhile experience and does not add to their professional development. A number of students state that their mentor never read the Professionalism Portfolio prior to an end-of-year meeting, degrading both the Portfolio and the Professionalism Curriculum.

In addition to expressing concerns about the current setup of the Master Scholars Program and the Professionalism Curriculum, students lament the fact that they do not have a stronger advisory system to help them through medical school and in the process of determining their future. One of the most frequent requests throughout the survey is to create an official, organized advising system for all medical students that encompasses all four years and could either enhance or replace the current system of mentoring, advising and teaching professionalism.

Summary

Overall, then, student suggestions in the LCME Student Survey 2006 can be summarized thematically as requesting the need for improvements in three distinct areas:

1. Dissemination of Information
2. Infrastructure (both physical and technological)
3. Consistency in the Educational Program

Improvements in these specific areas, as outlined above in the Executive Summary and below in the textual analysis of each specific set of comments, would dramatically improve the student experience at NYU School of Medicine.
Section 2: Admissions

Of the 649 students responding to questions in the Admissions section of the survey, 186 made comments responding to the prompt: “Please provide additional comments, complaints or suggestions about the Admissions process here.” Of these, 31 comments are from the Class of 2006, 44 are from the Class of 2007, 53 are from the Class of 2008, 50 are from the Class of 2009 and 8 comments are from MD/PhD students.

The most common theme of this section is the interview day. Many students feel that the admissions process and the interview day are disorganized and do not provide sufficient information to prospective students, either through a formal welcoming session by an admission’s committee member or through provided written materials. Several students state they were asked inappropriate questions during their interview day. Many other students feel that one interview is not enough to fairly judge a student’s interest in medicine and ability to succeed in medical school. This single interview is a particular concern when the interviewer is not up to date or knowledgeable about the medical school’s curriculum, financial aid, etc. Students also comment that Saturday interviews did not provide prospective students with a high quality experience equivalent to that provided at weekday interviews.

The second most common theme in the comments is the tours and the lunch provided to prospective students. The main concern of the respondents is the inappropriateness and lack of preparation of the tour guides as well as the disorganization at lunchtime. Many respondents express a concern for the lack of enthusiasm from some faculty members who address interviewees during lunch. On the positive side, respondents are very satisfied with student presence during the interview day.

The third most common theme is student participation in the admissions process. While many respondents believe that student participation in the admissions process in the form of planning the interview day, evaluating and interviewing applicants would help identify students compatible with a career in medicine and NYU SoM’s academic demands, a significant number of respondents feel that students should not have an expanded role in the admissions process. A number of students also fault the Admissions Office for not further increasing diversity at NYU SoM.

Comments on the organization of the Admissions Process

- 16% of respondents comment on the disorganization of the admissions process, including lack of information regarding financial aid, a disorganized web site, the lack of a formal opening presentation from the Dean’s Office, waiting for interviewers, etc.

“I think a short video / documentary or info session on NYU SoM, and particularly the rich history of Bellevue hospital would really enhance the interview experience.” (Class of 2008)

“…I think that there should be more written resources provided and perhaps more information online about the school overall…I would be helpful to keep a list of questions asked by prospective students and have an extensive FAQ online…Perhaps there can be a student committee of some sort to help answer questions that can stop by during lunch and say hi. Then perspective students will know that if they have a question about housing they should email one student who will give them a straight answer…” (Class of 2008)
General Comments on the Interview Day:

- 43% of respondents comment on the interview day and the application process
- 9% of respondents comment on the inadequacy of interviews as measures of applicants because they are too short and because each applicant has only one interview
- 8% of respondents comment that their interviewers were inappropriate either because of lack of knowledge or because of inappropriate questions/comments
- 6% of respondents have positive comments about the interview day

“My interviewer…did not know anything about the school, the student experience, or any recent trends in education or curriculum at NYU. He also was asking me questions about my religious affiliation, and made some questionable comments about ethnic minorities during the interview” (Class of 2008)

“I appreciated how the NYUSoM admission process was low-stress. Staff and faculty were helpful. The interview day was successful in conveying the overall feeling and character of the school.” (Class of 2009)

Comments on Student Tours and the Interview Day Lunch:

- 15% of respondents comment on the tour lunch component of the interview day
- 5% of respondents comment on the lack of professionalism shown by student tour guides and suggest better training of tour guides
- 6% of respondents comment on the quality of the lunch, occasions when the lunch isn’t prepared and lack of enthusiasm from faculty speaking during lunch

“I think it's important to show the school in a good light, and impress that upon the tour guides - I've heard some negative reactions from applicants about certain tour guides and their attitudes, etc. I think that student involvement in the process is a critical component that should be expanded.” (Class of 2008)

“I think we need to choose more appropriately the administrators who address the interviewees during the interview lunch. We need to find enthusiastic individuals to engage the audience.” (Class of 2008)

“It's difficult, but I think there should be more involvement of the upper classmen, and less of the first years. The first years knowledge of the school does not extend past what they've been told to mention to the school, and what their experience in anatomy has been. They have no idea how to place NYU's education in a clinical status, they have no personal experiences to share beyond anatomy. Fourth years would be ideal to lead tours and share student information.” (Class of 2007)

Comments on student participation in the admissions process:

- 11% of respondents comment on student participation in the admissions process, including recommendations that students serve on the Admissions Committee and conduct interviews; a small number of respondents disagree with these suggestions
6% of respondents comment on the positive impact of having applicants talk to current students, especially third and fourth year students

“…Student to Student interviews would further give interviewees a sense of what NYU students are like, and gives the Admissions committee a look at how the interviewee behaves with a peer.” (Class of 2008)

“For me, having lunch with current NYU students was the most telling and enjoyable part of the interview day. I think it's very important to have all four classes represented at those lunches; otherwise, students may get only a skewed or partial view of the NYU experience. I remember being very impressed with the 4th years that I met during the luncheon.” (Class of 2008)

Comments on communication with the admissions office:
- 9% of respondents comment that they were unsatisfied with the slow, inefficient communication by personnel in the Admissions Office

“…I found further interactions with the admissions committee to be quite frustrating at times. In particular, following acceptance to the school of medicine, the office of admissions repeatedly failed to respond to e-mails as well as hung up on subsequent phone calls to resolve the unanswered e-mails. I must say that these initial interactions with the office were a rude welcome to the school of medicine and nearly caused me to attend elsewhere.” (Class of 2009)

“I felt that I didn't receive enough information about what to expect before coming to NYU SoM; felt that there was a huge gap of no information between acceptance letter and actually coming to the school…” (Class of 2008)

Comments on a Revisit Weekend:
- 9% of respondents comment on the importance of holding a general revisit weekend to improve NYU SoM recruitment.

“I am very glad that NYU SOM has decided to host a second look weekend for accepted students. I really think this is an important part of getting the best students to come here to NYU.” (Class of 2008)

Comments on Student Body diversity:
- 6% of respondents comment on the necessity of having greater diversity at NYU SoM.

“I believe more students from non-ivy league colleges should be interviewed.” (Class of 2007)

“We need a more diverse class. Underrepresented minorities are a very small proportion of our class, and usually they're not from disadvantaged backgrounds.” (Class of 2008)

“The Admissions process does not work well for minority students. Far too many qualified candidates are overlooked, even after adjusting for GPA and MCATs. Admissions should recognize that a higher proportion of minority students will need to be admitted due to the extreme likelihood of multiple acceptances at other great schools…” (Class of 2006)
Section 3: Financial Aid

Of the 664 students responding to questions in the Financial Aid section of the survey, 172 students made comments responding to the prompt: “Please provide additional comments, complaints, or suggestions about Financial Aid here.” Of these, 35 comments are from the Class of 2006, 47 are from the Class of 2007, 47 are from the Class of 2008, 37 are from the Class of 2009, and 6 comments are from MD/PhD students.

The two most common themes throughout all classes are the following: discontent with the director of the Office of Financial Aid and inadequacy of debt counseling at NYU SoM.

The director of the Office of Financial Aid is frequently criticized for her unprofessional behavior, namely her rudeness and impatience towards students inquiring about financial information. In addition, the director is described as inaccessible, with students citing her refusal to hold walk-in office hours and her frequent cancellation of appointments. Most students are satisfied with the assistant working for the director of financial aid. She is described as professional, approachable, and willing to obtain information within her limited capacity.

The inadequacy of debt counseling is another major theme among respondents. Students specifically criticize the lack of financial advising with regard to management of loans and expense budgeting. The most frequent suggestion is the need for annual individual meetings with a financial advisor to ask questions and develop a personalized expense budget. Many students express concern that the director of financial aid has not been willing to dedicate the time and resources to develop a program of individual counseling sessions with interested students. Students criticize the lack of information regarding loan consolidation that is offered by the financial aid office, especially with the recent opportunity to lock-in low interest rates. Given the high cost-of-living in Manhattan, students express frustration with the difficulty of obtaining additional non-need based aid in the form of loans and work-study for students whose financial aid package is not sufficient to cover all expenses.

Several students complain about the lack of information provided by NYU SoM regarding annual increases in tuition, student fees, and loan interest rates. Students request information from the Dean’s Office or from the Office of Financial Aid that quantifies tuition/fee/interest rate changes and justification for these increases. The final significant source of criticism is the financial aid website. Students complain of the lack of online information regarding the following: how financial packages are determined, availability of scholarships and grants, and important deadlines for financial aid. Many students suggest that the financial aid website should allow students to access a secure online page containing their own financial information and current balance.

Comments about the director of financial aid:
- 44% of respondents report dissatisfaction with the director of financial aid. This includes 46% of respondents in the Class of 2006 and 58% of respondents in the Class of 2007
- 21% of respondents comment on the director of financial aid’s lack of professional behavior
- 23% of respondents comment on the director of financial aid’s lack of availability, specifically the lack of walk-in office hours, frequent cancellation of appointments, and lack of prompt response to emails and phone calls
“[The Director of Financial Aid] has terrible personal skills, would not show up for appointments I had scheduled with her AHEAD of time on 2 occasions, and offered no assistance to me when I was desperate.” (Class of 2006)

“[The Director of Financial Aid] is the complete opposite of helpful and supportive. She makes me feel bad about asking for money, and frankly makes me feel bad that I am not a privileged student, who has to beg for financial support because I do not come from a wealthy family… She makes students fear her, so they do not approach her. Or she plainly turns students away from her office. She is rude, and an embarrassment to this school and the other incredibly kind administrators here.” (Class of 2008)

“[The Director of Financial Aid] does not respond to emails in a timely fashion and refuses to meet with students on a walk-in basis.” (Class of 2008)

Comments about debt counseling:
- 48% of respondents complain of the poor debt counseling offered by the Office of Financial Aid
- 32% of respondents comment on the need for individual one-to-one sessions on an annual basis for debt counseling and advising on personal budgets. This includes 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 respondents complain of lack of information regarding loan consolidation
- 6% of respondents complain of the need for greater non-need based aid such as loans and work-study, beyond the sum awarded in the financial package

“It was EXTREMELY frustrating and frankly unacceptable that when we were trying to do in-school consolidation of the first 3 years of our loans, the financial aid office did not help us at all. Loan management sessions should constantly be available to us throughout medical school and not left until after or right before graduations.” (Class of 2006)

“Poor financial advising: we need one-to-one meetings with a financial advisor at the beginning of EVERY academic year to review financial status, change loan requests if necessary, and edit an individualized monthly budget designed to minimize excess spending. Poor debt counseling: exit interviews should be held on a one-to-one basis with each student, not just a large auditorium gathering. This would allow students to ask more questions and design a repayment plan specific to their expectations and needs.” (Class of 2007)

“It is also important to make financial resources available to people who do not qualify for financial aid. Last year, there was no funding available for summer opportunities for students who did not qualify for financial aid/work-study (and wished to participate in something other than the honors program). This represents a considerable burden to some students, who must choose whether to participate in the school-sponsored program they are interested in and not get paid, or make enough money to support themselves during the school year.” (Class of 2008)
Comments about the financial aid website:

- 12% of all respondents complain about either the 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

“We should have complete access to our records online. Access to a detailed statement of what money we received and where it goes to should be a given. We randomly receive a refund check twice a year… There is no way to assure that I am getting the complete amount or to know if my money is going to the right place. This should all be online and accessible through our Kerberos identification.” (Class of 2008)

“There is no website that is maintained that lists opportunities for grants and scholarships, a feature of many other med school websites.” (Class of 2008)

“The financial aid office was difficult to get in touch with as a prospective applicant. I tried to use the website which gave almost no information and no direct contact number.” (Class of 2009)

Comments about tuition and fees:

- 7% of respondents comment on the lack of information and justification for annual increases in tuition and fees

“The office should keep students more informed on changes in tuition.” (Class of 2007)

“There was a $7,000 increase in tuition this year. We were not made aware of this until right before we had to pay for it.” (Class of 2008)
Section 4: Administration/Administrative Policies

Of the 638 students responding to questions in the Administration section of the LCME Survey, 122 students made comments responding to the prompt: “Please provide additional comments, complaints or suggestions about the Administration/Administrative Policies here.” Of these, 24 comments are from the Class of 2006, 41 are from the Class of 2007, 37 are from the Class of 2008, 17 are from the Class of 2009, and 2 are from MD/PhD students.

Across all students, the most frequent topic discussed is the need for clear and consistent dissemination of knowledge pertaining to administrative policies. Several students specifically cite the need for an honor code, well-defined disciplinary actions for infractions and a consistent method for reporting unprofessionalism. The Class of 2006 have multiple comments regarding a specific incident where students were caught cheating with no repercussions taken and AOA honors later awarded to some of these students.

A majority of the comments discuss problems with grading throughout the four years. With regard to basic science grades, many students focus on the difficulty involved with viewing exams and challenging grades and the unknown influence these pass/fail grades will ultimately have on their overall medical school evaluation, specifically the possibility of these grades and their contribution toward AOA and other honors. The most common complaint regarding grading during the clinical years is the long delay (often cited as greater than three months) in receiving clerkship grades. Other comments regarding clinical grading concern the need for clear standards about how grades are determined, difficulty challenging grades and the need for consistent guidelines for grading across clerkships.

Many students express the need for better advising and mentoring throughout all four years. Multiple students suggest regularly scheduled meetings between students and the Senior Associate Dean for Student Affairs and the Senior Associate Dean for Education to help elucidate the roles of the Deans and to strengthen these relationships throughout the four years. There are both positive and negative comments regarding student interactions with the Senior Associate Dean for Student Affairs, with complaints focusing on the long delay in obtaining an appointment with him. Comments regarding the Senior Associate Dean for Education mainly reflect students’ frustration with their lack of interaction with her prior to their fourth year.

Comments about administrative policies:

- 25% of respondents request more clear and consistent administrative policies including the need for an honor code
- 5% of respondents comment on specific instances of cheating among students

“While my answers to the above multiple choice questions indicate a lot of ignorance (mostly "don't know" selections), I think that is telling of the type of environment that we exist in, where students are largely unaware of the options that exist for them in terms of problems that they may be having with other students, with faculty, or with staff - in the context of grading, harassment, or mistreatment. There should be more awareness on the part of students about how issues falling into theses categories should be addressed and followed-up with the administration.” (Class of 2008)
“We were never informed of any of the above policies/procedures. During my second year, people cheated like crazy and were never disciplined, even thought the administration knew about it. Instead, the same people who cheated were promoted/elected to AOA during their senior year.” (Class of 2006)

Comments about grading during basic science years:
- 7% of respondents feel there is great difficulty in viewing old exams, learning from mistakes on exams and challenging these grades
- 7% of respondents state that they are unclear how grades from 1st and 2nd year will later effect the overall medical school evaluation, such as recommendation for AOA honors

“All, not some, of our exams should be made available to return to us. I don't care what the faculty say about how difficult it is to make up a new exam each year. They should appreciate how difficult it was to study the material in the first place and do everything they can to help us reinforce our knowledge.” (Class of 2009)

“The way the grades are handled varies from course to course and from test to test. The issue of how much grades matter is shrouded in mystery.” (Class of 2008)

Comments about grading during clinical science years:
- 11% of respondents comment on the long delay (often more than three months) in receiving clerkship grades
- 11% of respondents believe there needs to be 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
- 5% of respondents feel there needs to be a system in place for reporting lack of professionalism among students, professors and attendings

“Some clerkships did not provide grades and evaluations to students until several months after the clerkship ended. This makes it difficult for students to apply these evaluations and the suggestions made by evaluators to future clerkships. It also makes it nearly impossible to question or challenge any errors in grading in a reasonable amount of time.” (Class of 2006)

“Third year evaluation has several problems. First, feedback is not obtained in an adequate amount of time. Second, the evaluation process is largely based on a "survey" which is filled out by many different people - the variance of evaluation is wide and is largely due to the evaluator's "generosity" rather than the student's performance. This component of ambiguity is very unfair if students are going to be evaluated in a so-called objective manner.” (Class of 2007)

Comments about members of the Administration:
- 13% of respondents make specific reference to long delays (often more than a month) for an appointment and overly optimistic and simplified advice from the Senior Associate Dean for Student Affairs
- 9% of respondents report positive interactions with the Senior Associate Dean for Student Affairs
5% of respondents feel that they do not know the role of the Senior Associate Dean for Education

“Attempts at making appointments with the Senior Associate Dean for Student Affairs is near impossible, and requires weeks of waiting. I feel each student should have a mandatory meeting with the Dean scheduled in the first year just to establish a relationship, otherwise, you never feel connected to the office.” (Class of 2007)

“The Senior Associate Dean for Student Affairs cares deeply about the medical students and responds rapidly to problems that arise among the student body. However, his academic advising is often exceedingly optimistic and simplistic. He should be willing to give students and more realistic picture of their future academic possibilities in order to permit students to make appropriate decisions regarding course selection, residency application, and career planning.” (Class of 2007)

“I think the Senior Associate Dean for Education should play a greater role. I have emailed her twice in the past with academic questions and was the Senior Associate Dean for Student Affairs. I am happy to meet with him, but I am surprised at how little our interaction is with the Senior Associate Dean for Education and besides our Dean's Letter (I don't want to undermine its importance), I really don't know what her role is. I feel most students only meet with her before the Dean's Letter and have no other interaction with her. I feel like the Senior Associate Dean for Student Affairs would know me better for a letter than she would.” (Class of 2006)

Comments on advising, mentoring and consistent contact between students and Deans

➢ 8% of respondents believe there needs to be more advising and mentoring throughout the four years

➢ 5% of respondents believe there should be regularly scheduled meetings between students and both the Senior Associate Dean for Student Affairs and the Senior Associate Dean for Education in order to build stronger relationships throughout the four years
Section 5: First and Second Year Academics

Of the 621 students responding to questions in the First and Second Year Academics section of the LCME Student Survey, 204 made comments responding to the prompt: “Please provide additional comments, complaints or suggestions about first and second year academics here.” Of these, 30 comments are from the Class of 2006, 50 are from the Class of 2007, 76 are from the Class of 2008, 40 are from the Class of 2009, and 8 comments are from MD/PhD students.

The overall trends in the comments include a lack of quality teachers, poorly organized courses and lectures, and the ambiguity of AOA selection. Many comments are concerned with quality of teaching. Suggestions for improvement include a course for lecturers on how to use PowerPoint as well as ensuring that standardized handouts and/or updated copies of slides be available for every lecture. In addition, students are frustrated with the way exams are written and feel that the material on the exam is not an accurate representation of what is presented in class. Students also report frustration with not being able to review their exams with ease. Because of barriers to accessing their own exams, students are dissuaded from doing so, thereby removing a significant opportunity for students to learn from their mistakes.

Another issue that students raise is the lack of clinical relevance of much of the material presented in preclinical courses. Respondents in their clinical years as well as those still in their preclinical years feel that emphasis is too frequently placed on the minutiae of rare diseases or the details of a lecturer’s research rather than providing students with the “big picture.” Consequently, a number of respondents feel they were poorly prepared for both the wards and Step 1 of the USMLE. Pharmacology is specifically cited several times as a topic with great clinical significance that is poorly taught. Many respondents request that more time be spent teaching pharmacology as well as suggesting that pharmacology be more integrated throughout the various units in the pre-clinical years.

Additionally, a number of respondents recommend that the length of the pre-clinical program be reduced. Given the current course schedule, students argue that it is extremely difficult for those wanting to enter competitive fields to obtain the appropriate amount of research experience necessary to be competitive without lengthening their program beyond the normal four years. This is particularly true if someone does not discover a specialty until well into their rotations. Students argue this phenomenon occurs more frequently now that NYU requires all core rotations to be completed during 3rd year, decreasing the amount of elective time students have early in their clinical years. Students point out that a number of top medical schools have changed their curriculum so that students start rotations earlier, allowing people to choose a specialty earlier and providing more elective time to do research or additional sub internships within the normal four year period.

Respondents also request that the administration be more transparent with selection criteria for the Alpha Omega Alpha Honor Society (AOA). Students state that they do not know how AOA members are selected and they therefore base their opinions on rumors and conjecture.

Comments about quality of teaching:

- 25% of respondents comment that quality of teaching in the pre-clinical years needs to be improved
“I find that many of the professors here do not seem to be interested in teaching. They do not put a lot of thought or effort into their lectures. They are more concerned with the particular area they study. They talk at too advanced a level and are unable to relate to students who have only a basic level of understanding. This is especially true of the PhD's (as opposed to the MDs, whose lectures tend to be more relevant). Of course this is a generalization, and we have had some great teachers, but in general, I've been dissatisfied with the quality of teaching here.” (Class of 2008)

“Lecturers should be chosen in part based on desire and ability to teach. Too often lecturers speak with strong accents and disinterest in lecturing, and that makes it hard to either listen while in lecture or follow later with transcripts. Lectures in the first and second year should also contain appropriate handouts that are for the lecture being given and are printed out AHEAD of time. Lectures should contain the academically appropriate information for at least 45-50 minutes of the lecture, with only 10-15 min at the end of a lecture to focus on interesting areas of research, personal research of the faculty member, etc. . . . because we are there primarily to learn the basic material, not just the cutting edge. However seeing the future of a field is important, so I think a few minutes in each lecture as needed is appropriate. (Class of 2007)

Comments regarding lack of clinical relevance:

➢ 11% of respondents argue that pre-clinical courses need to have more focus on clinically relevant material

“More exposure to the challenges and excitement of real clinical decision making EARLY ON would greatly improve the quality of the first and second year as students would recognize that they will be using the information being taught in class everyday throughout their careers. Too many of my classmates agree with me that it is often not until we hit the wards that we recognize the great immediacy of so much of the curriculum covered during the first two years. All of this opinion feel that the current clinical exposure system is too controlled and removed from the actual realities of clinical experience to impress this fact upon first and second year students before it is 'too late.'” (Class of 2006)

“Should be a lot more focus on clinically relevant material. Less useless details about the lecturer’s research topics and latest findings. Pharmacology should be given a course. Clinical presentation of disease and practical treatment should be stressed from day 1 of second year if not sooner. This will greatly improve the transition from 2nd to 3rd yr.” (Class of 2006)

Comments regarding pre-clinical exams:

➢ 5% of respondents comment on the need for changes in exam policies, specifically requesting that exams cover material taught and that exams be returned to students for review

“Why can't the exams be written for what we actually learned in class? And why can't teachers emphasize what is important to know, and then ask about that on the exam? I think we need to really focus on what is really important, rather than being forced to memorize every single detail about everything... this results in learning everything a little, and not really getting the big picture sometimes.” (Class of 2008)
“I wish we had more open access to our exams and quizzes. After taking an exam, the only feedback I would receive was a score. I would like to know the correct answers for the questions in order to learn from my mistakes. I know that we can go to office hours and look at the exam, but most people don’t go to office hours every other week. Maybe an easy way to do this would be to publicize and then post an answer key outside of the instructor’s office for a day.” (Class of 2007)

Comments about the Alpha Omega Alpha Honor Society:
  ➢ 6% of respondents argue that selection criteria for AOA, including the weighting of first and second year courses, needs to be more clearly delineated

“The level of 1st and 2nd year weight in terms of AOA evaluation is ambiguous. When we first begin 1st year, they say ‘it doesn't matter at all - we just want everyone to pass’ but by the end of 2nd year, it becomes clear that pre clinical grades matter a lot. This honors process should be completely transparent and should be relayed to the students. This is also true for any sort of ‘rank’ system - it should be well-described even if it is not a numerical system. The students are clueless, rumors are rampant, and the best solution would be HONESTY on behalf of the dean's office. Many students feel that the Dean's office is being dishonest by hiding the process of AOA selection, even though they mention "AOA" whenever a new course begins.” (Class of 2007)

“AOA remains a mystery to many of us. Perhaps that's the effect the school wants to create to foster less competitiveness. But many people want to know more - I think it should be demystified a little bit.” (Class of 2009)

Comments about specific courses (more details are available in the next section):
  ➢ 7% of respondents comment specifically on inadequacies in the pharmacology curriculum
  ➢ 5% of respondents comment about anatomy and other courses

“I did not get a good grasp of pharmacology in the first and second years. I don't know if I would suggest a separate pharmacology course because it is helpful to learn things by systems. But what might be helpful would be if there could be a small separate pharm quiz for each system. That way it can be reinforced. Pharm was always something that I left to study for the end. It was never made a priority, even though it is important to learn.” (Class of 2007)

“There’s got to be a better way to teach biostats. Instead of rehashing definitions, we should think about “if I were a researcher and wanted to design a project, what questions would I ask, and what biostatistical tools would help me better understand the data that’s coming in.” this is far more active than just learning to read a paper, because people have already thought about the biostats. Biostats is very important and in our later years, we always lament our poor foundations.” (Class of 2007)
Section 5a: Best and Worst Courses from First and Second Year

Of the 621 students responding to questions in the First and Second Year Academics section of the survey, 466 voted for the “best course” category. Of these, 78 comments are from the Class of 2006, 128 are from the Class of 2007, 120 are from the Class of 2008, 113 are from the Class of 2009 and 27 comments are from MD/PhD students. 457 students voted for the “worst course” category. Of these, 76 comments are from the Class of 2006, 129 are from the Class of 2007, 121 are from the Class of 2008, 104 are from the Class of 2009 and 27 comments are from MD/PhD students. If a student named more than one course for either the “best” or “worst”, each course was given one vote. The results of these “best” and “worst” course tallies are presented in table and graph format in the Quantitative Analysis section of the survey results; this comment analysis focuses on the rationale students provide for their decisions and, as such, does not describe specific percentages of students with each response.

Changes in the courses over the past four years, if any, are noted at the beginning of each analysis. Of note, the responses from the Class of 2009 were completed at a time when the students had only completed Macroscopic Structure and Development, Molecules to Cells and Cells and Basic Tissues. They were in the middle of Foundations of Medicine and Physician, Patient and Society (PPS) when the survey was completed. Similarly, the responses from the Class of 2008 were completed before those students had finished the final sections of Mechanisms of Disease.

In total, students wrote more than 110 pages of comments about courses in the first and second year. General themes are evident in how students selected “best courses” and “worst courses.” The criteria students most frequently use to choose “best course” are:

- The faculty is knowledgeable, dedicated to teaching and concerned for students’ well-being
- The course is well-organized and/or has clear objectives
- The course is interactive and features small groups
- The material is deemed to be clinical and/or relevant for future courses
- Students find the material to be enjoyable or interesting
- Material is presented in varied ways (i.e., lecture, texts, online material, slides, etc.)
- Course directors choose appropriate texts and/or distribute informative handouts
- The course has good online resources

Conversely, the criteria students most frequently use to choose “worst course” are:

- The course is disorganized with goals and objectives not made clear
- The course focuses on minutiae without providing a big picture overview of a subject
- Lecturers are not clear and lectures are not well-delivered
- Handouts are not of good quality and/or are not regularly distributed to students
- The course is too focused on one form of learning (lecture, lab, etc.) without providing alternative and varied learning experiences such as on-line modules, small group conferences and case-based learning
- Exams do not reflect the material covered in lectures and small groups
- On-line learning modules are out-of-date or not available
Comments on Macroscopic Structure and Development (Anatomy and Embryology)

The 157 students selecting Anatomy as the best course provide positive comments about the anatomy professors, citing them as “dedicated” and “enthusiastic.” Moreover, many students praise the Anatomy Course Director for his outstanding teaching. Other professors also receive significant praise for their commitment to teaching and to the student body as a whole. The Anatomy course receives high marks for its intricate organization. Further comments mention that Anatomy is the best course because of its hands-on, interactive, and highly varied style of teaching.

Negative comments from the 44 students selecting Anatomy as the worst course focus on the level of detail that is expected of students, stating that there is too much emphasis on rote memorization. These students argue that the specific details required are not significant or even useful in most clinical clerkships. Students also comment that the course notes are difficult to comprehend and are of poor quality; they argue that they would prefer to use a textbook rather than the professor’s notes as the main source of information for the course.

The 3 students voting embryology best course comment on the good teaching they receive in the course; they also remark that the course is well-organized. The 7 students who feel that embryology is the worst course state that it is overshadowed by Anatomy and, therefore, does not receive sufficient attention in medical school.

Comments on From Molecules to Cells: Molecular Biology, Medical Genetics and Biochemistry

Of the 11 students citing Molecular Biology, Genetics and Biochemistry (MGB) as the best course, many remark that it provides a good introduction to the study of topics fundamental to medicine. Several of these students, however, worry that the course is deemphasized during the first semester because of the stress placed on Anatomy.

The 121 students voting MGB the worst course often cite poor teaching as their rationale. Many students in this category also feel the class is overshadowed by Anatomy. Some students complain that the class does not target clinically relevant information and that it focuses too extensively on professors’ research and on minute details rather than “big picture” overviews.

Comments on Cells and Basic Tissues

Of the 93 students voting Cell Biology the best course, many praise the course for its organization, its instructors, its clear objectives, its fair, representative exams, its opportunity to interact in small group conferences, and its clinical case studies. One comment is representative: “very well organized, with learning objectives clearly delineated and well achieved.” Other students comment that the course provides instruction at “a level that challenged those who had a good background but was accessible to those who didn’t.”

The 13 students who cite Cell Biology as the worst course comment that the course is too condensed.
Over the past four years, the Histology and Physiology Courses have become increasingly integrated, now comprising “Foundations of Medicine.” Most students, however, comment on the two subjects separately. Responses in the Physiology section are further divided into those students who comment on Physiology as a single entity and those students who comment on individual sections of Physiology such as the cardiovascular or renal units.

Of the 79 students voting Histology the best course, many respondents focus on the dedicated, enthusiastic faculty and stellar organization of the course. Other students cite the opportunity for small group interactions, the formal and informal daily feedback, the clinical relevance of the course, the interesting nature of the material, and the useful online resources as reasons that they enjoy Histology. Occasional comments focus on the usefulness of the distributed coursepack. The Histology Course Director receives significant praise for making himself responsive and available to students. Other professors receive specific positive comments for online tutorials and dedication to students.

The 11 students voting Histology the worst course focus on the fact that the course has very little formal introduction and on the lack of clinical relevance of some topics covered.

Responses among the 45 students voting Physiology best course focus on the fact that physiology is extremely relevant for further coursework and study. Many students also praise the interactive discussions and the emphasis on problem solving within the course. However, many of the students who cite Physiology as a whole as the best course also note that the quality of any given section of the course is highly dependent on the lecturer teaching. Several students specifically cite the cardiovascular, respiratory and renal sections of Physiology as being well-taught and interesting. A number of students praise specific lecturers for being dynamic teachers who make difficult material easy to understand.

The majority of the 97 students voting Physiology worst course write that the course intermittently has poor teaching, frequently related to individual lecturers. Most of these students note that the specific units that are poorly taught are actually exceptions within an otherwise well-taught course. A number of students also argue that the required textbook should be replaced by one with less basic science detail and more clinically relevant information. Other negative comments focus on the small group sessions, claiming that they are not effective in teaching clinically relevant topics in physiology.

The Brain and Behavior course has changed significantly in the past four years. For the Class of 2006, Neuroanatomy, Neuroscience and Neuropathology were all taught during fall of second year; beginning with the Class of 2007, “Brain and Behavior,” a course covering neuroanatomy, neurophysiology and development, was separated and taught during the spring of first year, while neuropathology and psychiatry were left in second year; microbiology was moved to the fall of second year. As a result, when students make comments about “Neuro,” it is not always possible to determine if they are referring to the current Brain and Behavior course and its predecessors or the Mechanisms of Disease course and its predecessors.

The 36 students citing Brain and Behavior as the best course had reasoning for their selection that seems to be clearly separated by class year. Students in the Class of 2006 praise the course’s organization, its lectures, its integration with neuropathology, and its
dedicated faculty. Students in the Class of 2007 praise the balance between lectures and small group discussions, the instructive and enjoyable labs, the high-quality lectures, and the good coverage of clinically-relevant topics. Students in the Class of 2008 enjoy the interesting yet challenging nature of the material, the clear organization of the class and its materials, and the use of case studies. Students in the Class of 2008 are also most likely to praise the course for its current placement in the curriculum. Students in all classes are fond of the on-line study resources, especially those available for neuroanatomy. Students also remark on the Course Director’s dedication to students and his outstanding teaching.

The 34 students voting Brain and Behavior the worst course are not easily separated by class year. They focus on an overall lack structure and organization in the course. These students claim that they found many mistakes in lectures and on exams. Other students remark that the lectures frequently list neuroanatomic structures without providing context for the role of those structures and are, therefore, inefficient. A few students remark that the Course Director is unapproachable.

Comments on Foundation for Medicine: Immunology

The Immunology course was dramatically re-organized between the time when the Class of 2007 and the Class of 2008 took the course. Differences in comments, therefore, are quite evident by class. 28 of the 29 students voting Immunology the best course are from the Class of 2008. These students provide tremendous praise for one particular lecturer who began giving lectures in the immunology course at NYU SoM with the Class of 2008. These students attribute the success of the Immunology course to this teacher, using adjectives such as “amazing,” “excellent,” “incredible,” and “the best lecturer” to describe him. Of the 54 students voting Immunology the worst class, only 4 are from the Class of 2008. The majority of the respondents from the Class of 2006 and 2007 argue that the course was poorly taught, that the lectures were unclear and that the course was poorly organized. These students argue that the course might easily have been eliminated because it barely supplemented the required textbook. The negative comments from the Class of 2008 state that the course still needs more small group learning to supplement the lectures.

Comments on Mechanisms of Disease: Neuropathology, Neurophysiology, Pharmacology, Psychiatry and Psychopharmacology

Of the 21 students voting the neurology and psychiatry components of Mechanisms of Disease the best course, many comment on the good balance between clinical information and basic science. Several students write that the course is well-organized and has excellent lecturers. Students also remark that the exams are fair and adequately cover the complex material presented without focusing on irrelevant details. Several students specifically comment on the high quality of the psychiatry component of the course. The 21 students voting this unit the worst course claim that much of the material seems to be irrelevant. Moreover, they argue that the course feels disjointed, with many random, seemingly unconnected, topics being covered at different times over the six weeks of the course. Several students would like to see the course reorganized to improve the flow of the material.
Comments on Host Defense: Microbiology, Virology, Parasitology and General Pathology

The Host Defense course has changed over the past four years. Bacteriology, parasitology and virology used to be taught during the end of first year with immunology; they are now taught with general pathology and infectious disease pharmacology at the beginning of second year to comprise the Host Defense Module.

The 66 students voting Host Defense the best course commend the lecturers in the microbiology section of the course, claiming that they are well-prepared, are excellent lecturers and are outstanding facilitators of small group conferences. They also praise the friendly learning environment in the microbiology section of the course. Students note that the material is interesting and relevant to future clinical experiences in medicine. As such, students argue that the course has a good balance between basic science and its clinical applications.

The comments about the general pathology section of Host Defense are difficult to distinguish from the pathology and pathophysiology sections of Mechanisms of Disease (many students comment on “path” with general comments that are not localizable to any given section of the curriculum). Students praise the high quality of the lecturers and the outstanding descriptions of basic disease processes provided during lecture and small group conferences. The remainder of the pathology comments focus on specific organ systems and are explained in the section on Mechanisms of Disease.

The 42 students voting Host Defense worst course make three main points: 1. The class is too condensed to provide a sufficient overview of all of microbiology and general pathology; 2. The class has too much focus on rare diseases and diseases that are no longer clinically relevant in the US without providing enough attention to the more common infectious diseases; and 3. The pharmacology of anti-virals and antibiotics is not sufficiently covered in Host Defense.

Negative comments about the general pathology section of Host Defense state that students had to resort to texts to learn the material on their own because the lectures were unclear. Students complain that many terms are not explained when they are first introduced, making general pathology difficult to follow. In addition, students comment that they would like a brief review of basic histology before learning about pathological specimens.

Comments on Mechanisms of Disease: Pathology, Pathophysiology and Pharmacology

The students commenting on the Mechanisms of Disease course are divided into those who comment on the course as a whole, those who comment on the specific topics covered in the course (pathology, pathophysiology and pharmacology) and those who comment on individual units (such as cardiology, pulmonology, nephrology, etc.).

The majority of the 140 students voting for Mechanisms of Disease as best course cite individual units as the best course. Even so, the overall positive comments about Mechanisms of Disease applaud the excellence and variety in teaching, the good balance between breadth and depth of material covered, the clinical relevance of the topics, and the fun, interactive nature of the course. Students feel that they know what is expected of them and they feel well-prepared for exams. Many students also remark that the topics in pathology, pathophysiology and pharmacology are well-integrated.
The cardiology, pulmonary and renal units are most often cited as being the best components of the Mechanisms of Disease course. The cardiology section of pathophysiology is frequently singled out for having the best organization and the most appropriate level of detail; students also like this unit’s clinically relevant topics and useful seminars. The pulmonary unit receives specific praise for its clinical relevance and its seminars. Students particularly like the attendings leading the small group discussions and the clear lecturers in this section. As with renal physiology, students praise one specific instructor in renal pathophysiology as being an outstanding teacher. Students commend his ability to make complex material understandable. In addition, many students remark that the renal conferences are particularly clinically relevant. A few students comment that the Dermatology unit is well-organized and clear.

The 49 students voting Mechanisms of Disease the worst course comment that the pathology, pathophysiology and pharmacology sections of the course need to be better integrated in most units. Students specifically cite pharmacology as a topic that does not receive sufficient attention during the second year of medical school. Negative comments occasionally refer to poor teaching, but do not have specific complaints.

A few units receive specific criticism for being poorly taught. Specifically, the reproductive/endocrinology section of the course is cited as having too many lectures that cover too much information too quickly. Students also provide a few comments that the renal and GI sections of the course are poorly taught.

Comments on Skills and Science of Doctoring: Physician, Patient and Society (PPS), Physical Diagnosis (PD) and Epidemiology, Biostatistics and Preventive Medicine (EBPM)

The 34 students voting Skills and Science of Doctoring the best course were divided into 28 students who feel PPS was outstanding and 6 who feel that PD is an excellent course. PPS receives acclaim for its dedicated faculty who take time to learn student names. Students also remark that PPS and PD both provide incentive and inspiration to continue with basic science coursework that may not always seem relevant to patients. Students note that PD is an excellent bridge between the second and third year of medical school.

Of the 34 students voting Skills and Science of Doctoring the worst course, 13 make comments about PPS and PD, while 21 comment on the EBPM section of the course. The PPS unit is criticized for being poorly organized and poorly run. Several students also report that PPS is irrelevant, especially during the second year when students do not meet regularly for the course. The PD receives poor marks from some students because students do not all get the same experiences. Student remarks about EBPM focus on the fact that the EBPM unit is too long and, therefore, cannot maintain continuity in teaching important topics. Several students also argue that the EBPM section of the course is poorly taught.
Section 6: Third and Fourth Year Academics

Of the 286 students responding to questions in the Third and Fourth Year Academics section of the survey, 107 students made comments responding to the prompt: “Please provide additional comments, complaints, or suggestions about third and fourth year clinical rotations here.” Of these, 36 comments are from the Class of 2006 and 71 are from the Class of 2007.

By far the most common theme is inequalities in clerkship evaluations and students not feeling that clerkship grades are a true reflection of their performance. Students specifically address problems with being evaluated by attendings who have minimal contacts with them. Many students also express concerns regarding the long delay in receiving clerkship grades and feedback after a rotation is completed. Other students cite problems with scheduling in specific clerkships, commenting that the difficult hours of the Internal Medicine clerkship, involving Saturday conferences, affected their enjoyment of the rotation.

Many students also feel that it is essential that rotation schedules are provided to students earlier than the first day of the rotation. Several students feel that site assignments should be made randomly or based on a random lottery system. A number of students also feel that certain electives should become required clerkships such as Emergency Medicine and Radiology. The comments from students in the Class of 2006 greatly resemble those from the Class of 2007.

Comments about Grading

- 25% of respondents express concern over the subjectivity and seeming randomness of clerkship grading
- 9% of respondents complain that it takes too long to receive evaluations after completing a clerkship
- 8% of students comment about the shelf exam but are about equally divided whether or not shelf exams should count more/less in their final grade

“Regarding grading, I understand the difficulty in devising an evaluation system that is fair across multiple clerkship sites, attendings, residents, etc. It would be nice for the Dean’s Office to assert some standardization in the process, through, that reflects some cohesive policy/philosophy rather than the whims of individual clerkship directors.” (Class of 2007)

“The grading system is a bit vague. When we get evaluated by attendings who only see us perhaps once or twice a week and only from a "teaching rounds" perspective and not on our every day clinical performance, it seems strange how they can be the ones who give us our grades.” (Class of 2006)

“There needs to be a more formal evaluation by the students of the staff- by formal I mean that there are actual consequences for residents and attendings when they don’t teach. I also think that people that barely took the time to learn our names should not be evaluating us. You should keep the students’ evaluations restricted to the house staff that actually took the time to get to know us.” (Class of 2007)

“The turnaround time for grades is atrocious. Getting your first rotation grade the month before 3rd year ends is really bad. It shouldn’t take more than one month. Moreover, at the very least,
they should be mailing us our grades, not making us physically chase down assistants on various floors in Bellevue. The registrar’s office can’t even tell us our own grades… frustratingly bizarre.” (Class of 2007)

Comments about Clerkship Scheduling

- 7% of respondents feel that hours on the Internal Medicine rotation are too long and question the need for Saturday conferences
- 5% of respondents feel that the psychiatry rotation is too long and should be 4 weeks
- 5% of respondents feel that a 2 week rotation in Emergency Medicine should be a requirement; others feel that a 2 week rotation in Radiology should be required

“Please change the Medicine conferences from Saturday mornings. This is a terrible “tradition” that serves no purpose other than to stress out students who do not get even one day off a week. It also causes students to resent the material rather than to prepare for the conference and actually learn from the material.” (Class of 2007)

“Having talked to students at other schools, I have seen some of them getting rotations that we didn't, which I thought were good. One was a 2-week radiology elective, which I think would be useful. Another interesting one was a geriatrics rotation. Some other places had some mandatory ER rotations. Finally, I think there needs to be some formal teaching of the ophthalmologic exam - all we got was one session during third year orientation and it sort of fell through the cracks after that.” (Class of 2006)

“Shorten psychiatry or ensure that we do not spend 6 weeks at the same place.” (Class of 2007)

Comments about Clerkship Sites and Site Assignment

- 5% of respondents suggest that a randomized lottery process should be conducted by Clerkship Coordinators prior to each clerkship to determine site placement
- 5% of respondents complain about their experience at Northshore Hospital

“Sites of rotations should not be determined based on emails by students “in the know” to clerkship coordinators. That is completely unfair and ridiculous. They should be selected based on a lottery or totally randomly. Furthermore, there should be communication among clerkships so that the students all get to experience the different hospitals. Students should not do more than 1 rotation at Lenox, Northshore, or only be at one of NYU’s three facilities.” (Class of 2007)

“Northshore for Medicine isn’t a great site. There is good interaction with faculty, but the learning experiences on the floors is extremely limited. Residents are often unconcerned with teaching. If students are placed there, it should be required they are placed on a firm team which is actually responsible for their patients rather then on teams whose patients are also followed by their attending physicians.” (Class of 2007)
Section 6a: Best and Worst Clerkships from Third and Fourth Year

Of the 286 students responding to questions in the Third and Fourth Year Academics section of the survey, 222 voted in the “best clerkship” category. Of these, 86 responses are from the Class of 2006, 131 are from the Class of 2007, and 5 responses are from MD/PhD students. 219 students voted in the “worst clerkship” category. Of these, 77 responses are from the Class of 2006, 137 from the Class of 2007, and 5 responses are from MD/PhD students. If a student named more than one clerkship for either the “best” or “worst”, each clerkship was given one vote. The results of these “best” and “worst” clerkship tallies are presented in table and graph format in the Quantitative Analysis section of the survey results; this comment analysis provides an “n” for each clerkship vote, but focuses on the rationale students provide for their decisions. Of note, a majority of the responses from the Class of 2007 were entered before these students had finished all of the required clerkships.

According to the student body at NYU SoM, it is clear that the amount and quality of the teaching, the organization and structure of the clerkship, and the clinical exposure within each clerkship are what distinguish the “best” clerkships from the “worst” clerkships. In addition, the attitudes expressed and the environment created by the residents and attendings each have a strong impact on a student’s experience. Other common concerns include adequacy of feedback, fairness of grading policies, time available to study, and variability between site and residents/attendings even within a rotation.

Medicine:

Of the 99 students voting Medicine the best clerkship, 62% claim it is their favorite because the rotation provides the most and the best teaching of all the clerkships, citing didactic sessions, sessions with attendings, and morning rounds. 32% rave about the faculty and residents, 27% enjoy Medicine because it is well organized and structured, citing CPC’s, lectures and conferences. A nearly equal number of students enjoy student responsibility and hands-on experience (22% each). Many students express their satisfaction at being part of a team (10%), while other students enjoy observation by faculty and feedback (6%).

Of the 28 students voting medicine the worst clerkship, a significant number feel that there is inadequate teaching on the wards (39%). Others who dislike the Medicine rotation feel there is too much off-ward work, including meetings/conferences (43%), and that the use of students as “free labor” for “scut work” (25%) is inappropriate.

Surgery:

Of the 8 students voting Surgery the best clerkship, most note the hands-on nature of the rotation as a good experience and enjoy the overall variety of cases on the surgery clerkship. However, among the 73 students voting Surgery the worst clerkship, the rotation is heavily criticized for the lack of teaching from residents and attendings that occurred on the wards (75%). Students also describe a poor faculty attitude toward students and teaching (29%). One student describes the teaching environment: “The attendings cared very little for students on the surgical rotations and the housestaff seemed even less interested in teaching.” (Class of 2006) Certain notable exceptions are cited by a number of students, both within general surgery and among the sub-specialty faculty. In addition to the lack of teaching on the wards, the Class of 2007 notes that the lectures are lacking in both quantity and quality, often being cancelled and not rescheduled (23%). Across all classes, students note
interpersonal discord with many members of the house staff (15%), occasionally describing them as “rude,” “hostile,” and “antagonistic.” Students sometimes feel that they are ignored by the house staff and faculty, or that there is no role for medical students on the team (10%). At the same time, some feel that they are subjected to medical student abuse and are only used for “scut” work (14%). Many students also state that they received inadequate feedback and that the grading for the clerkship is “arbitrary” and “unfair” and took up to 3 months to get back (15%).

**Pediatrics:**
The 17 students who voted Pediatrics the best rotation enjoy the variety of patients and the mix of outpatient and inpatient work (35%), the organization (29%) and the hands-on experience (12%). The 25 students who dislike the Pediatrics rotation criticize the inadequate clinical experience (volume and diversity) and clinical responsibility (48%). In addition, some note inadequate teaching on the wards (28%). One student states: “An unnecessary amount of time was wasted on the floor with no responsibilities and no teaching.” (Class of 2007) In particular, students doing their rotation at North Shore are more likely to note their location as a contributing factor in deciding that Pediatrics is their worst rotation. In addition, 20% of students voting Pediatrics the worst clerkship note inadequate feedback during the clerkship (a common complaint in most rotations) and grading that does not reflect their work.

**Obstetrics/Gynecology:**
No rotation is more appreciated solely because of its clerkship director than Obstetrics & Gynecology. One student comments that “other clerkship directors should follow his example in terms of dedication to his students and clerkship organization.” (Class of 2007) Of the 43 students voting it best clerkship, comments include positive remarks about the clerkship’s teaching, variety (30% each), and organization (28%) Some students also comment on the rotation’s clear grading system: “Ob/Gyn is the best clerkship because the residents, attendings, and clerkship directors make every effort to teach medical students and ensure that medical students are getting the most out of the clerkship. [The clerkship directors] are dedicated to getting to know every medical student. They are very accessible and are very receptive to feedback regarding interactions with residents/attendings as well as the clerkship in general.” (Class of 2007)

The 33 students voting Obstetrics and Gynecology the worst clerkship feel that there is inadequate teaching on the wards (55%) and a poor faculty attitude towards students and teaching (30%). In addition, many students describe negative interactions with the housestaff (42%), sometimes describing them as “rude,” “disrespectful,” and “unprofessional.” One student notes that “half of the residents were receptive, friendly, and willing to include students/teach, but overshadowed by the others.” (Class of 2006) Many also note an excess of medical student abuse and “scut” work (30%).

**Psychiatry:**
Many of the 26 students voting Psychiatry the best clerkship state that they enjoy psychiatry because they are treated more respectfully and have enjoyable interactions with their superiors (38%). Others cherish having patient responsibility (38%) and feeling for the first time like they are really a part of a team (27%). Some feel the teaching is what made psychiatry the best clerkship (23%) and others note the clerkship’s organization as a strength
One student summarizes most of the comments: “Students were fully integrated into team, treated with respect, and given responsibility for patient care. I had the opportunity to lead group sessions for patients and received over 5 hours of direct observation of my clinical interviews by my unit chief. I received feedback on every presentation and interview I completed.” (Class of 2007)

The 14 students voting Psychiatry the worst clerkship feel that there is inadequate teaching (29%) and poor or inadequate interactions with attendings (36%). A handful of students (14%) also mention that six weeks in one location is too long.

Neurology:

Of the 9 students voting Neurology the best clerkship, many value time with attendings (56%); a few praise the clerkship’s organization (33%) and the didactic sessions (22%).

The 50 students who vote Neurology the worst clerkship frequently criticize Neurology for its lack of clinical exposure and responsibility (60%), as well as for inadequate teaching on the wards and in the classroom (32%). It is described as an “observational clerkship” as students found themselves with “nothing to do” (16%). Poor clerkship organization (26%) is another common criticism. In particular, students feel that lectures are poorly timed so that they distract students from clinical exposure on the wards.

Ambulatory Care:

The 24 students voting Ambulatory Care the best clerkship enjoy the “great teaching” and the emphasis of “core topics” (33%), while others enjoy the faculty (29%) and the organization, citing OSCEs and projects (25%). Others appreciate the autonomy and an equal amount emphatically note their appreciation for having time outside of clerkship to study (21%). The two students voting Ambulatory Care the worst clerkship comment on negative experiences with individual preceptors.

Medicine Sub-Internship and Critical Care:

Of those that felt the Medicine Sub-Internship was the worst clerkship (5 students), 40% feel that they were under-prepared, an equal number feel that they were being used as “free labor” and 20% found that it was not educational. Another 20% dislike the requirement that the sub-internship be in Medicine. The numbers were mixed for the Critical Care rotation with no dominant reasons with 4 students voting it best clerkship and 6 students voting it worst clerkship.
Section 6b: Impact of Visiting Students on Clerkships

Of the 286 students responding to questions in the Third and Fourth Year Academics section of the LCME survey, 121 students made comments about visiting students responding to the prompt: “Please explain the impact of visiting students on the clerkships listed above.” Of these, 47 comments are from the Class of 2006, 72 comments are from the Class of 2007 and 2 comments are from MD/PhD students.

Roughly equal numbers of students respond with positive and negative comments regarding the impact of visiting students while many students feel that visiting students do not impact their educational experience at all. The students with positive experiences comment that visiting students are constructive additions to the clinical teams who contribute to an overall enrichment of NYU SoM rotations. The students with negative experiences report that visiting students are often competitive and are given priority in choosing patients and participating in procedures. Many of these students comment that visiting students took away OR time from NYU SoM students on both the surgery and obstetrics and gynecology rotations. Many students also argue that the number of visiting students should be limited, especially on crowded rotations where patient contact is limited by the addition of more students.

Comments on Positive Experiences with Visiting Students:
- 27% of respondents feel that visiting students enrich their experiences on clinical rotations
- 18% of respondents feel that visiting students give a different perspective on the NYU SoM experience

“I think visiting students are great because they give you a different perspective on medicine and where they are trained. Typically they are very hard-working, which I think makes you want to work harder as well.” (Class of 2006)

“As a third year on my first rotation, it helped a lot to have a fourth year visiting student show me how to acclimate to the ‘rotation lifestyle’ and in turn, I helped to acclimate them to the ‘Bellevue lifestyle.’” (Class of 2007)

Comments on Negative Experiences with Visiting Students:
- 21% of respondents feel that visiting students are often given priority over NYU SoM students in terms of choosing patient to follow and participating in procedures
- 17% of respondents feel that visiting students take away OR time from NYU SoM students during Surgery and OB/GYN (9% of all respondents commented specifically about the Plastic Surgery elective)
- 5% of respondents believe that the number of visiting students should be limited, especially on crowded rotations where the addition of these students limits NYU SoM students’ contact with patients

“In surgery, the visiting Sub-Interns took priority over NYU 3rd year students in scrubbing into cases and doing procedures. I was on several occasions not allowed to scrub into cases for patients whom I had been following for several days because a visiting sub-intern wanted to scrub on that case.” (Class of 2007)
“When I did OB/GYN, visiting students often got priority both for deliveries on the floors and for seeing patients on their own in clinic, while 3rd year med students had to shadow residents.” (Class of 2006)

“Visiting students should certainly be allowed but limited. There were rotations where there were too many visiting students and not enough patients for all of us.” (Class of 2006)

Comments on Visiting Students Having No Impact on Educational Experience:
- 15% of respondents believe that visiting students have no impact on their education experience

“They really didn't have an impact on my experience.” (Class of 2007)
Section 7: Research Experiences

Of the 324 students who responded that they had completed research of any type while matriculated at NYU SoM, 81 students made comments in the research section of the survey, responding to the prompt: “Please provide additional comments, complaints or suggestions about research opportunities at NYU SoM here question.” Of these, 19 comments are from the Class of 2006, 17 are from the Class of 2007, 26 are from the Class of 2008, 11 are from the Class of 2009, and 8 comments are from MD/PhD students.

Overall, students in all classes raise similar issues, including MD/PhD students. Finding a good mentor and project is highly variable at NYU SoM, and many students feel that it is very difficult to find research without being exceptionally motivated. To address this issue, students suggest an improved database of available research opportunities. Students also recommend a survey system be developed to help students find helpful advisors and avoid advisors who do not treat students well. Many students from the Classes of 2006 and 2007 feel that the importance of research for a competitive residency was stressed enough to them in their first two years of medical school.

A large number of students write about the organization and administration of the Honors Program. Some students find administrative advice to be lacking or unhelpful. There is also a general perception that the Honors Program is for basic science research only, and that clinical research and public health research are inadequately funded at NYU. Students also find it difficult to complete the honors program with the current palette system in the third and fourth years. Students with little or no previous research experience find it difficult to find an interested mentor.

Comments about finding a research lab:

- 14% of respondents comment about the process of finding a lab, with the majority requesting better advising about research opportunities and a minority stating they had an easy time finding a lab to work in

“I have had multiple meetings, reviewed the Honors program site, searched profiles on the NYU sites, interviewed for the primary care program and engaged in numerous other avenues to look for research opportunities and training. I do not have basic science or extensive clinical research experience; this seemed to prohibit me from gaining additional training or experience.” (Class of 2007)

“They need an easily comprehensible website that summarizes the research going in all fields: bench to clinical to public health. Otherwise it is like navigating in the dark.” (Class of 2007)

Comments about mentor selection:

- 12% of respondents comment that better advising for mentor selection should occur

“Although it was very easy to find an investigator to do research with, there was no system in place that gave me information about which PI's were very accommodating to medical students and those that were not. An evaluation system should be created that will help future student know which labs and investigators provide an excellent and worthwhile learning experience.” (Class of 2006)
Comments about Research Funding:
- 9% of respondents feel that finding funding for research at NYU SoM is very difficult

“The school needs to do a better job of making students aware of the funding opportunities that are available for student research. It is absolutely essential that a website with descriptions and links to the different funding sources is created and publicized to the student body.” (Class of 2007)

Comments about scheduling of research:
- 9% of respondents state that scheduling time for research in the medical school is difficult with the new palette system and that the administration should try to allow more time in the schedule

“The honors program needs some work in terms of adjusting it so that students who start the program between first and second year (such as myself) do not feel obligated to put off their clinical training to resume research in the summer following second year. While I enjoyed the research opportunity I had this past summer, I am equally if not more eager to get my clinical training off the ground this summer, not postpone it by nearly 2+ months while I complete my honors project. If I had the opportunity to return to the honors program as part of two elective blocks later in the third year, I think that would be preferable to instead having to put off clinical rotations to continue research over the summer.” (Class of 2008)

Comments about research experiences in general:
- 14% of respondents report positive research experiences
- 6% of respondents report negative research experiences

“Research has been the highlight of my medical school experiences.” (Class of 2008)

Comments about communication of importance of research to medical students:
- 6% of respondents feel that research is important for residency and that this should be stressed to medical students earlier in their education

“Research is something you have to pursue to find. It doesn't fall in your lap. I don't think I realized the importance of having research on my resume until third year. Once I decided I wanted to do it, I was able to find a project by networking through friends.” (Class of 2006)

Comments about the Honors Program:
- 20% of respondents comment on both the positive and negative aspects of the Honors Program, with roughly even numbers commenting on its disorganization and the positive opportunities available through the program

“I think the honors program provides a great opportunity for students who enjoy basic science but don't want to pursue a Ph.D.” (Class of 2008)
“I'm in the Honors Program and feel like I have no administrative support from the program. I felt like most of the researchers I contacted were not interested in working with me because I was a medical student and had so limited time for learning, which was extremely frustrating.” (Class of 2008)

Comments about research in areas other than basic science:

➢ 9% of respondents comment on difficulty of finding non-basic science research

“There seems to be a divide between the research and clinical communities at NYU. I encountered no opportunities to get involved in research through my clinical experiences.” (Class of 2007)

“I think the Honors program should be eligible for all students whether those students are doing clinical research or basic science research.” (Class of 2008)

“The Honors Program is excellent in supporting students to do basic science research. However, it is nearly impossible to find funding for any other type of research. That was a little disappointing, as I was more interested in branching into clinical research the summer after my 1st year, but had to forgo that interest because of the lack of a means to financially support myself.” (Class of 2008)

Comments about the MD/PhD Program:

➢ 37% of responding MD/PhD students comment that they are not protected from having their advisors take advantage of their time and effort

“There aren't enough good lab spaces for all of the graduate, MD/PhD, honors, and medical students to find a good fit. While most faculty members have excellent reputations and wonderful relationships with their research advisees, some members of the research faculty have been taking advantage of their students -- forcing them to put in an excessive number of hours, making them stay in the graduate program longer than necessary, not giving them enough autonomy in experimental designs (i.e. treating them more like lab techs then students), and lying to them about funding (i.e. there were a few cases last summer when students approached faculty members to ask about joining their labs and were told that there was no more space/funding, only to have that faculty member accept a post-doc or a different student a few days later...)” (MD/PhD)

“Not enough protection of students from bad mentoring during the research years in the MD/PhD program” (MD/PhD)

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Section 8: Information Technology

Of the 598 students responding to questions in the Information Technology section of the survey, 222 made comments responding to the prompt: “Please provide additional comments, complaints or suggestions about information technology at NYU SoM here.” Of these, 29 comments are from the Class of 2006, 61 are from the Class of 2007, 68 are from the Class of 2008, 53 are from the Class of 2009 and 11 comments are from MD/PhD students. **Time and effort went into many of the comments, some spanning half a page to more than a page,** despite 18 students reporting they had to rewrite their comments because they were logged off in an untimely manner, or their saved comments had been lost when they returned to complete the survey.

A large number of students either start or end with the statement that **IT is the area most in need of improvement at NYU School of Medicine.** A smaller number of students state that the staff of SoMIT works hard to fix the problems that the school encounters, but do not have the resources to make IT as functional as it needs to be. Overall the most common response is **dissatisfaction with email.** Several students cite one email outage lasting over one week as well as some 1-2 day email outages and slow web email transactions in general. Students do acknowledge improvements in email this year, but remain unsatisfied, reporting that **email remains slow, unreliable, and still has inadequate spam filtering.**

The second most common set of concerns revolves around the free student print lab in Coles 201. Students are **discontent with the reliability of Coles 201 student printing,** reporting that printers/computers are consistently not functioning; there is inability to log on to computers after several attempts consulting with IT; and there is inadequate IT assistance with these problems. Students are **unhappy with IT support/Help Desk in general,** reporting that the help given is not useful and difficult to obtain. Some students also report IT Help Desk staff are not courteous/professional in their responses.

Many students express their **discontent with the Student Portal.** These students report that the Student Portal is **unreliable, poorly designed, difficult to use, and contains broken links.** A number of students claim they cannot log on to the Portal. A number of students also express **disappointment with NYU SoM’s commitment to making improvements in IT.**

**Comments about need for improvement in IT:**

➢ 15% of comments state that IT is NYU SoM’s area in need of most improvement

“IT is BY FAR the worst department at this school.” (Class of 2008)

“Overall – I think IT is disappointingly one of the weakest aspects of NYUSOM, especially when we are all expected to rely on it.” (Class of 2008)

**Comments about email:**

➢ 47% of respondents express dissatisfaction with email at NYU SoM, stating that it is too slow, very unreliable, and plagued by excessive spam email

“Email reliability is terrible; I lose several emails a month, including a few from administration and from residency programs, and I have had to start using an outside email server because of this.” (Class of 2006)
“I have problems bi-monthly here. I had problems weekly last year.” (Class of 2008)

“The amount of spam email that each account receives every day (10+ emails/day) is totally unacceptable.” (Class of 2007)

Comments about printing in Coles 201:

- 45% of respondents express dissatisfaction with Coles 201 printing
- 28% of respondents are often unable to print because of printer/computer malfunctions
- 17% of respondents report that they cannot log on to computers in Coles 201

“Would appreciate more free printing facilities. When working, the Coles 201 printers are tremendously helpful in printing out study materials, though there often seem to be technical malfunctions.” (Class of 2009)

“In terms of Coles 201, the printers are very often not working and logins for class of 2006 med students don't work. It is very frustrating and something we should not have to worry about as medical students.” (Class of 2006)

“I got my own printer because I was so frustrated with it.” (Class of 2008)

Comments about the Student Portal:

- 28% of respondents express dissatisfaction with the Student Portal, stating that it is difficult to use, has a poor user interface, and is unreliable

“Great concept, poor execution. The interface is poorly designed. The organization within each window is poor. It doesn't work or doesn't load often. The display of the MS1/MS2 calendars is difficult to look at.” (Class of 2008)

“…we need to have serious efforts put into the Portal. It is a phenomenal idea (one where NYU SoM is already behind other medical schools) and needs money, time and effort put in to make it better and keep it up.” (Class of 2007)

“Despite many attempts I have been unable to gain access to the student portal--my password does not work, and IT has been incredibly unhelpful with this problem. Because of this I am unable to access information regarding evening lectures and events, club information, etc.” (Class of 2006)

Comments about the IT Help Desk:

- 23% of respondents express dissatisfaction with IT Support/Help Desk, stating that IT support is unhelpful, difficult to reach, unresponsive or unprofessional

“I have repeatedly submitted tickets reporting problems I have had with the portal, including being locked out, and these have never been addressed.” (Class of 2008)
“Setting up my wireless account on campus was cumbersome, and the tech support staff was extremely rude, patronizing and seemingly unwilling to help.” (Class of 2007)

**Comments about Wireless access at NYU SoM:**
- 15% of respondents express dissatisfaction with Wireless Access at NYU SoM, with comments evenly split between stating that wireless is difficult to set up and that the wireless service is unreliable and inconsistent; several students also request wireless access in residence halls in Rubin, Greenberg and Skirball.

**Comments about LCME Survey Malfunctions:**
- 8% of respondents complain that the LCME survey malfunctioned.

“Filling out this survey was a ridiculous endeavor because this system itself doesn’t work! This survey does not represent everything I wanted to say because it took so long to fill out the forms because the system kept logging me out and losing my work. This continued despite the administration stating that it had largely been corrected. Eventually, I just gave up, leaving many comment areas blank and keeping answers that did not reflect my true thoughts.” (Class of 2008)

**Comments about the school’s commitment to improving IT**
- 6% of respondents express dissatisfaction with the school’s commitment toward improving IT.

“The problem with IT at NYUSoM is not the staff but the amount of funding available to keep up with technological advances and to hire an adequate number of people to maintain a good baseline.” (Class of 2007)

“The school of medicine needs a dynamic and robust presence on the internet to support student studies and activities. The school has repeatedly failed to follow through with comprehensive solutions to these problems. For example the student portal and CMMS which together provide the majority of the internet interface for students was given part of one programmer’s time and has failed to reach its potential because it has not been a priority.” (Class of 2008)

**Comments about off-campus access to on-line materials:**
- 6% of respondents state problems accessing NYU SoM materials Off Campus.

“Dial-up into the network is very slow, and often doesn’t work.” (Class of 2008)

**Comments about required anti-virus programs:**
- 6% of respondents express dissatisfaction with anti-virus protection (SOPHOS).

“The whole SOPHOS antivirus requirement is also ridiculous. It is a WORSE program than norton and you can't have both on your computer. Why force us to use a program that doesn't work as well as the ones that we can get from the downtown campus?” (Class of 2007)
Section 9: Master Scholars Program and Professionalism Portfolio

Of the 577 students responding to questions in the Master Scholars Program and Professionalism Portfolio section of the survey, 206 made comments responding to the prompt: “Please provide additional comments, complaints or suggestions about the Master Scholars Program or the Professionalism Curriculum here.” Of these, 18 comments are from the Class of 2006, 68 are from the Class of 2007, 73 are from the Class of 2008, 38 from the Class of 2009, and 9 comments are from MD/PhD students. Many of these respondents comment on both the Master Scholars Program and the Professionalism Portfolio, as described below.

A total of 166 students comment on the Professionalism Curriculum at NYU SoM. The most dominant theme by far is the feeling that the Professionalism Portfolio is ineffective in its current format. A large number of students feel that professionalism is important, but that it should be taught differently. Other students argue that professionalism cannot be taught at all. Still others argue that learning professionalism requires outstanding role models rather than self-reflection. Suggestions for improving teaching of professionalism are varied, ranging from improving the portfolio to make assignments require more active thought and less “busy work” to revamping the entire professionalism curriculum by replacing the portfolio with another method of teaching professionalism. Many students comment specifically on the Professionalism Portfolio. A number of these students argue that the portfolio has good intentions but runs into problems because the assignments are not always clearly designed or explained. Many other students are harsher in their evaluation of the portfolio, claiming it is a waste of time.

A total of 75 students comment on the Master Scholars Program, with the majority of them writing that they feel that the Master Scholars Program is not useful in its current setup. Students argue that the goals of the program are not clearly explained to students or their faculty mentors. A number of students comment specifically on the ineffectiveness of the monthly lunches in providing adequate mentoring for students. Moreover, students feel that they need better academic advising that is not provided within the Master Scholars Program. A number of respondents argue that the Master Scholars program has been effective at providing opportunities to interact with faculty outside of the formal curriculum, both in the Master Scholar lunches and in the Master Scholars seminars. Even so, many students specifically state that the program needs to be improved to be useful to students.

Comments about the Professionalism Curriculum:

- 63% of respondents argue that the Professionalism Portfolio is ineffective at teaching students the tenets of professionalism as it currently exists
- 26% of respondents specifically state that professionalism should be taught differently at NYU SoM

“I don't think the Professionalism Portfolio contributes very much to professionalism amongst students. The impression I have gotten is that many students just feel that it is a waste of time and is not very helpful.” (Class of 2008)

“I think that the writing exercises are not effective at generating reflection on and discourse about professionalism because they are so many other things on students' minds that this gets little attention. Seminars; group discussions are preferable.” (Class of 2009)
“I honestly think that the idea of teaching professionalism is well-meant; however writing monthly essays is probably not the way to teach it. Professionalism is learned through watching others and, for lack of a better description, emulating them. Professionalism is not taught through writing essays and talking about it.” (Class of 2009)

“Despite the rhetoric for professionalism students still cheat on exams in the first two years and nobody does anything about it. Then these people get voted into AOA???” (Class of 2006)

Comments about possible revisions to the Professionalism Curriculum:

- 20% of respondents argue that the Professionalism Portfolio should be improved, including specific suggestions about how to modify the writing assignments

“It is hard to see the point of so many evaluations. The only worthwhile ones so far were the peer evaluations.” (Class of 2009)

“Writing essays on important issues/milestones is very useful. Some professionalism tasks, however, appear to be more secretarial than anything. I believe the tasks could be refined, and some of the tasks (i.e. posting mental status write-up) and so forth could be eliminated.” (Class of 2008)

Comments about the Master Scholars Program:

- 18% of respondents argue that the Master Scholars program is not effective at providing mentoring to students in its current format
- 7% of respondents argue that the Master Scholars Program has potential but that it needs work to realize that potential
- 6% of respondents state that the Master Scholars Program has been useful to them

“The very few lunches and 15 minute sessions do not allow for enough time to get to know our mentors and I guarantee that the mentors in my group do not know our names.” (Class of 2009)

“The Masters Scholars Program has nothing to do with Public health; which is the society I am a member of. It should be more structured. I was expecting these sessions to be a resource for the public health field, to which we are not formally exposed to in our curriculum. It should not be up to the students to decide on what topics to discuss. These mentoring lunches are more casual discussions and often serve no purpose.” (Class of 2008)

“The Master Scholars Program is a good idea and has many opportunities to enhance learning outside the standard curriculum as well as provides contact with attendings who can serve as advisors. However; a greater advising role should be assumed as there is very little academic/career advising at NYU.” (Class of 2007)
Section 9a: Changing Master Scholars Mentors

Of the 559 students responding to question 9-5 (“Have you changed mentors?”) in the Master Scholars and Professionalism section of the survey, 42 students responded “yes.” However, 48 students made comments responding to the next question asking why they had changed mentors. Of these, 11 comments are from the Class of 2006, 20 are from the Class of 2007, 10 are from the Class of 2008, and 7 comments are from the Class of 2009.

Most respondents state that they changed mentors because their original mentors left or because they found a more appropriate mentor that meshed better personally or professionally. A number of respondents note that part of their difficulty stemmed from incompatibilities between MD students and PhD advisors. Other respondents state that they were unaware they could switch, felt guilty about switching, and or had trouble trying to switch.

Comments explaining selection of a new mentor:
- 46% of respondents found a more appropriate mentor
- 25% of respondents state that their original mentor left NYU SoM

“I selected someone that I had built a rapport with during my clerkships.” (Class of 2007)

“My assigned mentor was a PhD who didn't know that much about the curriculum and I didn't feel could offer me valuable academic advice.” (Class of 2007)

Comments about problems switching mentors:
- 10% of respondents state that they had difficulty switching mentors or did not know that they could switch mentors
- 8% of respondents state that they had difficulties with their mentors related to their status as MD/PhD students

“I would like to change mentors but the way it is set-up it is sort of hard to locate other official mentors so I just network and have made other contacts. Plus since it’s not formally announced that you can switch mentors I feel it would be insulting to my mentor to do so.” (Class of 2008)

“As an MD/PhD I feel like the mentors don't know how to address our issues. Maybe a society just for us would help in appropriate mentoring and addressing our unique needs.” (Class of 2008)
Section 9b: Faculty Professionalism

Of the 559 students responding to questions in the Masters Scholars Program and Professionalism Portfolio section of the survey, 124 students made comments in responding to the prompt: “Have you ever observed a faculty member acting in an unprofessional manner? If yes, please describe your observations.” Of these, 84 were from students in their clinical years, and 36 were from students in their pre-clinical years.

The majority of respondents comment on a lack of respect for students that takes the form of verbal abuse, including inappropriate sexual comments. Many students also relate that faculty show a lack of concern for students’ time. Other students note inappropriate actions by faculty, citing incidents of disrespect for patients and disrespect for subordinates, including residents, nurses, and hospital staff. The majority of the comments about lack of respect for patients and subordinates are from clinical students. A number of students also comment on witnessing faculty demonstrating a lack of respect for their peers, often other professors at NYU SoM. While many students comment about lack of professionalism in varied services on different hospital floors, a significant number of students remark about unprofessional behaviors involving surgery or the Operating Room.

Comments on general lack of respect for students:
- 56% of respondents comment on faculty members’ lack of respect for students in all capacities
- 15% of respondents commented on disrespect for students’ time

“Several times, attendings would come late to lectures, and even skip an entire lecture, leaving a class of 15 students waiting. We would get no apology or explanation.” (Class of 2007)

“Making med students leave surgical cases to pick up food from drug reps.” (Class of 2006)

“Showing favoritism to female students by male attendings.” (Class of 2006)

Comments on verbal abuse of students:
- 22% of respondents commented on verbal abuse in all forms
- 8% of respondents reported inappropriate sexual comments or actions

“I observed a surgical attending making disparaging comments about homosexuals.” (Class of 2007)

“Often faculty members can be extremely condescending or sarcastic with students in learning experiences. It’s just an individual attitude problem with certain people.” (Class of 2007)

Comments about disrespect for patients and other hospital employees:
- 31% of respondents comment on faculty disrespect for patients in hospital settings
- 19% of respondents observe faculty disrespect for subordinates

“…disgusting bed side manner; treating patient as piece of meat.” (Class of 2007)
“…the attending began yelling at the resident and scrub nurse (I just tried to keep quiet) and then threw one of his instruments back to the scrub nurse; it was a true example on how not to treat other people.” (Class of 2007)

Comments about disrespect for other faculty members:
➢ 8% of respondents remark on unprofessional behaviors by faculty about other faculty

“In an effort to appear cool, one faculty member made fun of another faculty member before the entire 1st year class when latter was not present. I find such behavior inappropriate.” (Class of 2008)

Comments about lack of professionalism in the Operating Room:
➢ 22% of respondents report having observed unprofessional behavior during surgery

“OR experience during the surgery clerkship was highly variable. I felt that some surgeons and anesthesiologists were inappropriate and unprofessional towards staff, patients and students.” (Class of 2007)
Section 10: Teaching Facilities

Of the 574 students responding to questions in the Teaching Facilities section of the survey, 76 made comments responding to the prompt: “Please provide additional comments, complaints or suggestions about teaching facilities at NYU SoM here.” Of these, 6 comments are from the Class of 2006, 27 are from the Class of 2007, 24 are from the Class of 2008, 15 are from the Class of 2009, and 4 comments are from MD/PhD students.

Two major themes appear in the comments: (1) the scarcity and inadequacy of teaching facilities at clinical sites, particularly in Tisch and Bellevue Hospitals and (2) the need for upgrades to lecture halls and classroom spaces, with most attention given to Alumni Hall A and B. Many students find the teaching space in Tisch and Bellevue Hospitals to be inadequate. Several respondents point out that students frequently have to spend extended periods of time looking for empty rooms, with meetings and teaching sessions eventually taking place in small, cramped rooms that cannot accommodate all participants. Students comment that they often have to sit on the floor in the “doctor’s area” because of the lack of chairs. Students also note that some areas lack computers for student and resident use.

Many respondents complain about the lack of proper lighting, low quality of projection screens, uncomfortable seating and the lack of restroom facilities in close proximity to Alumni Hall A and B. While several individuals express overall satisfaction with Schwartz Lecture Hall F, other comments point out that Schwartz Lecture Hall E does not meet the same standards, with broken desks as well as ripped upholstery on the chairs. A few respondents also note that the desks in these lecture halls are too small and dysfunctional, sloping toward the seat occupant. While a few respondents like the small conference facilities in Coles Teaching Laboratories, others suggest that there is a need for some additional small conference rooms and study facilities, pointing to insufficient space for group study. Others note that anatomy lab facilities and the area adjacent to these facilities are in serious need of renovation as well.

Several additional concerns of the respondents include: (1) Distractions during lectures and exams – in particular constant fire alarms, but also construction noise and lack of proper temperature control in classrooms and teaching spaces. (2) The hallways on the ground floor of the medical school are in serious need of renovation. According to the respondents, these hallways are poorly maintained and frequently cluttered with broken equipment and other objects. Particular attention is given to the hallway leading to the Deans Office and Rubin Hall.

Comments about inadequacy of teaching facilities at clinical sites:

> 24% of respondents commented on the inadequacy of teaching facilities at clinical sites

“At Bellevue, our team had teaching attending rounds in a very cramped office where there weren't enough chairs. We had residents teaching [and] attending meeting in a doctor's station where the entire team had to stand for 1.5 hours.” (Class of 2007)

“In Bellevue there aren't any classrooms. There are a few conference rooms which also have broken chairs and are usually dirty and uncomfortable. Small groups are usually forced to cram into an attending's office which usually does not have enough chairs. The VA is cleaner but has a similar lack of classroom space.” (Class of 2007)
Comments about lecture halls, small group teaching rooms and labs:

- 57% of respondents feel that different facilities are in need of renovation
- 21% of respondents focused on the poor state of Alumni Hall Lecture Halls A and B
- 9% of respondents commented on inadequacies of the Schwartz Lecture Halls
- 9% of respondents made general comments about the need for renovation of classroom space at NYU SoM
- 5% of respondents stressed the need to renovate the anatomy lab

“The newer facilities are great (Schwartz, Coles) but I loathed every time we had a lecture in the alumni hall lecture rooms. The seats are uncomfortable. The room is old and dirty-feeling. There is no bathroom or water-fountain located immediately near them (that must be a health code violation of some sort). The projection screen is small.” (MD/PhD)

“Alumni Hall A and B and Coles 101, 109 are in desperate need of renovation. They are falling part, uncomfortable and can't accommodate all students. Schwartz E could use an update.” (Class of 2008)

Comments about distractions in teaching facilities:

- 17% of respondents commented on classroom distractions such as fire alarms, temperature control problems in classrooms and construction noise during lecture time

“A very big annoyance is the frequent aberrant fire alarms and poor climate control during lectures... very embarrassing when we have a guest lecturer and it's 85 degrees in the lecture hall and a loud fire alarm ringing for 15 minutes (this actually happened once).” (Class of 2007)

Comments about infrastructure around teaching facilities:

- 11% of responders commented on the hallways, stressing the need for renovation and/or poor maintenance and clutter

“While Coles building is nice, lecture halls carpeting and chair upholstery is old and stained. It's about time we change the carpeting or clean the Schwartz lecture halls. Also the hallway leading into the dean's office/Rubin needs a facelift. The first thing I noticed when I was interviewing at NYU is that this hallway was creepy, crowded and gross. It's worsened b/c we have to share it with the catering service…” (Class of 2008)

“The hallway with the student clubs is quite ugly. That hallway is perhaps the only bad impression of the SoM that I had when I interviewed.” (Class of 2009)
Section 11: Ehrman Medical Library

Of the 566 students responding to questions in the Ehrman Medical Library section of the survey, 195 students made comments responding to the prompt: “Please provide additional comments, complaints or suggestions about the library resources here.” Of these, 25 comments are from the Class of 2006, 62 are from the Class of 2007, 66 are from the Class of 2008, 36 are from the Class of 2009, and 6 comments are from MD/PhD students.

By far the most common theme is the inadequacy of library facilities, particularly the limited study space. Several students specifically cite the need for a greater number of desks and computers designated for student use. Many of these individuals also express concern about the large number of non-students that use library space and how these non-students are at times disruptive. Several complain that the library is too noisy for adequate studying, often because of widespread use of cell phones or loud talking by the library and medical center staff.

A number of students express satisfaction with the library’s online journals and other resources. Many students, however, request expanded access to on-line resources such as Up-to-Date, both off-campus and at Bellevue. Students also request extended library hours on the weekends to accommodate the study schedules of students. Roughly equal numbers of students praise the staff for their accessibility and helpfulness as complain about rudeness. Several students feel that food and beverages should be allowed in at least some areas of the library.

Comments about facilities:
- 45% of respondents complain about inadequacies of the facilities
- 25% of respondents specifically complain that the library is too small to meet student needs

“The library is very small and can be crowded and loud. I think it's unacceptable the quality and condition of the library given that NYU SOM is a top tier medical school. An investment needs to be made in the study space that is available to students - it's a critical investment in the quality of our learning and the quality of our lives. The facilities do not reflect the degree of commitment that students are asked to make to their studies and it's discouraging.” (Class of 2009)

“The library is extremely small for such a large medical institution. I often encounter a shortage of computers for use in the library. The library could benefit from an expansion and aesthetic improvements.” (Class of 2009)

Comments about electronic resources:
- 8% of respondents write about the need for Up-to-Date and other electronic resource access at Bellevue and off-campus
- 6% of respondents praise the library’s online resources.

“UpToDate should be available to students off campus. It is an excellent resource that we need to use often during clinical clerkships, and is very expensive to purchase. It is available throughout the medical center, but can't be access from off campus.” (Class of 2007)
Comments about the Study Environment:
- 15% of respondents complain that the library is too loud
- 7% of respondents complain about disruptive non-students causing a distracting atmosphere in the library

“The library is my biggest (and only major) complaint about NYU. It is not amenable to students at all. Hospital staff are allowed to sit at the computers and talk on their cell phones as loud as they want to, and nobody from the staff comes over to quiet them. Meanwhile, students are trying to study at the computers. Also, around exam times, students will be unable to find a computer, and oftentimes hospital staff are using up computers to have IM chats with their friends. A library should be QUIET and that a med school library is not useful if everyone is allowed to yap on their cell phones. I think it's a shame that NYU has not created a library specifically for med students, who really need quiet study space.” (Class of 2007)

Comments about Library Rules and Operations:
- 9% of respondents complain about the number of non-students (especially non-medical staff members) using the library facilities and/or request restricted access to the library
- 8% of respondents would like an extension of the library’s operating hours
- 8% of respondents complain about the prohibition of food and beverages in the library

“It would be nice if food and coffee was allowed at the desks where there are no computers. Often before tests the library closes (as in on the weekends). I think the library should be 24/7.” (Class of 2008)

“I think that it is unnecessary for the library to have no food/drink policy...a lot of employees don’t enforce it, and even so, the majority of library users continue to eat/drink (we hide food etc, likely increasing the chance of spills happening). As students we are often in the library for hours on end (especially at the time of boards studying) and we should be allowed to bring in snacks, soda, coffee, etc. I have visited several other medical school libraries, and NYU is the only one that I have been in where food/drink is prohibited. In fact, at other medical schools, students are able to have food delivered to the library so they can hold study sessions there during dinner.” (Class of 2007)

Comments about Library Staff Members:
- 6% of respondents praise the library staff members
- 7% of respondents complain about the library staff being unhelpful, rude, or talking loudly

“The library is well-equipped and has excellent, helpful staff members. They're more accessible and approachable than many faculty members.” (Class of 2007)

“Library's staff, books, journals and resources are excellent--just not enough study space.” (Class of 2007)
Section 12: Study Spaces

Of the 572 students responding to questions in the Study Space section of the survey, 138 made comments responding to the prompt: “Please provide additional comments, complaints or suggestions about study space at NYU SoM here.” Of these, 11 are from the Class of 2006, 40 are from the Class of 2007, 48 are from the Class of 2008, 33 are from the Class of 2009, and 6 comments are from MD/PhD students.

Overall, students indicate that there is a severe lack of quality study space at NYU SoM and that the available study space needs improvement. In general, students feel that Alumni Hall C (AHC) is the best study space on campus because it provides students with a comfortable and quiet study environment, large windows and excellent use of natural and fluorescent lighting. The best aspect of AHC is that it is limited to students with ID card access. Negative comments about AHC focus on poor temperature control and the limited amount of space available.

Students feel that the library is too small and that students have to compete with the general medical center community and NYU dental students for spaces in the library. Additionally, the library does not offer enough computers, has poor lighting, has uncomfortable chairs and is usually too noisy. The cubicles in the basement of the library are by far its best asset, providing students with a quiet area for individual studying and excellent lighting.

Many students feel that the seminar rooms on the 2nd floor of Coles offer excellent study space, especially for groups, with good lighting, computer access and easy access to printing in Coles 201. However, only 6 rooms are available and they are frequently used by individual students and by different members of the medical center community for seminars. As a result, students would like to have schedules posted outside each classroom to avoid having to relocate during studying because a scheduled meeting has reserved the room. Students feel that the 1st floor of Coles needs to be renovated and modernized, because it is not very conducive to studying: the rooms are primarily lecture halls, the lighting is poor and the rooms need better temperature control.

In general, students believe that the student cafeteria and faculty dining room should not be considered study spaces. These areas are noisy, have poor lighting and uncomfortable chairs and are utilized by student groups and the general medical center community. Students suggest that the cafeteria annex be converted into a student only lounge/study area. Many students also suggest that a dedicated student space should be created in the Smilow research building.

Comments on overall problems with study spaces:

- 45% of respondents comment on the lack of study space at NYU SoM
- 5% of respondents comment that they feel study space was adequate
- 7% of respondents state that new study space should be created in either the Cafeteria Annex or in the new Smilow Research Center

“For the number of students, the small amount of available study space is embarrassing.” (Class of 2008)

“…Overall: I think it's a considerable source of stress on students that we have limited and inadequate options for places where we can study. Obviously, this is what we spend most of our
days doing, and it is probably the most important thing that we are doing, and the school should really support these needs. I find it incredulous that we have so few options for places to study…” (Class of 2008)

“…there should be study rooms in the new smilow research center - small study rooms made for one person (so one person doesn't take up a whole Coles 2nd floor room to themselves) that face the river.”

Comments on Alumni Hall C:
  ➢ 14% of respondents comment on Alumni Hall C, with a majority touting its merits and a small minority saying that it is still too cold and often dirty

“The school should renovate Alumni Hall A and turn it into another dedicated student study space, similar to Alumni Hall C.” (Class of 2007)

“AHC sets NYU apart from other medical schools I've visited. I think AHC is nothing shy of amazing!” (Class of 2008)

“Alumni Hall C is too cold much of the time - better temperature control would make it a better study space.” (Class of 2006)

Comments about the Library:
  ➢ 24% of respondents comment on study spaces in the library, with most complaining that it is too loud and there is too much competition to get a computer terminal

“During times when first and second year exams coincide, I could not find a place to study. The basement of Ehrman's is great--complete silence--need more places like that.” (Class of 2008)

“The main floor of Ehrman library is extremely poor study space. Lighting is too dim, cubicles require individual lighting, the chairs do not match up to the height of the desks, and overall there are too few study tables. Eliminate the circular computer stations in the entrance and make rows of computers to maximize the space. Provide each computer desk with its own desk light for better reading.” (Class of 2007)

Comments on Study Spaces in the Coles Building:
  ➢ 23% of respondents comment that the Coles seminar rooms are the best places for group study at NYU SoM, but that six rooms is not enough available space

“...there is inadequate study space ESPECIALLY for group studying. More rooms similar to Coles 2nd floor or small rooms with tables for 2-3 people to sit would be immensely helpful.” (Class of 2006)

“It would help for the Coles rooms to have a schedule of classes on the outside or on the web to help students who want to study there know when there will or will not be a room available.” (Class of 2007)
“There aren't enough rooms in Coles and too many people take up the entire room for the day when they are the only person occupying it.” (Class of 2008)

Comments about Study Spaces in the Cafeteria and Faculty Dining Room

➤ 11% of respondents comment about the student cafeteria and the Faculty Dining Room, with the majority claiming that neither space can be used to study

“The student cafeteria/FDR are always used by other student groups or hospital employees and rarely available for students to study.” (Class of 2007)

“I don't think the FDR or Student Cafeteria are adequately lighted for study and often are occupied by house staff/maintenance people.” (Class of 2008)

“…There is that annex area outside the cafeteria that is now home to the vending machines/lounge for the janitors that can potentially be turned into additional study space…” (Class of 2009)
Section 13: School of Medicine Bookstore

Of the 557 students responding to questions in the Health Sciences Bookstore section of the Survey, 118 made comments responding to the prompt: “Please provide additional comments, complaints or suggestions about the NYU SoM bookstore.” Of these, 12 comments are from the Class of 2006, 46 are from the Class of 2007, 34 are from the Class of 2008, 21 are from the Class of 2009, and 2 comments are from MD/PhD students.

By far the most common theme is the inadequacy of the hours of operation, particularly that the bookstore is closed on the weekend and does not have one day a week that it stays open late. Several students express concern that the prices of the textbooks sold at the bookstore are more expensive than online retailers such as Barnes and Noble and Amazon. Many students recommend that the bookstore give a student discount on new textbooks to make their prices more reasonable. Other students recommend that the bookstore start a used textbook service that will help students by being able to sell back old books and purchase textbooks at a lower cost. A large number of students state that they would like to see a greater selection of NYU SoM paraphernalia (tee-shirts, sweatshirts, hats, etc.). Lastly many students praise the staff for their accessibility, knowledge and helpfulness.

Comments about hours of operation:

➢ 42% of respondents complain about inadequacies of the hours of operations

“Why is the bookstore closed BOTH weekend days? Why not close Monday and give us even 1 weekend day. This would be such a small switch that would make us able to get to the store in time for classes starting and not on our busy weekdays.” (Class of 2006)

“The bookstore's hours are most useful for pre-clinical students; it becomes more difficult to shop at the bookstore during clinical years, as it is only open during the hours we are expected to be in the hospital and not at all on weekends.” (Class of 2007)

Comments about prices at the bookstore:

➢ 23% of respondents complain that the prices of the textbooks sold at the bookstore are too expensive (particularly when compared to prices of online retailers)

“They are not competitive compared to other options and considering that it is OUR bookstore.” (MD/PhD)

Comments about the lack of used textbooks at the bookstore:

➢ 21% of respondents state that they would find it very beneficial if the bookstore started a used textbook service

“It would be tremendously helpful if the bookstore buys and sells used textbooks. As of now, that service is run by students.” (MD/PhD)

Comments about the lack of NYU-SOM paraphernalia:

➢ 15% of respondents report that they would like to see a greater selection of NYU-SOM paraphernalia (tee-shirts, sweatshirts, hats, etc.)
“NYUSoM paraphernalia is fun and I wish I owned more, so I would recommend increasing the inventory of t-shirts and sweat shirts at a price that is pseudo-reasonable.” (Class of 2006)

“The bookstore MUST expand their paraphernalia. I wanted to buy my family a bunch of t-shirts, sweaters, hats, mugs, bumper stickers, pens, etc. and there is not enough selection. There is only one kind of each and if you don't like that one or would like some variety you are out of luck.” (Class of 2009)

Comments about Bookstore Staff Members:

➢ 9% of respondents praise the bookstore staff members

“While the books at the bookstore are a little more expensive than they might be online, I always go to the bookstore because I really like the people there. They are always really nice and helpful and understanding that as a frazzled medical student sometimes it takes me a long time to make a decision and sometimes I barely know what I'm looking for. They are always really knowledgeable and helpful.” (Class of 2008)
Section 14: Diversity

Of the 563 students responding to questions in the Diversity section of the survey, 108 made comments responding to the prompt: “Please provide additional comments, complaints, or suggestions about diversity at NYU SoM here.” Of these, 15 comments were from the Class of 2006, 29 were from the Class of 2007, 39 were from the Class of 2008, 19 were from Class of 2009, and 6 comments were from MD/PhD students.

The large majority of responding students discuss inadequate racial and socioeconomic diversity among students at NYU SoM. A number of students specifically cite the need for changes in the student recruitment and admissions process to enhance diversity among the student body. Other students express disappointment with the change from having a second look weekend exclusively for minority students to a second look weekend for all students. Some students also discuss the need for improved diversity of age and political beliefs among students. Even so, several students report being satisfied with diversity at NYU SoM, particularly racial and cultural diversity among students.

Several students also discuss the lack of underrepresented minorities among preclinical and clinical faculty. Many students mention that improved diversity among faculty is essential to the successful enrollment of a diverse student body. Students also frequently suggest that diversity within the student body and faculty should more closely resemble the patient population served at Bellevue Hospital and the New York City population.

Preclinical students specifically state that too few preclinical lecturers are from underrepresented minority groups. Additionally, several clinical students report racially or religiously insensitive or inappropriate behavior by clinical faculty, and less often by students. Many students praise the student body’s high level of cultural awareness and student-initiated cultural programming.

Comments about racial diversity among faculty and students:

- 53% of respondents discuss the need for improved racial diversity at NYU SoM
- 43% of respondents specifically comment on the need for improved racial diversity among students
- 21% of respondents specifically comment on the need for improved racial diversity among faculty
- 18% of respondents comment that they are satisfied with racial and/or cultural diversity at NYU SoM

“NYUSOM needs to start recruiting a more diverse student body, because its ‘minority representation’ is by far the worst of all of the schools in NYC. Additionally, the school needs to start recruiting a more diverse group of residents, clinicians and basic scientist, which will enhance both the educational and social environment at the school.” (Class of 2007)

“I think that students here celebrate their own diversity through cultural programs etc, which I really enjoy. The lack of African American/Latino students is somewhat disappointing.” (Class of 2006)
Comments about socioeconomic diversity among students:
- 10% of respondents discuss the need for improved socioeconomic diversity among students

“There needs to be more diversity in terms of [socioeconomic status]. I feel that since NYU changed over to the AMCAS system, the students that have been accepted (though of high academic quality) are more homogenous. I think NYU is losing out on having different voices within its student body.” (Class of 2007)

Comments about racially and religiously insensitive or inappropriate behavior:
- 30% of clinical student respondents (Classes of 2006 and 2007) report racially insensitive or inappropriate behavior by faculty or students
- 9% of preclinical student respondents (Classes of 2008 and 2009) report racially insensitive or inappropriate behavior by faculty or students
- 6% of respondents cite religious insensitivity within the academic schedule or by faculty

“There was a huge deal made out of daily Black History Facts sent out my first year and it was shameful how some of the students reacted to the facts. It made me feel disgusted to be a part of this student body.” (Class of 2007)

“Practicing Catholics are a minority at NYU, and although the administration and most students are supportive of Catholics as a group, isolated incidents involving slurs on Catholics’ (and practicing religious in general) intelligence and compatibility with science have occurred.” (Class of 2006)

Comments about cultural awareness among students:
- 13% of respondents make positive comments about student cultural awareness or student-initiated cultural programming

“I do think that students are unbelievably accepting and interested in diversity and learning a lot about other students, and learning that from other students.” (Class of 2008)
Section 15: Women in Medicine

Of the 556 students responding to questions in the Women in Medicine section of the survey, 37 made comments responding to the prompt: “Please provide additional comments, complaints or suggestions about women in medicine at NYU SoM here.” Of these, 5 comments are from the Class of 2006, 10 are from the Class of 2007, 11 are from the Class of 2008, 9 are from the Class of 2009, and 2 comments are from MD/PhD students.

Overall, themes are difficult to discern as many comments contradict each other. Some students feel that women are well-supported at the school while others feel that there is discrimination against women. Some men report discrimination because of their gender.

Students of both genders encounter some discouragement regarding entering certain fields: men in OB/GYN and women in “tough” specialties, including surgery. Although some students feel that there should be more women giving instruction, others comment that the women lecturers should be chosen for their merit rather than their gender.

Many students comment that non-medical staff around the NYU SoM campus have made inappropriate comments based on gender. Several comments describe pre-clinical and clinical faculty acting inappropriately by either favoring or discriminating against female students. Students also feel that there are not enough resources and support for those who are married or have families.

There is disagreement among students about the effectiveness of the Dean’s Committee on Women and other efforts by the Dean’s Office and Administration to provide resources for female students.

General Comments:

- 14% of respondents comment that discrimination against women in medicine is not an issue at NYU SoM.

Comments on discrimination during the clinical years and in career advising:

- 27% of respondents mention being treated differently based on gender, including being discouraged from entering OB/GYN (men) or surgery (women).

“As a female interested in surgery, I have felt wary of the macho male dynamic that seems to underlie many surgical specialties. Upon talking with some professors, they all inevitably express some degree of doubt as to whether a woman can really cut it out in the surgery world - that as a woman, I must contend with balancing family life, etc. It is a little discouraging for that to be the prominent piece of advise they encourage me to consider, rather than a statement of belief that I, like many others, WILL find a workable way to have both a fulfilling career and family life.” (Class of 2008)

Comments on female faculty:

- 11% of respondents comment on women faculty members, evenly split between those who want to see more women faculty represented and those who want to see only qualified faculty teach.

“Lately, I have noticed quite a number of female pathologists giving our lectures. Unfortunately, they have all been exceedingly poor lecturers. Because of this, and the questions in this survey, I
would like to suggest that female professors be chosen by merit and quality of what they can bring to the classroom, rather than be favored over a more qualified male individual just because they would tip the gender ratio to make NYU look more balanced. It's not worth it.” (Class of 2008)

Comments on Resources provided by the Administration:

➢ 22% of respondents comment on advising about women’s issues, evenly split between those who feel that the advising is sufficient and those who feel the advising is inadequate and can even lead to women being discouraged from entering certain fields.

“The mentoring program through the Dean's Committee has been helpful and meaningful.” (Class of 2009)

“Issue w/the women's programs here at the school is that they seem geared towards helping female students figure out whether they can have children and still be a doctor. There has to be other concerns amongst female professionals such as equality in payment, respect, inequality in positions of leadership. Those issues never seem to be addressed. Incident alluded to above is in reference to one student stating that he didn't believe that females should even be physicians.” (Class of 2007)

Comments about Sexual Harassment:

➢ 19% of respondents comment that individuals (staff, construction workers on campus, and even male students) make inappropriate advances and comments towards women.

“I think that there is a culture in NYC (not necessarily at NYUSOM, but in the city at large) that it is an OK behavior to catcall and whistle at women as they walk past. This HAS happened to me while inside the NYU Medical Center. This was not perpetrated by faculty or students, but rather staff of the medical center. This is entirely inappropriate and should be addressed by all managers and bosses. As a female student, I hope to enter the Medical Center each day with the knowledge that I am entering a safe environment where I will not be subjected to the embarrassments and harassments of the streets outside.” (Class of 2008)

“One security officer is very inappropriate with me and often makes unwelcome verbal advances. Some surgeons have overtly shown more favor to male students in front of me and repeatedly ignored me because I was a woman. These same surgeons would make fun of female attendings on a regular basis- saying they were too emotional and not as good as they were in the OR.” (Class of 2007)
Section 16: Student Services

Of the 558 students responding to questions in the Student Services section of the survey, 71 made comments responding to the prompt: “Please provide additional comments, complaints or suggestions about student services.” Of these, 5 comments are from the Class of 2006, 22 are from the Class of 2007, 29 are from the Class of 2008, 12 are from the Class of 2009, and 3 are from MD/PhD students. Student services included in the survey were: Office of Student Affairs, Student Ticket Office, Office of the Registrar, Office of Medical Education, Office of Educational and Media Facilities, Curriculum Committee, Committee on Residential Environment (CORE), and Technology in Undergraduate Medical Education (TUGME) Committee.

Overwhelmingly, students praise the Office of Student Affairs for its commitment to improving student life and being supportive of students and their initiatives. However, students note that email contact with members of the Office of Student Affairs is occasionally difficult and inconsistent. In regards to the Ticket Office, several students request extended hours. Many students comment that the Office of Educational and Media Facilities is an outstanding asset that is dedicated to students; however, some request that printing services in Coles 201 be upgraded, improved, and made more reliable. Further, some students note that email updates from this office are too frequent. While some fourth year students comment that the Office of the Registrar made their experiences with residency application much easier, a few students comment on occasional unpleasant experiences with the staff. Students repeatedly comment on the fact that they do not know that the Office of Medical Education exists or what it does. Many students report that they are unaware of which students are represented on committees such as CORE and TUGME, and that they would like more information about the committees and opportunities to participate.

Comments about the Office of Educational and Media Facilities:
- 10% of respondents comment on excessive emails

“…truly an asset to the School of Medicine for they are truly dedicated to meeting students needs.” (Class of 2007)

“…must stop sending unnecessary emails.” (Class of 2008)

Comments about the Office of Student Affairs:
- 22% of respondents comment on the friendliness of staff and high quality services provided by this office

“The Office of Student Affairs deserves special commendation. They are student-friendly, supportive, and helpful, and are one of the most important resources at the school. They are always enthusiastic and creative.” (Class of 2007)

“The Office of Student Affairs is highly esteemed by the student body, and … prides itself in constantly being there for students, especially in times of need. They go out of their way to get to know many students very well and are extremely willing to go to great lengths to make sure
all students have great opportunities outside of the medical school. This office should serve as a model for others to follow.” (Class of 2007)

Comments about the Office of the Registrar:
- 6% of respondents comment that they find this office to be a well-run and organized department
- 6% of respondents report bad experiences or rude exchanges with members of this office

“…they have been fantastic and so friendly through the whole residency application process” (Class of 2006)

“rude and unprofessional” and “disgrace to NYU staff and community” (Class of 2006)

Comments about the Office of Medical Education:
- 8% of respondents report that they did not know about the functions of this office

Comments about student representation on Curriculum Committee, CORE, and TUGME:
- 10% of respondents state that they feel as though participation on these committees is exclusive and that information from these committees is not being adequately distributed among the student body

“I would like to know more about who is on these committees and wonder if there is a way to insure that a sufficiently diverse amount of perspectives/opinions are contributed.” (Class of 2007)

“Student Reps should provide more information to the student body so that there can be open communication about important issues.” (Class of 2007)
Section 17: Student Health

Of the 549 students responding to questions in the Student Health section of the LCME Survey, 86 students made comments responding to the prompt: “Please provide additional comments, complaints or suggestions about student health and medical insurance here.” Of these, 11 comments are from the Class of 2006, 25 comments are from the Class of 2007, 28 comments are from the Class of 2008, 14 comments are from the Class of 2009, and 8 comments are from MD/PhD students.

A majority of students complain about specific aspects of Student Health Services, including inconvenient hours of operation, lack of confidentiality, and generally inadequate services for students. Many individuals report negative interactions with nurses and physicians at Student Health, which include unprofessional behavior and incorrect diagnoses, while a few students report positive interactions with the staff at Student Health. Several students report poor experiences with Gynecological services at Student Health, with many students noting instances of unprofessionalism, breaches of confidentiality and lack of adequate hours of operation. A few students comment on the lack of confidentiality and inadequacy of resources offered by Mental Health services at Student Health, while a few students report positive experiences with Mental Health services. Many students request that the health insurance offered through NYU SoM be improved, with the majority of comments focusing on the high cost of this insurance. Also, many students believe that NYU SoM should offer dental insurance to students. A number of students comment on the lack of education and support for students regarding needle stick injuries and other occupational hazards.

Comments about Insurance offered by NYU SoM:

- 15% of respondents believe the cost of United Health Insurance is too expensive
- 13% of respondents feel that NYU SoM should provide dental insurance to students or should improve currently offered services
- 5% of respondents complain about the poor customer service offered by United Health Insurance

“$3000 a year is an exorbitant amount of money to pay for health insurance, especially considering the financial package that we are given. That is 1/3 of the total amount of money I have leftover from loans each year on which to SURVIVE. Put a poor, indebted medical student in such a situation, and it becomes very tempting to forgo health insurance altogether just to have some extra cash. That's terrible!” (Class of 2008)

“The lack of dental insurance is the greatest weakness of student health at NYU. Dental checkups are just as important as physical checkups in people our age, and yet I don't go to the dentist because I cannot afford to. The last time I was at the dentist was 4 years ago, on my parents' insurance.” (MD/PhD)

Comments about Student Health Services:
- 15% of respondents feel that Student Health Services are inadequate to meet the needs of students
15% of respondents state that the hours of operation at Student Health Services are too limited
15% of respondents make complaints about the nursing and physician staff at Student Health Services, including comments regarding unprofessional behaviors and incorrect diagnoses
10% of respondents feel that there is a lack of confidentiality at Student Health Services
5% of respondents report positive interactions with the nursing staff at Student Health Services

“The student health office should be open later in the day, perhaps at the cost of opening later in the morning. Students are more available after 6 pm than they are before 9 am. Also, physicians should be available on the weekend.” (Class of 2007)

“Confidentiality is a major problem in the student health office. From the waiting room, it is easy to hear every word spoken in the exam room. Placing a radio in the waiting room is an ineffectual solution to this problem.” (Class of 2008)

Comments about Gynecological Health Services:
19% of respondents make complaints about Gynecological services at Student Health, including comments regarding confidentiality, unprofessionalism and the limitation of hours

“My only complaint is with the Gyn services. I think it is unfair to have a clinical professor doing annual check-ups - if I would have known 1st or 2nd year that she was going to later be my attending on the wards, I never would have gone to her. At least, students should be informed in the beginning of med school that they later will be working on a professional level with her. I felt like during my exam I was still a med student - not a patient.” (Class of 2006)

Comments about Mental Health Services:
5% of respondents make complaints about Mental Health services at Student Health, including comments regarding confidentiality, unprofessionalism and inadequacy of services. However, a few students report positive experiences with the Mental Health staff.

“Mental health services are inadequate and not easily accessible. I would like to see more resources with more than one person available to see the student body.” (Class of 2007)

Comments about Occupational Hazards:
14% of respondents feel there is a lack of education and support for students with needle stick injuries and other occupational hazards

“Despite the fact that an emphasis is placed on occupational exposure by needle sticks or incidents in the OR the clinical faculty is not very supportive of the student in this regard. I have heard if a few OR incidents when students have been stuck and the attending did not even bother to tell the student to scrub out and get to the ER, rather they made the student feel uncomfortable as if they were being weak if they had concerns.” (Class of 2007)
Section 18: Safety and Security

Of the 553 students responding to questions in the Safety and Security section of the survey, 146 made comments responding to the prompt: “Please provide additional comments, complaints or suggestions at Safety and Security here.” Of these, 16 comments are from the Class of 2006, 28 are from the Class of 2007, 54 are from the Class of 2008, 41 are from the Class of 2009, and 7 comments are from MD/PhD students.

The overwhelming majority of responses were negative, with only a few students commenting that security seems adequate. By far the greatest number of comments focus on the lack of security at the residential facilities at NYU SoM, with the majority of comments specifically citing complaints about the guards at Rubin Hall of Residence. These comments include many reports of Rubin guards sleeping, watching TV, reading and using student facilities (such as the Rubin Lounge) rather than checking IDs. A number of students complain about the policy of having to sign in guests at Rubin Hall and suggest implementing the use of guest passes.

Many students believe that overall security at the medical center is inadequate with the majority of complaints regarding the entrances to the medical center, both the main entrance to Tisch Hospital and the 30th Street entrance to the medical school. A common complaint regarding the guards at the main entrance notes the ineffective policy of having guests show “any ID” to enter the premises. Also, a large number of students believe the 30th Street entrance should be re-opened during late hours and weekends. Many of these students recognize the lack of security on 30th Street, but suggest adding 24-hour guards and security cameras at this entrance. A number of students complain about the lack of security at the library, which includes 23 separate reports of theft occurring on the library premises.

Another common theme is the general feeling that the neighborhood surrounding the hospital and residence halls is unsafe. This includes 7 specific instances of assault and harassment of medical students in the surrounding neighborhood. Several students suggest adding better lighting to the streets surrounding the medical center and stationing guards on the streets in front of Bellevue and VA Hospitals. Several students feel that the administration has not acted properly in securing the Medical Center for students and a few students complain about the lack of information disseminated about security issues.

Comments about security at Residence Halls:

➢ 32% of respondents complain about the security guards at Rubin Hall of Residence
➢ 18% of respondents complain about the lack of security within all the residence halls at NYU SoM; many respondents suggest increasing the number of security cameras

“I do not understand how our parent institution, NYU Washington Square Campus, can have such a drastically different Safety/Security Program. Guards do not check IDs, packages are lost, any visitor who appears to be young is allowed into the residences, and if I were to be attacked on the sidewalk outside NYUMC, I doubt a guard would even pay attention since they are always playing video games.” (Class of 2008)

“Security here is so terrible. The library had several thefts. Rubin had a peeping tom. I’ve seen delivery people menuing in Rubin. I have no problem just walking into Greenburg or Skirball without showing ID. The security is just lazy- I’ve seen them playing pool in the Rubin lounge.
I’ve seen them playing online poker in the library. I’ve seen them look at online porn in the library. I’ve heard them lie on their radio that their making a security sweep when they’re goofing off in the lounge or library.” (Class of 2008)

Comments about security at the Medical Center:
- 18% of respondents feel there is a general lack of security in the Medical Center, including a number of comments specifically regarding the library
  - 23 respondents report incidents of theft on the library premises
- 18% of respondents complain about the security guards at the main entrance to Tisch Hospital
- 12% of respondents believe the 30th Street entrance to the medical school should be re-opened during late hours and weekends; students suggest adding 24-hour security guards and security cameras at this entrance
- 5% of respondents believe that security at the Medical Center is adequate, which includes students who praise the security shuttle

“Why do we show our ID’s when we enter NYU medical center? everyone, including terrorists, can have an ID card. There should be a separate entrance for NYU ID card holders and then a separate entrance for visitors/ guests to the hospital. In the visitor line, IDs should be carefully checked and individuals should have a clear reason for entering the medical center. ID’s are also never really checked at the 30th street entrance during the business day.” (Class of 2007)

“The ID cards are not routinely checked when one enters the Rubin residence hall, and it is unbelievably simple to get past the security guards that are posted there. The 30th street entrance to the Medical School is equally unsafe, as students are required to walk down the middle of an active street that has no sidewalk on one side, and on the other side has a sidewalk that runs alongside the entranceway to a city homeless shelter, where convicted criminals and sex offenders should lewd and harassing comments at students.” (Class of 2008)

“I do not know why the 30th St entrance is closed at certain times. This is really annoying. Please tell us why this has to be. Why don't we have a guard posted there so we can enter Rubin whenever we want to?” (Class of 2009)

Comments about security in the neighborhood surrounding the Medical Center:
- 16% of respondents feel the neighborhood surrounding the Medical Center is unsafe; suggestions include adding better lighting to the streets surrounding the Medical Center and stationing guards on the streets in front of Bellevue and VA Hospitals
  - 4 respondents report being assaulted in the neighborhood surrounding the Medical Center
  - 3 respondents report being harassed in the neighborhood surrounding the Medical Center

“The lighting is poor in the NYU SoM neighborhood and I know of at least two friends who have been attacked at night. Nothing was done to increase security. Instead they were made to speak with the Director of Student Affairs and there was no real outcome.” (Class of 2006)
“Walking back from Bellevue or VA after call is the scariest part of living here on 1st ave. I have had to duck into the diner at some points b/c I just didn't feel safe walking the 3 blocks to my apartment. There are some unsavory characters that loiter around the men's shelter.” (Class of 2007)

Comments about administrative response to security issues:

- 8% of respondents feel the administration has not acted properly in securing the Medical Center for students; a few students complain about the lack of dissemination of information regarding security

“Security is extremely unresponsive to students at NYU. Several security breaches were not reported by the school to students, and after one particular incident where an intruder in the dorm was taking pictures of a female student in a bathroom stall, the school did not address the issue in a public way, which made students feel very unsafe.” (Class of 2007)

“…On a higher level, the administration of security is even worse (and is at fault for the poor service provided by the guards). After robberies in the library and in Rubin Hall, security has not alerted the student body to what has happened, nor have they taken any distinct actions (as far as I know, since they seem to operate under the belief that they are the CIA and must keep things classified). This results in an environment where the only way to find out what has happened is through hearsay and rumors--people do not feel safe…” (Class of 2009)
Section 19: Housing

Of the 461 students responding to questions in the Housing section of the survey, 151 made comments responding to the prompt: “Please provide additional comments, complaints, or suggestions about housing.” Of these, 21 comments are from the Class of 2006, 66 are from the Class of 2007, 70 are from the Class of 2008, 33 are from the Class of 2009, and 15 comments are from MD/PhD students.

As a general rule, the comments are overwhelmingly negative. Among the common concerns are: (1) poor conditions in Rubin Hall; (2) inadequate responses to maintenance requests; (3) lack of available housing in Greenberg and Skirball Halls; (4) lack of available couples housing; and (5) poor interactions with the staff of the housing and real estate offices. Students of all classes comment that they are unhappy with the practice of reserving apartments in Greenberg and Skirball Halls for non-medical student hospital personnel. Many students also comment about the lack of available housing and argue that it is time for the school to acquire more apartment-style housing for its students while also phasing out the use of Rubin Hall. Students have a general feeling of being second-class citizens with few other options beyond living in Rubin Hall due to the prohibitive cost of living off campus. Students likened Rubin Hall to a “slum,” “an embarrassment,” and “a prison” that most students feel is unacceptable for student housing and feel that it should be renovated or torn down. Students also voice many complaints about the Housing and Real Estate offices and their respective staffs. There is a general feeling of unresponsiveness and uncaring about student needs.

Comments about Rubin Hall
(percentages based on the 101 students who specifically commented on Rubin Hall):
- 67% of respondents argue that Rubin is unacceptable medical student housing
- 43% of respondents note that the bathrooms are unclean and do not function properly
- 35% of respondents feel that the heating is on and off at inappropriate times
- 33% of respondents argue that Rubin needs to be renovated or rebuilt
- 29% of respondents complain of maintenance requests going unanswered
- 22% of respondents feel that Rubin is generally unsanitary, with bugs and cockroaches
- 8% of respondents complain of noise associated with Smilow construction
- 6% of respondents feel that Rubin is overpriced for its quality
- 5% of respondents complain of poor upkeep and quality of the kitchens
- 5% of respondents complain of lax security practices at Rubin Hall

“…Rubin hall is a mess. It's falling apart. None of the utilities work properly. The hot water is shut off regularly. Frequently when I turn on the faucet the water is dark brown. The heat is on when it's warm outside and off when it's cold. The residents have no control of the heat. It is infested with vermin. The toilets back up for no reason…The shower drains clog regularly…Furthermore, the maintenance in Rubin hall is non-existent. I waited from August, when I moved in, to June, when I moved out, for a shower on my hall to be repaired. It never was. Maintenance requests are ignored. Two rooms on my floor have been broken into from the outside. Housing personnel enters people's rooms without knocking…Essentially, the NYU housing department…are taking advantage of students who cannot afford New York City housing and are forced to live in their joke of a building.” (Class of 2008)
“Housing at this school is an embarrassment. Rubin Hall has reached the point where it should be condemned. It is in a horrendous state of disrepair. There is a rodent problem in the basement in the laundry room. The heat is often turned off, even in the coldest of days. Toilets and urinals overflow for days at a time without any attempt at rectifying the problem by the housing office…There is no one to speak to in the housing offices in regards to this problem. The only avenue we have to address this when it occurs is to call the facilities office that sometimes takes care of it. It seems that the housing offices are often unaware of these problems though, or don't care.” (Class of 2008)

Comments about Greenberg Hall
(percentages based on the 26 students who specifically commented on Greenberg Hall):
- 58% of respondents write of a lack of availability in Greenberg Hall
- 27% of respondents write of poor quality including vermin and a need for renovation
- 23% of respondents write that it is an improvement over Rubin Hall
- 19% of respondents feel that Greenberg is good quality housing
- 15% of respondents argue that the rent is too high per square footage
- 8% of respondents comment that there is a lack of communication between the housing office and the superintendent, but that he is popular with the tenants

“The only halfway decent housing available to a small number of medical students is Greenberg and even that is not completely available to students. There are nurses, faculty, patient’s families, etc living in the building.” (Class of 2009)

Comments about Skirball Residential tower
(percentages based on the 15 students who specifically commented on Skirball):
- 93% of respondents write that not enough Skirball apartments are available to medical students and too many are reserved for residents, fellows, attendings, etc.

“I think more housing within Skirball should be made available to MD students. I have a hard time with the fact that nurses and physicians live there and MD students have limited opportunity to. I don't think it is acceptable that MD/PhD students get preference in Skirball.” (Class of 2006)

Comments about Couples Housing
((percentages based on the 8 students who specifically commented on couples housing):
- 50% of respondents argue that studios are not suitable for couples housing
- 38% of respondents feel there is a lack of information about couples housing
- 25% of respondents feel there is a lack of availability

“The married student housing is terrible. It is ridiculous that married student housing consists of studios while one bedrooms are reserved for two students living together. I don't know of any other medical school in New York where married students are living in studios and the conditions in Rubin hall are just unacceptable. The clear message I hear is that NYU med does not care about married students.” (Class of 2008)
Housing and Real Estate Offices
(percentages based on the 49 students who specifically commented on these offices):

- 37% of respondents argue that there is a lack of student housing
- 35% of respondents write that these offices are unresponsive to student requests
- 24% of respondents comment on the lack of dissemination of information about practices and policies, including off-campus housing
- 16% of respondents write about the inflexibility of the apartment moving schedule despite student difficulties
- 10% of respondents comment on the perceived rudeness of office staff
- 6% of respondents feel that deposits are due to housing too early for the following year

“I think that the Housing and Real Estate departments don't treat students as residents or tenants, but rather as 2nd class citizens. They rarely answer student emails or requests, but rather dump them on the Director of Student Affairs to mediate. Rubin Hall requests for maintenance are not responded to in a timely manner and residents are never notified prior to the work that someone will be entering their room while they are gone.” (Class of 2008)

“There is an unbelievable lack of housing at NYU. While other schools own buildings and offer subsidized housing (well under the price of Greenberg apartments) to all students, at NYU you have get extremely lucky to escape Rubin Hall (which is really an embarrassment) if you wish to stay in NYU housing. The fact that I'm going to have to go further into debt in order to be a third year and not live in Rubin Hall is really a problem that I think the school should address.” (Class of 2008)
Section 19a: Housing, Off-campus housing responses

Of the 179 students who responded that they have lived off-campus in the Demographics section of the survey, 64 students responded to the prompt about why they chose to live off campus. Of these, 12 comments are from the Class of 2006, 20 are from the Class of 2007, 18 are from the Class of 2008, 12 are from the Class of 2009, and 2 are from MD/PhD students.

The major trends in these responses include dissatisfaction with the lack of couples housing, lack of available housing in Greenberg or Skirball, and the poor quality of NYU SoM housing. Other students report that they live off-campus because they live with a significant other, but are not married (and therefore ineligible for couples housing), that they have family reasons for living off-campus or that they find living on campus to be too expensive. There does not appear to be any variations in reasons for living off campus between the different classes.

Reasons for living off campus (percentages are based on the 64 students who responded to this prompt):

- 39% of respondents felt there is a lack of couples housing
- 27% of respondents live off campus because of the poor quality of NYU housing
- 23% of respondents had alternative housing arrangements
- 14% of respondents reside with their family

“Options for married couples were virtually non-existent…” (Class of 2009)
Section 20: Student Council

Of the 554 students responding to questions in the Student Council section of the Survey, 74 students made comments responding to the prompt: “Please provide additional comments about Student Council here.” Of these, 13 comments are from the Class of 2006, 20 are from the Class of 2007, 23 are from the Class of 2008, 15 are from the Class of 2009, and 3 comments are from MD/PhD students.

A large number of students comment on the positive contribution that Student Council makes within the school. Many individuals request that Student Council spend less money on parties with more funding used for non-alcoholic events and educational equipment, such as physical diagnosis equipment. Several students express concern that Student Council can be irresponsible by abusing both power and/or funding. Students also comment on the perception that Student Council is a small group that makes decisions and changes that are often not in line with the majority of the student body. Several students also state a need for increased transparency in Student Council.

Comments about Student Council overall:
- 45% of respondents feel that Student Council does a good job overall, and contributes positively to the school
- 18% of respondents state that Student Council can be irresponsible, and abusive of its power and/or funds

“Student council has been great in addressing the needs of the students, whether they succeed or not, I am satisfied as they have worked hard for the students here and to enhance quality of life.” (Class of 2007)

“At least in our 2nd year, there were talks of Student Council using funds inappropriately, ie going out to fancy restaurants every meeting, buying personal gifts for themselves. It might be a rumor, but rumors would not start if there was transparency of the Student Council’s regular meetings and doings.” (Class of 2006)

Comments on Funding by Student Council:
- 28% of respondents believe less money should be spent on parties, and more should be spent on other areas such as educational equipment and non-alcoholic events

“I do not appreciate the fact that a great portion of expenses goes to entertainment (clubs, partying, drinking) as opposed to spending on more useful items (stethoscopes, otoscopes etc).” (Class of 2007)

“Maybe more funds could be used for educational purposes, like sponsoring trips to exhibitions or providing PD equipment, like stethoscopes to all students. While I don’t participate in the post-exam parties, I know many classmates find great pleasure in them. I wonder if there couldn’t be more non-post-exam-type social gatherings, like the apple-picking event in fall.” (Class of 2009)
Comments about Transparency in Student Council:

- 14% of respondents state that Student Council makes decisions/changes that are often not in line with the majority of the student body
- 14% of respondents state that there is a need for increased transparency in Student Council

“Generally they do a good job but it is truly annoying how they change how things work w/out any heads up to the class until we hear about it as a “new policy.” I think they get tunnel-vision in their roles and forget they are representing everyone else.” (Class of 2007)

“…could do a better job in notifying students what they actually do by updating their website and bulletin board and increasing communication…” (Class of 2008)

“Student council does commendable work. I just wish there it was mandatory to provide more opportunities for non members to hear about what goes on (i.e. josh notes last year) and to constructively criticize SC.” (Class of 2008)
Section 21: Eating Facilities

Of the 554 students responding to questions in the Eating Facilities section of the survey, 144 made comments responding to the prompt: “Please provide additional comments, complaints or suggestions about the Eating Facilities at NYU SoM here.” Of these, 17 comments are from the Class of 2006, 41 are from the Class of 2007, 44 are from the Class of 2008, 33 are from the Class of 2009, and 2 comments are from MD/PhD students.

An overwhelming majority of students express overall dissatisfaction with the Eating Facilities at NYU SoM. The majority of the comments regarding the Tisch Hospital Cafeteria focus on the poor quality and high price of the food. Many students report a lack of variety in the food choices offered at Tisch, including complaints about the lack of Kosher food options and healthy meal choices. A number of students comment on the poor ambience at the Tisch Cafeteria, citing broken tables and chairs and an overall unclean environment. Almost all of the comments regarding the Bellevue Hospital Cafeteria are positive, with many students reporting that the quality and price of food is superior to that offered at Tisch.

The majority of the comments regarding the Student Cafeteria focus on the poor quality and high price of the food. Many students report a lack of variety in the food choices offered at the Student Cafeteria, with many students specifically cite the need for adequate Kosher food options. A number of students complain about the need for longer hours at the Student Cafeteria and a better environment, citing problems with broken equipment, lack of cleanliness and rude staff. Regarding the overall quality of Eating Facilities at NYU SoM many students believe that both outside Eating Facilities and food at other hospitals are higher in quality and/or better priced than at NYU SoM. A number of students suggest offering discounts or subsidies for NYU SoM Eating Facilities to faculty and students.

Comments about the Tisch Hospital Cafeteria:

- 25% of respondents feel the quality of food at the Tisch Cafeteria is poor; this includes comments about small portion size
- 22% of respondents believe the price of food at Tisch Cafeteria is too high
- 13% of respondents report a lack of variety in the food choices at Tisch Cafeteria, including lack of Kosher food choices and lack of healthy meal choices
- 9% of respondents comment on the poor ambience at the Tisch Cafeteria, including tables and chairs in disrepair and an overall unclean environment

“The NYU cafeteria has horrendous, expensive food. There should at least be a student discount. Instead, you spend just as much money as you would at an outside establishment for poor quality food.” (Class of 2007)

“I think the quality of the food in the cafeteria is extremely poor. You can get cheaper and better food at local establishments. The cafeteria has a dingy appearance and looks unhealthy to eat in. The choices of food options are unusual at times. The school should explore other food contracts. The school should provide stations for the consumers: carving station, pasta station, asian station, etc. No one eats in the cafeteria so that should convey how terrible the options are.” (Class of 2008)
“Tisch cafeteria is an embarrassment to the entire University and hospital system. The food is average, but the cost is way too high -- as a student I felt like I was being robbed, and if a loved one was in the hospital I would be disgusted spending so much money for bad food.” (Class of 2006)

Comments about the Bellevue Hospital Cafeteria:
- 17% of respondents feel the food at the Bellevue Cafeteria is of better quality and/or is priced better than Tisch Cafeteria

“The Bellevue Cafeteria is amazing--great food, selection, quality at a reasonable price. The Tisch and Student Cafeterias should use Bellevue as an example.” (Class of 2008)

“The only cafe I really eat at is the Bellevue cafe. Tisch cafe needs to be shut down because it is horrendous.” (Class of 2007)

Comments about the Student Cafeteria:
- 41% of respondents feel the price of food at the Student Cafeteria is too expensive
- 35% of respondents feel the quality of food at the Student Cafeteria is poor
- 14% of respondents believe the Student Cafeteria needs longer hours
- 12% of respondents report a lack of variety in the food choices at the Student Cafeteria
- 8% of respondents comment on the poor ambiance at the Student Cafeteria, including tables and chairs in disrepair, an overall unclean environment and rude staff members
- 6% of respondents feel there is a lack of Kosher food options and/or the available options are unappetizing

“If the student cafeteria is the STUDENT cafeteria why doesn't it conform to our hours? I think medical students would accept a smaller effort for breakfast (no hot food, just coffee, muffins, etc), if that would mean that there would be something open for students in the evenings.” (Class of 2009)

“When I used to live in Rubin, I used to eat from cafeteria often. They are horrible. Same food all the time, expensive, and the student cafeteria closes so early and never opens on time. And the variety of food is so limited.” (Class of 2007)

Comments about overall Eating Facilities at NYU SoM:
- 9% of respondents feel that outside eating facilities are cheaper and/or a better value than NYU SoM Eating Facilities
- 8% of respondents believe there should be discounts/subsidies at NYU SoM Eating Facilities for faculty and students
- 8% of respondents feel the food at other hospitals is better and/or cheaper than that offered at NYU SoM Eating Facilities
- 5% of respondents report that they no longer eat at NYU SoM Eating Facilities due to poor quality

“NYU is the only hospital I know where students/staff do not receive a discount. In fact, most other medical students/residents I know receive vouchers for free dinner when they are on call. I
feel that for the quality of food, both the student cafeteria and tisch cafeteria is grossly overpriced, and quite frankly is unacceptable because we are students, paying a lot of money for tuition and we should not have to shell out $10 for a lunch when we are on rotations and eating poor quality food in the cafeteria.” (Class of 2007)

“The food is very overpriced in the Tisch cafeteria compared to other hospital cafeterias I have seen. Other hospitals (including Lenox Hill for example) give discounts to house staff . . . can we do that too?” (Class of 2006)
Section 22: Recreational Facilities

Of the 554 students responding to questions in the Recreational Facilities section of the survey, 104 made comments responding to the prompt: “Please provide additional comments, complaints, or suggestions about recreational facilities at the School of Medicine campus here.” Of these, 13 comments are from the Class of 2006, 19 are from the Class of 2007, 35 are from the Class of 2008, 33 are from the Class of 2009, and 4 comments are from MD/PhD students. Although students had the ability to comment on four separate entities (Rubin Gym, Basketball Court, Greenberg Courtyard, and Rubin Lounge), most comments were directed toward the Rubin Gym.

Many students feel that the gym is unacceptable on many fronts, including the size and aesthetics of the gym (too small/not aesthetically pleasing), the poor coverage by the maintenance/janitorial staff, the broken machinery that takes too long to fix and makes the gym unsafe, the poor water supply, the problems caused by staff access to the gym (and therefore Rubin dormitory) and the lack of adequate ventilation.

Comments about Rubin Gym:
- 29% of respondents complain that the gym is inadequate and/or too small
- 24% of respondents specifically mention that the gym contains broken or shoddy equipment
- 11% of respondents have concerns about the safety and security of the gym

“All efforts to improve Rubin Gym just don’t work. The basement floods, there is often inadequate ventilation, and the cleaning people don’t clean (they just watch TV), there is usually no water, and the machines are often broken. NYU should invest in the well-being of their own students and provide an adequate gym.” (Class of 2007)

“The Rubin Gym is disgusting. I use it because it’s (1) cheap and (2) always open. It’s great that it’s always open. Here is what needs to be improved:
1. the equipment. It’s old, some of it is wobbly, some of it is rusty. I like that the aerobic machines can measure your heart rate. But they are old and dusty.
2. the space. It’s pretty unacceptable. The mirrors are cracked, the pipes are dusty… not an environment that encourages students to exercise. It’s also way too small. I feel more people (residents, staff, students alike) would use it if it were more attractive looking. The gym really needs more of everything, especially aerobic equipment (ellipticals, treadmills, cycling, rowing, stair-masters). At the very least, it needs a paint job, better flooring, a good cleaning, and better equipment”. (Class of 2009)

Comments about Rubin Lounge:
- 9% of respondents comment that they enjoy the lounge
- 6% of respondents comment on the televisions in the lounge (need working remotes, more TV’s)

“Rubin lounge is very impressive” (Class of 2007)

“The Rubin lounge is great. I really can’t think of much that can be done to improve it” (Class of 2009)

Comments about Greenberg Courtyard:
- 6% of all respondents comment that it is too difficult to plan events (i.e. BBQ’s in the courtyard)
- 5% of all respondents wish to see an aesthetic improvement to the Greenberg Courtyard

“Satisfaction of Greenberg Ct yard was much higher before all events had to be planned with the Mgmt office because they’re unhelpful and disrespectful of students” (Class of 2006)

“The Greenberg courtyard could be a great space. Oftentimes it’s a mess. A little gardening (flowers, shrubs) would make it look great! Also, new bbq policy is disappointing. Have to sign up in advance, etc.” (Class of 2006)

Comments about Rubin Basketball Court:
- 9% of respondents comment that the space next to the basketball court is underutilized

“There is much wasted space next to the basketball court on the roof of the Dean’s offices (the space covered with stones). It could be used for an outdoor patio/deck, or another fenced-in court (for basketball, soccer, etc.)” (Class of 2009)

“The old basketball court location was better from a security and entertainment perspective. The old court was monitored by a guard…The new court is much more isolated, next to the homeless shelter, may or may not be monitored by a guard watching a camera (may be broken). Also the social scene of barbeques and other events no longer occurs at the new location”. (MD/PhD)
Section 23: NYU Main Campus Facilities

Of the 673 respondents to the Main Campus questions, 87 students submitted comments in response to the prompt: “Please provide additional comments, complaints or suggestions about the NYU Main Campus facilities or transportation to Main Campus here.” Of these, 8 comments are from the Class of 2006, 25 are from the Class of 2007, 31 are from the Class of 2008, 17 are from the Class of 2009 and 6 are from MD/PhD students.

Comments most often focus on shuttle transportation from the medical campus to the main campus, sighting a need for increased frequency, considerable improvement in reliability and better communication of the schedule. Other comments focus on the main campus itself.

Comments about shuttle reliability
- 24% of respondents complain of the unreliability of the shuttle schedule, as it either departs early, very late or never arrives for service at all
- 5% of respondents cite incidents where the bus did not stop at scheduled pick-ups along its route

“The schedule for the bus should be followed - they leave from the downtown campus at random times. Follow the schedule please.” (Class of 2008)

“The NYU shuttles are excellent except when you try to get them at a stop that is not the Med Center or Broadway stop. The drivers frequently drive by the 14th Street and 10th Street stops without stopping for students. Also when they do stop they often get to the stop 5 minutes early and I have found that I am on time according the schedule but I have missed the bus. This is very inconvenient.” (Class of 2008)

Comments about shuttle frequency
- 16% of respondents want the shuttle to run more frequently, including earlier runs in the morning, later runs in the evening and more frequent runs during the summer and on main campus breaks when medical students are still in session

“There have been a few occasions where the bus does not show up for its scheduled route. Also, vacation times for the downtown campus are not vacation times for many NYU Med students, but bus service is either extremely limited or non-existent. Better transportation during those times of year would be beneficial.” (Class of 2007)

“More frequent transport to the main campus would be nice!” (Class of 2007)

Comments about shuttle information
- 10% of respondents complain of poor communication and advertising of schedules. Suggestions include posting schedules in Skirball Lobby, and improving the efficiency of online and paper-postings

“The shuttle is a great resource but the problem is the schedule- it is hard to figure out and they often make changes which we don’t find out about up at the med center.” (Class of 2006)
“It would be nice to have the shuttle schedule available somewhere in Skirball lobby.” (Class of 2007)

**Other comments about the shuttle**

- 10% of respondents rate the shuttle service “great,” “good,” or “fairly reliable”

“Trolley service and schedules are great. Undergrad campus facilities are great resource to students in my opinion.” (Class of 2006)

“The shuttle service is really useful.” (Class of 2009)

**Comments about Palladium**

- 5% of respondents rate Palladium as “good” or “great”
- 5% of respondents report that Palladium is too crowded

“The palladium is a great gym, and if it weren't so far away I would go much more often” (Class of 2007)

“I use the Palladium whenever I can get down there. My only complaint is that it is almost always very crowded.” (Class of 2007)

**Main Campus general comments**

- 8% of respondents complain about how far the main campus is from the medical campus

“It is difficult to take advantage of the facilities downtown because they are so far from campus.” (Class of 2007)

“It is time consuming to get down there so i rarely go unless i have free time. But when I do go it is good.” (Class of 2006)
Section 24: Student Experiences

Of the 538 students responding to questions in the Student Experience section of the survey, 108 made comments explaining affirmative responses to any of the four following survey questions:

1. If you have experienced harassment or discrimination, what form did it take?
2. Have any of the following persons shouted, yelled at, or humiliated you?
3. Have any of the following persons assigned you tasks, work, or responsibilities for purposes other than your education?
4. Have any of the following persons taken inappropriate credit, in whole or in part, for work you have done (e.g. papers, projects, clinical work or research)?

Of these, 37 comments are from the Class of 2006, 44 are from the Class of 2007, 15 are from the Class of 2008, 7 are from the Class of 2009, and 5 comments are from MD/PhD students. As these incidents are relatively rare, the responses are divided by question with specific numbers of responses reported rather than percentages.

Comments on harassment and discrimination (question 24-1)

25 students discuss incidents involving discrimination including racism, sexism and favoritism. These responses are divided into 5 pre-clinical students and 20 clinical students. Among pre-clinical students, the discrimination and harassment takes the form of jokes and slurs by other students and faculty. Among clinical students, the comments involve examples of favoritism toward female students by male faculty members and examples of offensive jokes or slurs made by faculty members. Students explain that harassing comments are sometimes made in the Operating Room and that other medical center employees such as security guards and construction workers in the cafeteria are responsible for other harassing comments.

Representative comments:

“During third year I have had attendings on surgery show overt favoritism to male students/interns over female ones. This was not the norm, but it did occur.” (Class of 2007)

“I have heard a number of slurs/jokes with regard to the ethnic backgrounds of patients (particularly those from the Middle East and Asia) by a number of residents and students and one faculty member. I have also heard offensive slurs about homosexuality from a resident and an attending.” (Class of 2007)

“I have been stereotyped by other students when they make jokes about my race or gender.” (Class of 2008)

Comments on shouting, yelling, and humiliation (question 24-2)

61 students discuss incidents involving shouting, yelling and other means of humiliation. These responses are divided into 18 pre-clinical students and 43 clinical students. Among pre-clinical students, 3 students cite instances of yelling and/or shouting and 5 discuss
cases of humiliation. 2 of these students cite problems with small group leaders publicly demeaning students and discouraging further participation. 4 students cite specific instances of yelling, shouting and/or humiliation involving pre-clinical faculty and administration. Among the clinical students responding, incidents most frequently occur in Surgery and Obstetrics and Gynecology.

Representative Comments:

“You've got to be kidding about the shouting/humiliation. Everyone here has felt singled out for not knowing something in class or lab or on rounds. It's baseline.” (Class of 2006)

“On the second day of my surgery rotation, I was yelled at and humiliated by an intern who was upset that I did not know how to change a dressing and asked for her help. Specifically, I was call ‘incompetent,’ and when I asked if I could watch her change the dressing so I new how in the future, I was told ‘No, I would just get in the way.’” (Class of 2007)

“An anatomy professor called me stupid in front of all my classmates. I will never forget it. I couldn't find a particular artery, and he finally got frustrated and said, ‘what are you, stupid?’” (Class of 2008)

Comments on tasks, work, or responsibilities for purposes other than your education (question 24-3)

More students comment on the assignment of tasks, work, or responsibilities for purposes other than the student’s education than the other three questions from this section. 50 students specifically cite being assigned so-called “scut work,” which ranges from running errands to transporting patients to ordering or picking up dinner for residents or other team members. The majority of these responses specify residents as the people who assign this work. Along the same lines, several students also mention being kept in the hospital when there was no work to be done. The comments describe incidents which occur most frequently during the Surgery and obstetrics/gynecology clerkships.

Representative Comments:

“Needless to say, there are occasions during which house staff request students to perform tasks of indirect or little educational value. However, in my case, I am pleased to report that this has been infrequent and neither offensive or overly burdensome.” (Class of 2007)

“I have had residents ask me to get lunch for them or transport a patient that is not assigned to me. At times I am happy to help them out if they are very busy, but other times it seems inappropriate.” (Class of 2006)

“I have been held hours late in a hospital with poor study space for no other reason than because I was low on the totem pole and shouldn't get to go home while residents work. This is all most egregious, indeed par for course on Internal Medicine.” (Class of 2006)
“What was worse than that was the fact that they would make us stay late when we were of no use anymore, so we'd sit around bored, without any clinical responsibilities or productive work to do, but too tired to concentrate on studying.” (Class of 2006)

Comments on persons taking inappropriate credit for work the student has done (question 42-4)

8 students report incidents of persons taking inappropriate credit, in whole or in part, for work they have done (e.g. papers, projects, clinical work or research). These situations most often involve clinical faculty, including both residents and attendings. 1 student cites an incident of other students trying to take credit for his/her work and suggests that such issues be addressed within the Professionalism Committee.

“During one clerkship I was under the direct supervision of an attending (no residents on this ward), who left me to do the major workup for each of our admissions and would often not even meet the patient in person (but routinely sign off on my H&Ps as if they were her own, without verifying any of the information). She would then take full credit for the workup and data gathering during rounds the next morning.” (Class of 2006)

“One of my surgical residents took credit on rounds with the attending for talking through the translator phone to get info regarding a patient, when in reality I was the one who spent 45 mins on the phone with the interpreter and the patient, and then relayed that info to my resident. He took all of the credit however.” (Class of 2007)
Section 24b: Overall Student Experiences

The comments in this section reflect students’ overall thoughts about their experiences at NYU School of Medicine—they were written at the end of a long survey and allowed students to summarize their concerns. The comments are additions to earlier quotes in specific sections (such as housing or student services), so these quotes represent the areas at NYU SoM that students feel most strongly about.

Overall, students provide comments totaling 18 single-spaced pages in response to the question “Please provide additional comments, complaints or suggestions about your overall experience at NYU SoM or any other comments not provided elsewhere in the survey here.” However, because responses are not focused on a particular topic, the analysis below does not include either number or percent of responses.

In sum, the Housing/Facilities section appears most frequently in these responses, followed by Clinical Experiences and Curriculum/Academics. Students differ greatly in their responses. Many praise various aspects of NYU SoM, but many more have complaints or suggestions about how the school could be improved.

Clinical Experiences

A number of students comment on Clinical Education at NYU SoM, with many of them praising their clinical experiences and citing Bellevue specifically. Other remarks discuss problems that students encounter during their clinical experiences or are suggestions for improvement. The general feeling is that the clinical years are not well organized and students are not learning as much as they could from their clinical experiences. Suggestions to accomplish these improvements include increasing personalization to each individual student through use of small groups and mentors, clarifying the role of the clinical student during orientation, and increasing the clinical responsibilities given to students.

Several students write about the evaluation/grading system for the clinical years. The general feeling is that the grading system is arbitrary and inconsistent. Other students believe that additional learning could result if additional teaching and grading methods were utilized. Overall, students want an evaluation system that is more consistent and more representative of their work on each rotation.

“The quality of our medical education during clinical years dependents greatly, if not exclusively, on the quality of the residents to which we're assigned. If we get a great resident who cares about teaching and does not abuse or ignore medical students, then we have a great time and learning experience; if we're unlucky and get an abusive resident who ignores or scuts us out, then we suffer and learn nothing. Given that our experience depends so much on the residents, it is unfortunate that students have no input into the selection of residents accepted to NYU. At the very least, it should be impressed upon program/residency directors the importance of the desire and ability to teach and interact with medical students in the residents they choose for their program.” (MD/PhD)

“I think that evaluations for 3rd year clerkships from attendings were inconsistent. Some attending are required to grade students, but don't even know them. Also some attending
comments are one sentence long. If an attending doesn't feel that he/she can adequately evaluate a student then they should have not part in the grade.” (Class of 2006)

Curriculum/Academics

Many students comment on First and Second Year Academics. Comments vary greatly, but the general feeling is that improvements are necessary in the content, organization, and teaching faculty of the Pre-Clinical Curriculum.

Some students comment on the topics covered in the pre-clinical years. These students feel that certain topics that are important in clinical medicine are not adequately covered in the pre-clinical years. Other students feel that the information in lectures should be of better and more uniform quality and that courses should be better organized. A few students suggest lectures be videotaped and posted online. Others make specific suggestions about how to improve specific components of modules such as MGB, Physiology, and Pathology.

Several students comment on the use of conferences and small group sessions during the first two years of medical school. Students feel that small group conferences are beneficial and that additional conferences would be helpful.

Many students praise the pre-clinical faculty for their dedication and their teaching abilities. However, a small group of students argue that the student body as a whole is unable to compel changes when professors consistently receive poor ratings.

Several students make suggestions regarding the pre-clinical academics. Some believe that a cohesive course schedule is needed for first year students and that it should be given before each semester. Another suggests that all lecture slides be available before the lectures so that students can always have an updated set of slides to bring to lecture. Students generally feel that the pass/fail system of the school is excellent and that it helps create a low stress environment for learning.

“Much of the pre-clinical course material was never relevant to clinical medicine. I feel like I should have spent more time learning about pharmacology, radiology, and physiology than detailed histology, anatomy, and biochemistry. Medicine is changing so rapidly, and you only have so much time in med school. It is a waste of time to be learning every single nerve in the head and neck, despite how dedicated and excellent the anatomy faculty might be.” (Class of 2006)

Housing/Facilities

Student comments about housing generally focus on the fact that there is not enough affordable, high-quality housing available to students. They argue that Rubin Hall is not an attractive or enjoyable place to live. Several students believe that more students would choose to come to NYU if the housing options were more appealing or if apartment-style housing were more readily available. Students feel strongly that improvement can and should be made to the housing available at NYU SoM.

Student comments reflect general discontent with many of the older facilities and the overall appearance of many areas of NYU SoM. The ground floor of the Schwartz and Medical Sciences Buildings is most often cited as needing improvement. Students feel that this
area especially is cluttered, crowded, and dirty. Several students specifically note the lack of study spaces for students.

“Greenberg studio apartments and Skirball apartments are very nice accommodations, but they are very rare. Thus, students who are willing to pay whatever is necessary to avoid the grime of Rubin or the crowding of Greenberg 3-bedrooms still cannot find on-campus housing.” (MD/PhD)

“The ground floor of the school of medicine, such as the corridor along the student activities boards and leading to student cafeteria and then to the Dean's office, needs to look better. Too often there is shipping packages and crates parked right in front of the elevators and library entrance. This makes the school look like a dump.” (Class of 2008)

Financial Aid

Student comments about Financial Aid emphasize the need for improvement in amount of aid given, especially through scholarships and the need for improved accessibility of the Financial Aid Office staff members. Students feel that they are not well informed about financial aid and that the Financial Aid Office does not adequately provide necessary or helpful information regarding loan consolidation and repayment planning, expense budgeting, scholarship/grant searching, etc. Suggestions include providing detailed information sessions regarding loans and financial aid that should be available to all students in addition to yearly, personalized budgeting sessions for individual students that could help them to minimize loans and effectively manage debt.

Information Technology

Student comments about Information Technology (IT) at NYU SoM are generally non-specific, simply stating that the IT department must be improved. Some students describe IT as unreliable and unresponsive. A number of students comment that the student survey had bugs and frequently logged them off as they were trying to complete the survey.

Administration

Comments about the Administration at NYU SoM are also generally vague, focusing on an overall sense that the Dean’s Office should be more active in fostering a continually high-quality education throughout the four years of medical school. While some students praise the Administration for their efforts to improve NYU SoM in all areas, other students argue that communication needs to be improved between the students and the Administration.

“I also think that NYU students learn to go at it alone somewhat - we run our own housing lotteries, clerkship lotteries, we teach each other about loan consolidation and the unspoken rules of the residency application process. Life would have been a bit easier if the administration helped us out a bit more with these things.” (Class of 2006)
Mentorship/Advising, including Master Scholars and the Professionalism Curriculum

Students comment that academic advising is sorely lacking and that better mentors are needed to assist in career decisions, preparation for application to a residency, and choosing a residency. In addition, student comments about the Master Scholars program reflect a lack of clarity about the purpose of the program. Several of these students argue that Master Scholars is not very beneficial to students and should be modified to provide better mentoring and advising throughout the four years.

Comments about the Professionalism Curriculum focus specifically on the Professionalism Portfolio, with most students arguing that the portfolio should either be dramatically reformatted or eliminated to allow for enhanced teaching of professionalism at NYU SoM.

“One important aspect that I found lacking in the first three years of medical school was the lack of mentorship. Especially during 2nd and 3rd year, I think it is important to have someone talk with you about your career goals and what you should be doing/thinking about in terms of planning for the future…” (Class of 2006)

Diversity

Student comments about diversity at NYU SoM are primarily negative. Many students argue that the school needs to focus on efforts to improve diversity in the following areas: race (of both students and faculty), gender, student age, geographical origin, and political perspectives.

Student Affairs

Several comments emphasize the positive impact of the student services, particularly Student Affairs, at NYU SoM:

“[The director of the Office of Student Affairs] and his team do a great job in fostering community (along with Student Council).” (Class of 2006)

Cafeteria

Students request improved cost and quality of food offered to the students at Tisch Hospital cafeteria and the student cafeteria.

“Please, if anything can be done to improve the quality of the food! Do it! Only the pizza is edible and that is hardly healthy for medical students…” (Class of 2009)

Recreational Facilities

Students note that the Rubin Hall gym is not adequate for medical students and staff and must be improved to meet student needs.
“The Rubin gym is not a sufficient facility. In fact, the ceiling is so low that many students cannot stand erect on the treadmills.” (MD/PhD)

Overall Positive Comments

A large number of students provide positive comments about their experiences at NYU SoM, focusing on many of the strengths of the school, including academics and student services:

“Overall, my experience at NYU has been excellent. I have been taught by truly talented and dedicated professors and house staff and encountered a variety of patients that I could not have seen elsewhere.” (Class of 2006)

“NYU SoM is an excellent school. I have enjoyed my academic as well as extra-curricular experiences immensely. The availability of student services have been amazing and the faculty I have encountered thus far have been genuinely interested in my academic success. I am grateful for the opportunity to study at such a great institution.” (Class of 2009)
Acknowledgements

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Executive Summary……………………………………………………………….Joshua Jones
Admissions…………………………………………………………………………Enid Martinez, Barrie Rich
Financial Aid…………………………………………………………………….Francisco Folgar
Administration/Administrative Policies……………………………………….Amanda Jones
1st and 2nd Year Academics……………………………………………Danielle Patterson, Nathan Zilbert
Best and Worst Courses from 1st and 2nd Year……Jessica Ackert, Leonid Drozhinin, Sarah Parry
3rd and 4th Year Academics…………………………………………Nicole Moses, Michael Postow, Sue Shin
Best and Worst Clerkships from 3rd and 4th Year………………Jason DeBonis, Ann Lee
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