Institutional Self-Study Report

NEW YORK MEDICAL COLLEGE

Submitted to the Liaison Committee on Medical Education of the American Medical Association and the Association of American Medical Colleges

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I. Descriptive Overview of New York Medical College

New York Medical College was chartered on April 12, 1860 in New York City. Through the efforts of its founders, including William Cullen Bryant, the noted poet and statesman, the College established its first home in a building situated at the corner of Third Avenue and 20th Street where it opened classes with seven faculty, 59 students and the Dean. The College is now the third largest private medical school in the nation with 760 undergraduates in its Medical School, 75 Ph.D. candidates and 57 M.S. candidates in its Graduate School of Basic Medical Sciences and 366 enrolled students in its Graduate School of Health Sciences.

The College grew and expanded over the years. In 1889, the College constructed the first teaching hospital to be owned by a Medical College, the Flower Free Surgical Hospital. There were several subsequent relocations within the City. In 1968, the College, at the invitation of Westchester County, began plans for developing its present campus in Valhalla, New York. The move was completed in 1978 and it was at this time in its history that the College began its relationship with the Roman Catholic Archdiocese of New York. Concurrently, the College severed its relationship with its [then] teaching hospital, Flower and Fifth Avenue Hospitals, which had become fiscally troubled and was eventually converted to a long-term care institution under the auspices of the Archdiocese.

Despite the relocation of its main campus to Westchester County, the College has maintained a strong presence in New York City through its network of teaching hospital affiliates. In fact 10 of the College's teaching hospital affiliates are located in New York City including three of its four university hospitals [St. Vincent's Hospital and Medical Center of New York, Metropolitan Hospital Center, and Lincoln Medical & Mental Health Center] and three of its four major teaching hospitals [Cabrini Medical Center, St. Vincent's Medical Center of Richmond/Bayley Seton Hospital, and Our Lady of Mercy Medical Center]. With its move to Westchester, the College has greatly expanded the region it serves to include suburban and semi-rural areas of the mid-Hudson Valley and southern Fairfield County in Connecticut. The College's remaining 20 hospital affiliates are located in these two regions, and include two teaching affiliates, Westchester County Medical Center, an academic medical center with whom the College shares its Valhalla campus, and The Stamford Hospital, a major teaching affiliate, located in Stamford, Connecticut.
II. Summary of Major Changes since the 1987 LCME Self-Study

1. High Cost, High Indebtedness, Student Financial Aid

Based on data for academic year 1991/92, New York Medical College has the sixth highest medical school tuition in the nation. Although it is still too high, in 1987, College tuition was fourth in the nation. This modest progress is partially the result of a College policy to keep tuition increases at a minimum. The average annual increase since 1987 has been 2.4 percent. Despite this effort, the average debt burden for the 90 percent of students who borrow is $85,000 at graduation. Scholarship aid and forgivable loan aid has quadrupled to $1.5 million annually, however, it is primarily directed to high-performing students rather than to needy students. The College is working actively with a variety of external partners, including the New York State Department of Health, health maintenance organizations, and our hospital affiliates to identify sources of funding for loan forgiveness programs for students entering primary care specialties. These efforts are ongoing and appear to have significant potential to reduce high indebtedness for some students. The College’s new exemplary six-year program, which combines undergraduate and graduate medical education in primary care, holds potential for reducing student indebtedness by 25 percent through a full tuition scholarship and a living stipend in the fourth year. The College hopes to be able to expand the number of students enrolled in this program over the next several years.

2. College Endowment

In 1987, the College’s endowment was $6.6 million. It is now $34.1 million. Further growth is expected as part of the College’s Capital Campaign.

3. Student Housing

By Spring 1993, the College will have nearly doubled its student housing, to a total of 576 places, as compared to 1987.

In 1987, the College had dormitory facilities for 295 students on the Valhalla campus and no dormitory in New York City. In May of 1992, the College purchased a new apartment building on the Upper East Side of Manhattan (two blocks from Metropolitan Hospital Center and a 15 minute subway ride from Lincoln, St. Vincent’s and Cabrini Medical Centers). The new building accommodates 71 students and residents.

By April of 1993, the College will have completed construction of new dormitories on the Valhalla campus which will increase student housing capacity on campus (effective July, 1993) by 70 percent to 505 and will replace the oldest and least comfortable dormitory. The new dormitories in Valhalla and New York City have small fitness centers and some activity space.
4. Educational Program

In 1987, the “Introduction to Clinical Medicine” course was cited by the LCME site visitors as needing improvement. Specifically, the reviewers noted the need for more communication and coordination between the responsible departments. During the past five years, three significant changes were made in the course. In 1989, the course was revised and integrated into the new “Pathology/Pathophysiology” course and, oversight responsibility for the course was centered in one department, Experimental Pathology. In 1992, the Pathology component of the course was fundamentally changed to reduce by 70 percent the use of large group lectures, through the introduction of small group teaching sessions and self study. The latter has been facilitated by the introduction of computer-based interactive instructional software.

The Department of Cell Biology and Anatomy was cited in 1987 for its lack of leadership, an overworked faculty, and a low level of research productivity. In 1988, a new chairman was appointed who, with the additional resources provided to the department, recruited excellent new junior and senior faculty, increasing the department's total complement from 11 to 14 full-time faculty. Research productivity has tripled and faculty teaching loads are now deemed reasonable.

5. International Medical Graduates

The number and proportion of international medical graduates (IMGs) in College-sponsored residency training programs has increased since 1987. The difficulty in attracting American medical school graduates to residency training programs in medicine, pediatrics, family medicine, and psychiatry has grown and is exacerbated by affiliated hospital locations in poor, inner-city communities with high incidence of HIV. The prospects for reversing the growing number of IMGs appear limited at best.

NYMC has taken steps to eliminate the potential for negative impact on medical student educational programs. First, the training programs select the best foreign graduates from the best schools. Second, at sites where there is a high proportion of IMGs, the attending faculty members are more directly and heavily involved in medical student teaching and supervision. In addition, organized orientation programs for IMGs at some sites introduce them to the American medical education system and, if appropriate, the learning objectives of the clerkship. It should be noted that students rate the teaching and clinical skills of our IMGs as very good. The College believes that the actions it has taken have enabled the institution to maintain its clinical education program as a true strength.
6. **Sabbatical Leave Policy**

In 1987, the LCME site visitors noted the absence of a faculty sabbatical leave policy. In 1988, the College faculty developed a sabbatical leave policy which was approved by the College’s Board of Trustees in September of the same year.

7. **Faculty Practice Plans**

The need to develop faculty practice plans in order to further the College’s mission was noted in the 1987 LCME survey report. In October of 1991, the Dean of the Medical School began a planning process with the leaders of the faculty to develop a more centralized College faculty practice plan and a uniform set of principles to govern the departmental practice plan organization. This process has resulted in a document which sets forth the characteristics and general structure of a federated faculty practice plan organizational model. The faculty and the Dean are now working on establishing the by-laws of the federation. These documents will be subject to final approval by the College’s Board of Trustees.

8. **Transfer Students**

In 1988 the College had 48 third-year transfer students from non-LCME accredited schools. In 1992, there were 36 students from non-LCME accredited schools who transferred into the third year. This drop resulted from two proactive measures. First, the College established an enhanced Trustee Scholarship and Loan Program directed toward the top 30 students in the class, (i.e. those identified as being most likely to transfer to other, less expensive medical schools), and second, the College reduced third-year and fourth-year class sizes to 190 from 200 while increasing its first-year and second-year class sizes from 180 to 190. The College expects this decline in transfer students to continue in 1993 when the full impact of the class size change will be felt.

9. **Chairman Recruitment/Departmental Reorganization**

Since the last LCME site visit in 1987, the College has added three new departments: Experimental Pathology, Neurosurgery, and Radiation Medicine. In addition to the new chairmen of these departments, 10 other new chairmen have been appointed during this time. They are in the Departments of Cell Biology and Anatomy, Anesthesiology, Dermatology, Neurology, Obstetrics and Gynecology, Ophthalmology, Otolaryngology, Pathology, Pediatrics, and Psychiatry and Behavioral Sciences. These new chairmen have contributed to a perceived and measurable growth in the intellectual vitality of the College. Currently there are acting chairmen in the Departments of Urology, Orthopedic Surgery and Dentistry.
III. Self-Study Summary Findings

1. Objectives

New York Medical College's objectives have evolved over the course of many years. They are built around a core set of objectives that have been articulated and reaffirmed by past and present faculty and administration. In summary, these core objectives include:

- the education of physicians who possess a strong scientific understanding of medicine, excellent clinical skills, and a caring attitude toward their patients.

- the recruitment of a qualified, highly motivated, racially and culturally diverse student body, faculty and staff.

- the maintenance of a variety of clinical settings for teaching which reflect the ethnic, economic and case mix diversity of the communities served by the College, which includes the economically and socially disadvantaged.

- the education of physicians to be scientists and public health advocates.

In this self-study process, these core objectives have been reaffirmed along with other important objectives. In addition, emphasis was added to three existing objectives. First, the medical school's commitment to primary care education has been broadened to include postgraduate training and practice support. Second, the need to better integrate teaching of the basic and clinical sciences in the curriculum; to better link the curriculum to the practice environment, and the College to the communities it serves has been highlighted. Finally, an objective has been added to clearly state that evaluation and outcome assessments are an integral part of the educational process, rather than the end point of the process.

The formal review and written statement of the Medical School's objectives is done periodically as a part of the LCME self-study process. The actual development of objectives is an ongoing process that is carried out in a variety of ways, principally under the leadership of the Dean, with the assistance of his administrative staff, the department chairmen, the Faculty Senate and the Student Senate.

In a similar manner, it is the Dean who establishes Medical School program priorities. Major shifts in priorities and/or changes with wide impact are made in consultation with the four groups noted above. As will be discussed in more detail in the sections on Faculty, Medical Students, and Governance, this consultation has resulted in generally good communication among faculty,
students and administration of the Medical School's objectives, particularly those which directly relate to specific academic programs and issues, e.g. primary care.

In examining the allocation of resources with respect to the various activities and the objectives of the Medical School, it was generally agreed that the current balance has supported growth and development of the Medical School. However, two concerns were expressed. First, there was some concern that the further development of the College’s Graduate School of Health Sciences should be related to growth of new sources of funding specific to it. Second, in light of the College's significant reliance on tuition and faculty practice income, and constraints on the future growth of both sources, it is clear that the College must develop a plan to obtain other new revenue sources. On the plus side, the significant increase in College resources invested in supporting research, in both basic and clinical science departments, was noted. The particular emphasis on investment in the clinical departments, where certain College endowment funds have been made available to expand research space and provide start up funding for research faculty, was cited as a milestone.

2. Governance and Administration

New York Medical College is a private, free-standing, non-profit institution governed by its own Board of Trustees. This Board is comprised of 29 members, largely drawn from the business community. In addition to the Executive and Finance Committees of the Board, there are standing committees on Academic Affairs, Audit, Strategic Planning, and Facilities and Real Estate. Trustees provide active oversight of all financial and policy matters of the College.

The President of the College, Reverend Harry C. Barrett, reports directly to the Board of Trustees. The President is the Chief Executive Officer of the College and oversees all aspects of College operations including finance, academic policy, fund raising, and planning.

The College consists of three schools: the Medical School, which is the largest and oldest school (1860), the Graduate School of Basic Sciences (1963) and the Graduate School of Health Sciences (1981). Each school is headed by a Dean who reports directly to the President. In 1991, the Dean of the Medical School was given the added title of Vice President for Medical Affairs. The significance of this additional title needs to be defined to more clearly reflect the central role that the Medical School plays within the university. In addition to the Deans and their staffs there are three Vice Presidents: Administration and Finance, General Counsel, and Institutional Advancement. Each reports to the President and CEO. The subcommittee judged this governance and administration structure to be appropriate for the College’s size and complexity.

In the administration of the Medical School, the Dean is supported by a Vice Dean, four Senior Associate Deans and fifteen Associate Deans in the following areas: Administration, Student Affairs, City Hospital Affiliations,
Admissions, Graduate Medical Advising, Research Administration, Primary Care Education, Minority Affairs, Graduate Medical Education, Academic Programs, Academic Administration, and Continuing Medical Education. Each of the eight university and major teaching hospital affiliates has an Associate Dean, who usually also serves as the hospital's Medical Director. The Medical School administrative structure was judged to be highly effective and of an appropriate size. The Dean's flexible, open management style, his accessibility to faculty and students, and his personal involvement in school operations, were noted as contributing greatly to the effective management of the Medical School. The interaction between the Medical School administration and the other administrative officers of the College was found to be highly effective.

In addition to the College's own administration and governance structure, the relationship between the College and its teaching hospital affiliates was examined. Since the College does not own or control its clinical teaching hospitals, this was viewed as a significant issue. The College's newly formed Medical Education Consortium, which was formally established in January 1991, is judged to be an appropriate vehicle to strengthen the College's relationship with its teaching affiliates to ensure open, frequent and clear communications. The Consortium has as a priority educational goal ensuring standardized, high quality undergraduate and graduate medical education programs across all eight university and major hospital affiliates. The Consortium is governed by an Executive Committee comprised of the Dean, who serves as its chairman, and the CEOs of the eight university and major teaching affiliates. The Consortium operates under a set of by-laws which were unanimously approved by the Executive Committee. Recently, a Medical Education Committee of the Consortium was created. This Committee will help to coordinate and oversee educational quality and the implementation of undergraduate curriculum revisions and innovations approved by the College's Curriculum Committee. It will also participate in program policy development for graduate medical education. The Graduate Medical Education Committee of the Consortium serves as the formal oversight body for sponsored residency programs of the College and its affiliated hospitals. There was concern expressed that current affiliation contracts with two of the College's four university hospitals do not adequately recognize the role of the Dean in the termination of directors of service, particularly where they serve concurrently as residency training program directors.

Organizational decision-making and faculty participation in Medical School committees are closely related at the College. The Dean formally consults with the Chairmen and the President of the Faculty Senate during monthly meetings. Faculty committees advise the Dean on a variety of issues and are particularly active on curriculum, admissions, research support, animal care, and compensation committees. This structure supports an appropriate and inclusive decision-making process. However, despite reasonably broad faculty participation in medical school affairs, there is a concern that more needs to be done to foster collegiality among members of a faculty who are so geographically dispersed.
3. Educational Program for the M.D. Degree

The College's educational program provides a broad-based curriculum consisting of 174 weeks of mandatory and elective courses that prepare the student for all medical career options. It does this by building a firm foundation in the basic medical sciences while simultaneously introducing the student to clinical aspects of medicine early in order to improve curriculum integration and facilitate the student's transition to the clinical clerkships.

During the first two years of medical school, students are required to successfully complete 12 basic science and three other courses: Computer Literacy, Physical Diagnosis (clinical skills) and the first part of a required Medical Ethics and Human Values course. In addition, selectives are available including several newly introduced courses: Introduction to Primary Care, History of Medicine, Geriatrics, and Introduction to the Experimental Basis of Medicine.

The increased emphasis of the College on primary care education will result in several major curriculum revisions that will affect all four years and postgraduate education. One of these changes will be to double over the next two years the number of first-year students (currently 46) who are able to take the introductory primary care course. The ultimate goal will be to further expand this number until it encompasses the entire class. This first-year primary care course is made up of two parts: a didactic portion which includes lectures on nutrition, preventive health care, cultural determinants of health care, etc.; and a practicum during which students spend three to four hours every other week working with a primary care physician preceptor in an ambulatory care practice setting. This course continues into the second year when students are taught clinical aspects of the Physical Diagnosis course by their preceptors. With regard to this latter portion of the course, it should be noted that a recent internal College study compared students taught physical diagnosis in the conventional manner with those taught partially by the primary care physician preceptor. The study showed the two methods to be equally effective as measured by student performance on the course exam.

Two further points regarding primary care education at the College should be made. First, New York Medical College has received approvals from the American Board of Internal Medicine (ABIM) and the Health Care Financing Administration (HCFA) which permit the College to implement the fourth year of a unique six-year program combining undergraduate education and residency training in primary care. The six-year program leads to board certification in general internal medicine. For students in this program (a maximum of six were permitted), the "Introduction to Primary Care" course is mandatory. Second, the College has been awarded a Robert Wood Johnson - Generalist Physician Phase I grant. The College's program plan, which will be prepared for implementation during the next 18 months, will propose to the College's Curriculum Committee a number of new curriculum elements at the undergraduate and graduate level, including a generalist clerkship. In crafting these curriculum changes, the College's philosophy is that all physicians need to be trained in the principles and practices of primary care, regardless of their eventual career choice.
The ability to integrate, evaluate, and analyze information is essential to every medical student. While progress has been made in increasing the integration of the clinical and basic sciences throughout the curriculum, more effort is required to ensure that the approaches and quality of the integration are consistent within and among departments. A subcommittee of the Curriculum Committee recommended that the College incorporate more use of case studies in the first two years to improve the integration of the basic and clinical science curriculum. This case development work will be integrated into the College’s primary care-related curriculum. The development of a consistent and effective method to integrate basic and clinical sciences in the clinical years has been particularly challenging. Efforts to date to ensure integration have been site specific.

For the most part, the College’s basic science departments structure their courses along traditional instructional models. Over the past several years, the basic science departments have introduced more interactive teaching/learning formats, including small group conferences, interactive computer-based learning programs and case studies. The complete restructuring of the Pathology course for academic year 1992/1993 is the most dramatic example of a shift to interactive teaching techniques with an emphasis on self-learning.

The clinical education provided to New York Medical College students was judged to be very strong. The large, well-qualified, full-time faculty, and the array of excellent teaching facilities with their considerable breadth and depth of patient cases and varied community settings, contributed to this judgment. The appointment of a single clerkship coordinator/director and a designated site coordinator for each department has facilitated the development of “core” curricula in each and has resulted in an appropriate level of standardization across sites.

The degree to which medical students are assigned “scut” work is carefully monitored by clerkship coordinators. Also, the student evaluation form for clerkships asks students to assess whether too much time is spent in such tasks. No problems with respect to this issue were revealed in the self-study. The teaching and supervision of students is carried out within a team-type organization. In addition to residents, specifically assigned faculty supervise the students’ educational experiences. Faculty meet with students in small groups to review individual cases, and provide didactic lectures on assigned topics. During academic year 1991/1992, a Student Liaison Committee was formed consisting of third year students at each training site. Each student group meets with the Dean and appropriate Senior Associate or Associate Dean to discuss educational program quality, student abuse problems, and general student life concerns.

Though the overall evaluation of students and their progress through the educational program is overseen by the Promotions Committee, each department is responsible for developing its own evaluation system for a single course. The evaluation of students still follows a fairly traditional route in the basic science departments, with grading largely dependent on internal exam scores.
In most basic science departments, a portion of the grade is also dependent on the quality of student performance in problem-solving exercises during small group conferences and/or laboratory exercises. Two basic science departments use the results from the National Board of Medical Examiners (NBME) "mini-boards" as a grade component. All medical students must pass Part I of the NBME in order to advance into the fourth year.

The methods used to evaluate student performance during the clinical years have recently been revised with a view to strengthening the College's ability to assess students' overall clinical competency, including the quality of their personal interaction with the patient. An equally important focus has been to improve our ability to provide more helpful evaluative feedback to students. The introduction of the Observed Structured Clinical Evaluation (OSCE) at the end of the medicine clerkship and the standardized patient exam (offered through a cooperative arrangement with the Albert Einstein College of Medicine and the Mt. Sinai School of Medicine) have been valuable tools to achieving these goals. In addition to these methods, all department course directors are to provide students with individual evaluations at the mid-point and the end of the clerkship. However, it was found that mid-point evaluations are not always completed. The evaluation covers academic achievement, but also asks the course director to assess a student's humanistic attributes as manifested through observed interactions with patients, fellow students and faculty. Expansion of the OSCE method to other clerkships is being considered. Overall, the College believes its evaluation process allows a thorough assessment of student performance based on cognitive, procedural, and personal skills.

By various measures, College physicians are demonstrated to be high quality practitioners, among whom a relatively large number (13 percent) remain academically active. Analysis of AMA follow-up data on graduates from the classes of 1977 to 1986 show that over 99 percent of these individuals have passed the NBME, state licensing exams, or specialty boards. Fifty-five percent of graduates in the classes of 1982 through 1986 and 87 percent of graduates in the classes of 1977 through 1981 have passed specialty boards in at least one specialty.

The College's internally collected data confirm this positive qualitative judgment of our graduates. Responses to questionnaires sent to residency program directors indicate their high satisfaction with the very large majority of New York Medical College graduates. More than 90 percent of our graduates are rated as performing at, or above, average during their first year of residency. Also, over half of the College's 1992 graduates were accepted to their first-choice residency training program and nearly 75 percent were accepted to their first or second choices. This is very similar to success rates of other recent graduating classes.

The College has carefully analyzed graduating students' career choices over the past 11 years. The results are disturbing, but not surprising in view of national trends. In particular, based on the proportion of 1981 through 1985 graduates entering internal medicine or pediatrics who do not subspecialize, it
is estimated that only 23 percent of graduates in the classes of 1987 through 1992 will enter practice in General Internal Medicine, General Pediatrics or Family Practice. It is the College's expectation that planned curriculum changes in undergraduate and graduate medical education, in the admission/selection process, and the implementation of other organizational innovations will reverse this student tendency toward specialization in non-primary care fields. One of the institutional changes being examined is the need to increase faculty role models. First and second year students in the "Introduction to Primary Care" course are assigned primary care faculty preceptors. Expansion of this program over the next several years is planned.

The College has a formalized career counseling program that begins in the middle of the third year. It includes assigned faculty advisors, career decision workshops, and access to five Associate Deans and the Senior Associate Dean for Student Affairs for career guidance. As part of this program, students must see their faculty advisor or an Associate Dean to obtain approval for each fourth-year course to be taken. This system of counseling has been judged as good. Students have indicated a desire to have career counseling begin earlier in the course of their education.

The strengths and weaknesses of the educational program are identified through use of a series of internal and external measures and methods. External measures include student performance on the NBME Parts I and II, responses by residency program directors to questionnaires regarding College graduates, the number of graduates who are licensed and board certified, and the number who remain academically active. Internal measures include student performances on internally written exams, standardized patient exams, OSCEs, laboratory sessions, seminars, small group conferences, and clerkships. In addition, student evaluations of faculty teaching, courses, and clerkships are used to assess the quality of education. This array of measures and methods provides the College with an adequate multi-dimensional view of the effectiveness of the educational program.

As noted, medical student performance on the NBME exams is one of the evaluation measures we use to gauge the effectiveness of the educational program. It is our view that every NYMC graduate should be fully capable of passing all three parts of the national exam. As part of the self-study we thoroughly analyzed NYMC student performance on Parts I and II over the past six years. We found that the number of students passing Part I the first time fell sharply between 1987 to 1989 (from 89.5 percent to 76 percent), but has steadily risen (to 90 percent) in 1992. This improvement is the result of at least three factors. In 1989, the College began to require all students to pass Part I in order to advance into the fourth year, thus, ensuring that students took the exam seriously. That requirement was coupled with the implementation of several educational interventions including a board preparatory course for all interested students; study skills workshop; and a summer review course for high risk students. It should also be noted that the MCAT scores of entering students began to rise in 1989 and there appears to be some correlation between MCAT scores and NBME performance.
The number of NYMC students passing Part II the first time fell in 1992. Nationally, 13 percent of first time takers failed in 1992 while at NYMC 19 percent of first time takers failed. Since 22 percent of this same class failed Part I the first time, this result was expected. However, as with Part I, we fully expect the Part II passing rate to rise significantly over the next two years. We will continue to monitor performance on the NBME to determine whether additional interventions are needed.

The College's oversight of the Medical School curriculum was judged to be comprehensive. The oversight is carried out by the Dean through the Senior Associate Dean for Student Affairs and the Associate Dean for Academic Programs, the latter being a newly created position. The Associate Dean for Academic Programs is also the chairman of the Curriculum Committee. This joint role enables the College to better coordinate and control curriculum policy and facilitates the implementation of new programs and curriculum modifications which are reported out of the Curriculum Committee.

4. Medical Students

New York Medical College seeks to admit and retain a student body which is academically well prepared, highly motivated, and racially and ethnically diverse. The admissions process, and the criteria used to determine eligibility, support these three objectives. Completed applications to the College, which were 5,059 in 1992, have risen 42 percent between 1987 and 1992. The Admissions Committee gave acceptances to 13 percent of applicants to the Class of 1996. This quantitative growth has been accompanied by an improvement in the quality of the accepted students as measured by MCAT scores.

In 1992, 274 applications or 5.4 percent of total completed applications, were received from minority students. "Minority student" is defined as Black-American, mainland Puerto Rican, Native American and Mexican American. Despite the dramatic increase in applications overall, the number of minority applicants and the proportion accepted (about 25 percent) has generally remained constant over the past five years. The number of minority students and the proportion of the class they constitute has declined. The Class of 1992 included 29 or 15.6 percent minority students, versus 22 or 11.5 percent minority students in the Class of 1996. The College believes that this drop has occurred for two reasons: first, New York Medical College is a high cost school. Tuition is high and, because of our location, student living expenses are higher than the national average. Second, the College's traditionally aggressive minority recruitment effort, which has been effective despite the school's high cost, has been emulated recently by other medical schools who are also seeking a more ethnically and racially diverse student body.

The increased emphasis which the College is placing on training physicians who will enter primary care practice has prompted an examination of all aspects of the school's admission process and criteria. This examination has
resulted in a multi-faceted plan to revise the admission process in a manner which, it is hoped, will lead to the recruitment and acceptance of applicants more likely to seek a career in one of the primary care specialties.

As noted above, the College's tuition and fees are high. We currently rank sixth highest in the nation, and while the availability of scholarships and low interest school loans has significantly increased during the last five years, 25 percent of graduating students in 1992 had debts in excess of $120,000 and the average indebtedness of students who borrowed was $85,000. The College views this as a significant problem and one which, although it has not reduced the quality or quantity of applicants to date, could have a negative impact on the College's goals to maintain diversity and to increase the number of graduates who enter primary care specialties. In addition to continuing to actively lobby for increased state and federal loan forgiveness for graduates entering primary care practice and/or serving in underserved regions, the self-study indicated that New York Medical College should investigate the cost and feasibility of developing a program to cap the indebtedness of NYMC graduates entering primary care residency programs and, subsequently, primary care practice.

The medical students identified several areas which were of concern. In academic matters, five areas were identified by students: (a) the grading policy in obstetrics/gynecology should be more consistent; (b) the quality and effectiveness of teachers should be monitored closely and supported by teacher training programs; (c) the timing and content of courses should be better correlated in the second year; (d) in the clinical years, mid-clerkship evaluations of students should be provided by all departments at all sites; and (e) the weight given to mini-board performance in clinical years grading should be reduced.

With respect to student services and facilities, the need for additional student affairs personnel to coordinate student activities, more parking, better and more accessible athletic facilities, and more quiet study space were noted. The need to expand library hours on weekends and holidays also was specified and subsequently addressed by administration. Counseling services were found to be good with respect to academic, career and personal counseling and excellent for financial counseling. Additional resources were provided in 1992/1993 to better coordinate psychiatric services for students and to provide more access to individual therapy.

The student health service provides basic medical services both on the Valhalla campus and at a satellite site in New York City. (The latter site appears to be less well advertised to students). Recent discussion between the Dean and some students has generated an interest in developing an exemplary student health service which stresses prevention and wellness programs to supplement a comprehensive array of currently available services. In addition, because of the nature of some of the patient populations we serve, there is a special concern about student exposure to hepatitis, HIV infection and drug resistant tuberculosis. A policy for prevention of transmission of occupationally-related diseases has been developed to minimize the risk of transmission of communicable diseases to and from medical students. Hepatitis immunization is available free
of charge and students receive annual TB skin tests. A uniform policy for handling student needle stick injuries has been developed. The procedure for the initial management of these injuries at each hospital and coordination with the College’s Student Health Service for follow-up are being designed and implemented with the assistance of Associate Deans at each of the teaching sites through the Consortium.

The excellence and diversity of the College’s clinical teaching was cited as a particular strength by medical students, as was the accessibility of the faculty and the Dean. A new Student Liaison Committee, initiated by the Dean to improve standardization of the third year curriculum and resolve student life issues, was cited by students as a very effective initiative. The lack of both neighborhood security and low-cost parking facilities at the College’s affiliated hospitals in New York City were cited as needing administrative attention. The latter issue has been ameliorated at one of the municipal hospital sites (Metropolitan) but problems at St. Vincent’s in New York City and Lincoln remain.

New York Medical College has traditionally had a relatively large number of transfer students in its third year for two reasons: the class size increased by 20 students between the second and third years, and high tuition encouraged top students to transfer to lower cost schools. Both of these problems have been addressed. In 1992 the LCME approved the College’s request to move to a uniform class size of 190. And, as noted earlier, in 1990 the College’s Trustees expanded and enhanced the student Scholarship and Loan Program, targeting it to the top 30 students in the second, third and fourth years. The results of these efforts have been positive. Transfers from non-LCME accredited schools have been reduced from 48 in 1987 to 36 in 1992. The College expects this number to drop further when the full effect of class size reductions in the third year are felt in 1993. The College’s analysis of the performance of students who transfer into the third year indicates that their performance on national boards and in clinical clerkships, as well as their success in achieving high quality, competitive residency appointments, closely parallels that of students who received all their education at NYMC.

5. Resources of the Medical School

A. Financial Resources

New York Medical College is in sound financial condition. Current resources have permitted modest investment in curricular innovations in both basic and clinical sciences and have facilitated the expansion of research facilities by 23 percent since 1987. In addition, creative uses of unrestricted endowment funds have recently allowed the College to significantly increase investment in recruitment of senior faculty with established research programs and clinical department chairmen with strong commitment to education and research development.

The sources of funding to the College have shifted somewhat since the last self-study, but the basic structure remains the same. The current College
funding flows from three roughly equal sources: reimbursement from affiliated hospitals (37 percent); faculty practice plan (35 percent), and College and all other sources including tuition, research grants and contracts, etc. (28 percent).

Several points should be noted regarding the funding secured from "College and all other sources." First, although the College is still heavily dependent on tuition, tuition over the past five years has risen an average of only 2.4 percent a year (total five-year increase of $2,400), well below the rate of inflation. This action may have been instrumental in the increasing number of applications the College has witnessed. Completed applications rose 10 percent between 1987 and 1991, and 29 percent between 1991 and 1992.

Second, the College now receives only $150,000 annually from the State of New York, a drop of $2.8 million from 1987/1988. This funding reduction was offset by a combination of factors including a rise in research overhead income, a one-year salary freeze, and a reduction in capital spending.

Third, the College endowment has increased nearly five-fold since 1987, from $6.6 million to $34.1 million. Although this endowment is modest by comparison to other medical schools, it has enabled the College to use the unrestricted portion creatively to maximize the benefit to the school. In the last self-study, there was an identified need to build more research programs, particularly in the clinical science departments where support for faculty engaged primarily in research was required. The need to expand research facilities was also cited. Both of these concerns have been, or are being, addressed with the help of the College's increased endowment. First, the College's Trustees are currently studying a proposal to purchase a 50,000 sq. ft. research laboratory building adjacent to the Valhalla campus. This building would double the amount of research space available to the clinical science departments. Second, in 1991 the College's Trustees approved the first "academic loan" agreement. The academic loan program uses unrestricted endowment funds to provide funding to clinical departments for the purpose of recruiting senior faculty with established research programs, or junior faculty with outstanding potential to become independent investigators. These "loans" can be used by the department for "start-up" support and are forgiven if the research team is successful in obtaining extramural funding to support the ongoing research. The endowment is replenished by returning a portion of general operating revenues to repay the endowment "loan" over a reasonable period of time.

Overall, it is our judgment that the balance among the sources of support to the school is reasonable and has allowed the College to pursue its mission and achieve its objectives. However, there are three concerns. The first is the future implication of reliance on practice plan income to support clinical faculty. Although it was not viewed as adversely impacting faculty teaching time at present, there was concern about the impact of further change in physician reimbursement systems. Second, the continuing reliance on tuition as a significant source of College revenue is seen as a continuing concern, particularly since high tuition costs generate high student indebtedness. Third, the need to increase the College endowment and ensure the success of the College's Capital Campaign is seen as a high priority.
The fiscal impact of the reduction in state and federal support has been most severely felt in the College's annual capital budget which has decreased by approximately 50 percent over the past three years, from $1.5 million to $0.75 million. While the administration has continued to place a high priority on maintaining and expanding educational and research space, one area of particular concern is the reduced capital equipment budget. Current funding levels are too low to meet all of the needs for new and replacement teaching equipment. However, with the completion of the last of the Basic Sciences Building courtyard infill laboratories in academic year 1993/1994, there is the short-term prospect of shifting funds from construction to capital equipment purchase.

B. Faculty Resources

The New York Medical College faculty numbers more than 2,600 physicians and scientists covering a broad mix of medical and scientific disciplines. Their number, array of specialization, and quality meet the education, research, and service objectives of the College. While there has been a net decrease of 7.5 percent in total College faculty since 1987, the number of full-time faculty has increased by nearly 50 percent, to 985 full-time faculty. Virtually the entire increase has been in clinical faculty (291 of 310). This increase in full-time faculty was offset by a decrease in voluntary clinical faculty of whom there were 481 fewer members in 1992 than 1987. Much of this decline in voluntary clinical faculty can be associated with the implementation of a formal biennial faculty re-appointment system through which each department reviews the credentials and teaching, research, and other relevant activities to determine whether the level of academic activity merits reappointment. Both the basic science faculty and clinical faculty size were judged adequate to the teaching program and current curriculum.

New York Medical College's faculty includes scholars and teachers who have been recognized by their peers. They are presidents of specialty societies, NIH Merit awardees, and members of NIH study sections and editorial boards of prestigious scientific journals. Approximately 15 percent of the full-time faculty are currently receiving extramural research support to conduct 231 research projects.

With respect to the gender and racial/ethnic minority mix of faculty, the College compares favorably with the nation's medical schools. Women make up nearly 30 percent of the faculty at the College as compared to about 22 percent nationally. More than 30 percent of College faculty are African-American, Asian, Puerto Rican and other Hispanic compared to only a little more than 12 percent nationally. It should be noted however, that both women and minorities tend to be underrepresented in senior faculty ranks.

Written guidelines have been promulgated for both promotion and tenure. The tenure and promotion guidelines were recently revised by the faculty Tenure, Appointment and Promotion Committee to give more importance to teaching as a criterion for advancement, an acknowledgment of the school's
emphasis on education as its central mission. That emphasis is also supported by the two academic tenure tracks available for advancement of full-time faculty. The two tenure tracks (regular or clinical) differ in their emphasis on original research but both require a mix of scholarly activities. Despite the written guidelines and the faculty's general knowledge about tenure tracks, the number of clinical faculty recommended for tenure is remarkably low. Only 7.5 percent of the full-time clinical faculty are tenured while over 42 percent of the full-time basic science faculty are tenured. Subsequent to this finding, the Faculty Senate has undertaken an effort to better inform both the clinical chairmen and faculty about the meaning and value of tenure.

In addition to providing opportunities for academic advancement, there are two other factors which are important to recruit and retain excellent faculty: competitive salary and benefits, and a good working environment, including physical facilities and the intellectual milieu.

The College's basic science faculty salaries are slightly below the AAMC northeastern regional average. This appears to be largely due to the enactment of a salary freeze during academic year 1991/1992 to offset revenue losses from the state. Although this does not appear to have had a negative effect on recruitment, it is difficult to be conclusive since so little turnover has occurred in the last year. There is a strong consensus in the medical school that every effort must be made to keep New York Medical College competitive with respect to faculty salary and benefits.

Clinical faculty salary data are more difficult to verify with respect to accuracy and true comparability. It is generally accepted that Valhalla-based full-time faculty salaries are competitive within the region. Forty percent of our full-time faculty work at two New York City Health and Hospitals Corporation facilities. Salaries at these two institutions are generally competitive with other HHC facilities, however, they are lower than those of Valhalla-based faculty. The 1987 implementation of a faculty practice plan at these two institutions has somewhat ameliorated this situation. The plan has provided an average annual bonus of $10,000 to participating faculty in the last two years. Generally, recruitment problems for the College's clinical faculty have been limited and the faculty turnover ratio is reasonable even at the HHC affiliates which traditionally have higher than average turnover.

Working conditions are generally judged to be attractive, acknowledging that faculty at the two municipals have had more economic constraints than other faculty. The intellectual atmosphere is also judged by the faculty to be very good, with the successful recruitment of 13 new chairmen since the last LCME site visit and the establishment of new education and research initiatives greatly enhancing campus intellectual life. New emphasis on research and its role in undergraduate and graduate medical education has begun to foster more interaction between the basic and clinical science faculty. The various faculty committees and subcommittees, e.g., Curriculum, Research Support, Tenure, Appointment and Promotion, and the Faculty Senate are structured to be inclusive of all geographical and academically diverse elements of the faculty.
Faculty development programs are not comprehensive and are not accessible to all faculty who need or want to improve their teaching skills. More resources will be needed to establish a well designed, coordinated program that can be directed to clinical and basic science faculty and residents who are teaching medical students. A formalized, College employee evaluation system is now under development that will include faculty.

C. Library

The College's library, which is located on the Valhalla campus, contains a collection of monographs, periodicals, software and audio visual titles that is considered to be more than adequate for students and adequate for most faculty needs. Additional titles are available via an efficient inter-library loan system. The College's library is supplemented by libraries at affiliated teaching hospital sites.

While the annual budget to augment the College's physical holdings (books and periodicals) remains modest by comparison to some other schools, the College has made a major investment in computerization of the library to remedy a weakness which was noted during our 1987 LCME self-study. The computerization project included installation of CD-ROM work stations in the library information area; implementation of an integrated library system which automates cataloging, circulation, serials and acquisition; and installation of personal computers in each student module which are networked with the library (as are those in the Alumni Computer Learning Laboratories). Each new dormitory room will also have network access. New data base services (BRS, DIALOG, OCLCs, EPIC) have been added and are available for end-user searching.

Additional computer training for users is planned to supplement the two-credit Computer Literacy course required of all students and to ensure students can fully benefit from library automation as it continues. Library accessibility was judged to be adequate generally, but students felt that weekend and holiday hours should be extended. In response to student concerns, the library is now open an additional eight hours per week during exam weeks. The libraries at the affiliated teaching hospitals should also increase their availability to students and faculty and should be networked with the library on the Valhalla campus to expand the education resources available at those sites. The library staff, which has recently been augmented by a new director, is considered by students and faculty to be helpful, competent and knowledgeable. Its small size is somewhat offset by the advantages computerization has introduced.

The single serious problem identified is the lack of adequate individual and group study space. Additionally, students note that the available study space, even in the library, is not always quiet enough for studying. A strong recommendation is to investigate and ameliorate this problem.
D. General Facilities

The College’s facilities on the main campus in Valhalla include four buildings (Munger Pavilion, Vosburgh Pavilion, Sunshine Cottage and Alumni Center) which have been leased from Westchester County for a period of 30 years, with an option to renew for an additional 30 years. There are also several College-owned buildings including the Basic Sciences Building, the dormitory buildings, and the Medical Entomology Laboratory. In addition to these “on-campus” buildings, the College leases 22,000 square feet of laboratory space adjacent to the campus.

In the aggregate, these buildings provide 488,000 square feet of space for all central administrative functions; basic science departments’ faculty, staff and laboratories; formal educational space for the first two years of the M.D. degree students, as well as for the Graduate School of Basic Medical Sciences and Graduate School of Health Sciences students; dormitories, library, and cafeteria. The Valhalla campus facilities also provide offices and laboratories and a portion of the faculty practice space for the Valhalla-based clinical faculty and support staff. Some clinical faculty offices and practice space are housed in the Westchester County Medical Center and at a College-owned medical office building in nearby White Plains.

The general condition of these facilities was judged to be good to excellent. However, shortage of space for student study and recreation, and the lack of a large auditorium were viewed as persistent serious concerns. A survey of teaching and related educational support space at the hospital affiliates where the third and fourth-year students are taught also indicated need for more classrooms and space for students to gather informally. Also, an intermittent, but long-time problem with an electrical supply and distribution system on the campus has caused great concern, particularly to the faculty engaged in research in the Basic Sciences Building, where the problem was most acute. The College administration responded to this problem in 1992. A complete overhaul of the system is underway.

Future growth in clinical and basic science faculty is severely limited on the Valhalla campus by a shortage of offices, practice space, and laboratories. The College is investigating the feasibility of purchasing or leasing 90,000 square feet of space for faculty practice and 50,000 square feet for clinical department research. The College has also engaged a consulting firm, specializing in ambulatory care planning for academic health centers, to assess the institution’s total ambulatory practice space needs and to propose alternative ways of meeting the identified need.

As noted earlier, in the spring of 1993, the construction of three new dormitory buildings will be completed, bringing the total number of student housing units available on campus to 505, a 70 percent increase over the current level. This, along with the purchase of an 18-story apartment building in New York City to house third and fourth-year students and residents, has greatly improved student housing availability and, to some extent, affordability.
Support and administrative services for students and faculty were also generally judged to be good. Since 1987, the animal care facility has been upgraded and significantly expanded. Teaching and research equipment is adequate, but the age of the equipment has resulted in high downtime rates. As noted earlier under the financial resource discussion, this is the direct result of capital budget reductions in the past three years.

Accounting, purchasing, information services, security and human resources functions have undergone a review and, in some cases, reorganization under the leadership of a highly qualified and energetic Vice President for Administration and Finance who has been at the College since 1990. Although still leanly staffed, these departments are viewed as efficient and service oriented.

E. Clinical Teaching Facilities

The College's four affiliated university teaching hospitals (Westchester County Medical Center, St. Vincent's Hospital and Medical Center of New York, Lincoln Medical and Mental Health Center and Metropolitan Hospital Center) and four affiliated major teaching hospitals (The Stamford Hospital, Cabrini Medical Center, St. Vincent's Medical Center of Richmond/Bayley Seton Hospital, and Our Lady of Mercy Medical Center) provide the overwhelming majority of clinical experiences, both inpatient and outpatient, for medical students. These eight clinical facilities provide an extraordinary diversity of patients, community settings and organization that enriches the students' educational experience.

In addition to the large volume of patient cases which the 152,000 annual inpatient admissions and nearly 1.5 million annual ambulatory visits at these facilities provide, students are also able to interact and learn from patients who differ greatly from one another racially, ethnically and socio-economically. Two of the eight hospitals are located in New York City suburbs which are counted among the wealthiest counties in the country, i.e., Westchester County, New York and Fairfield County, Connecticut. Six are located in New York City, and one of these, Lincoln Medical and Mental Health Center, is located in the south Bronx, the poorest congressional district in the United States. The mix of individuals cared for in these facilities ranges from primary care, to highly tertiary care, to chronic care patients.

In view of the continued rise in the number of patients with HIV disease in our New York City-based affiliates the College reviewed and evaluated its impact on medical student education as part of the self-study. It is the College's judgment that the clinical and social understanding students gain from interaction with HIV patients is broadly applicable to a range of problems. Furthermore, the advances made in treating HIV disease have made it into a paradigm for serious chronic disease and the associated psychosocial implications.
All of the teaching hospital affiliates are accredited by the Joint Commission on Accreditation of Healthcare Organizations. (NOTE: Lincoln Medical and Mental Health Center is appealing the JCAHO non-accreditation decision which was based principally on fire and safety code violations in an area of the hospital used for storage. Should the appeal be unsuccessful, the College will take immediate steps to reassign medical students to other available clerkship sites within the College's extensive affiliation network). These affiliates are all adequately equipped for teaching and provide sufficient library resources. However, additional classrooms, study space, student lockers and lounges, and longer library hours are needed.

Medical students are able to select from among eight hospitals for their clerkships. Most students rotate through at least four hospitals during their third and fourth years. Thus, standardization and coordination of undergraduate medical education curriculum among these training sites is a high priority. In addition to the specific actions described earlier in the discussion of the education program structure, the College has taken two other actions to ensure the uniform quality and standardization of the education program: the formation of the New York Medical College Medical Education Consortium in January of 1991, and the recent re-structuring of the affiliation contracts between the College and its eight teaching affiliates. The Consortium, which extends its role to both graduate and undergraduate medical education, provides an excellent means for communication among the Dean and his staff, the CEOs, and the Associate Deans/Medical Directors of the eight teaching hospitals. It also serves as a forum for educational policy consideration and as the organizational structure through which educational program initiatives can be coordinated and implemented.

The revised affiliation contracts, which in part formed the basis for the Consortium, provide the College with the necessary authority to ensure that the hospital and the faculty at these sites function in a manner that supports both exemplary patient care and undergraduate and graduate education. Both the Consortium and the new affiliation contracts are judged to be highly effective, and have resulted in positive advances in fostering curriculum standardization, cooperation, and good communications among the medical school and the affiliates.

The College's emphasis on primary care education requires that more of its clinical education be moved into ambulatory care settings and planning has begun for this complex undertaking. The College is working with the eight university and major hospital affiliates, as well as our other hospital affiliates, to identify existing ambulatory sites and to open new sites that are configured, staffed, and operated in a manner that will support good primary care practice and education. The institution has also begun to look beyond traditional education and training sites (e.g. community and tertiary care hospitals), to health maintenance organizations, community physicians, and to organizations which can serve as ambulatory clinical training sites. Initial contacts with representatives of potential new sites have been made and follow-up discussions and planning are underway.
6. Graduate Medical Education

New York Medical College-sponsored graduate medical education programs train 1,582 residents and fellows, approximately 12 percent of the residents in training throughout New York State. Of this total, 96 percent are trained in our eight university and major teaching hospitals. There are no clerkship sites without residency training programs. The new affiliation contract with teaching hospitals provides that all residency programs in hospitals in which medical students are trained be under College sponsorship.

Recognized leaders in medical education have raised concern over the impact of international medical graduates (IMGs) teaching American medical students, particularly in departments or programs where their numbers are concentrated. The College is not indifferent to this concern. The national trend away from the primary care specialties has meant that in most of the College's medicine, pediatric and family medicine residency programs, IMGs are in the majority. As noted earlier in the discussion of changes since the 1987 self-study, the College has taken steps to ensure that this does not negatively impact medical student education. Selection of the best students from the best foreign schools, and heavier use of the full-time faculty in clinical instruction and supervision is emphasized at sites with high proportions of IMGs.

The College provides no formal training for residents to function as teachers. This shortcoming was noted earlier in the discussion of the need for faculty development. There is a formal evaluation after each clerkship in which the medical students assess the quality of both attending and resident teaching. However, the information from these surveys has only been fed back to departmental course coordinators and there has been no formal, structured way of ensuring that the specific teaching weaknesses identified are addressed. In order to remedy this, it has been recommended that each department's education committee be charged with the responsibility of reviewing the student evaluations and providing specific feedback to the appropriate hospital chiefs of service. It is generally the chief who is responsible for ensuring that residents clearly understand the clerkship objectives and their role in teaching and evaluating students. It has been further recommended that the departmental education committee include all of the individual hospital clerkship directors.

The clinical resources at the eight hospitals were judged to be more than adequate to educate both medical students and residents. It has been recommended that an evaluation of the size of residency programs should be a regular part of the internal reviews which are regularly conducted by the College's Office of Graduate Medical Education. The allocation of clerks to each of the approved clerkship training sites is managed by the Senior Associate Dean for Student Affairs in consultation with the concerned department chairman to ensure that there is an appropriate balance of patients, supervising attendings, residents, and students.

There are no current plans to alter the size or sites of residency training.
programs that would impact on our current clerkship allocations. It should be noted that the initial negative accreditation decision of the Residency Review Committee concerning one of our residency programs in Obstetrics/Gynecology is currently being appealed. If the appeal is unsuccessful, we will reassign clerks to other teaching hospitals in our affiliation network.

7. Continuing Medical Education

The College’s Office of Continuing Medical Education (CME) sponsors 150 continuing education programs a year on a wide variety of topics that have been stimulated by faculty request, the quality assurance process, organized surveys, and Office of CME assessment of community needs. Of the total CME programs offered by the College, two-thirds were aimed primarily at community physicians and the remaining one-third primarily at the College’s faculty. The programs attracted over 4,200 physicians in 1991-1992.

In addition to faculty, medical students are invited to attend CME courses given by clinical departments, not only to impart substantive information to them but, through example, to instill in students an enthusiasm for, and the habit of, life-long learning.

8. Research and Graduate Education in the Basic Sciences

The faculty of New York Medical College are actively engaged in both basic and clinical research. Research activity and productivity have grown significantly since 1987. The number of faculty active in supported research has grown 24 percent; research space has grown 23 percent; and extramural research funding has grown 35 percent, after adjusting for inflation. Faculty based on the Valhalla campus are generally the most active, with the majority of basic science faculty intensively engaged in ongoing research programs. A focus of the College’s basic research centers around cardiovascular disease which is perhaps the College’s largest multi-disciplinary research focus area. The research is supported by numerous NIH grants including two program project grants, and other extramural support to the Departments of Pharmacology, Physiology, Experimental Pathology and Medicine to investigate the role of prostaglandins in blood pressure control, endothelial cell function, and the functional and structural alterations of the heart which characterize hypertensive heart disease, as well as other areas of cardiovascular research. To foster growth in a second research focus area, the College established the Cancer Research Institute in 1990 within the Department of Medicine. Dr. Zbigniew Darzynkiewicz, an NIH Merit awardee, was recruited to head the Institute which brought together a multi-disciplinary team to characterize the mechanism of action of new anti-tumor drugs, especially in relation to tumor cell biology and the cell cycle. Collaboration between the Departments of Medicine, Experimental Pathology, Pathology and Microbiology and Immunology on cancer research is active and ongoing. Other areas of research focus are Lyme disease, molecular genetics and the etiology of substance abuse.
As mentioned, the College's Trustees recently invested a portion of unrestricted endowment funds in clinical science departments to support research program development. These current efforts to stimulate clinical research are centered on the Valhalla campus but must be extended to other teaching sites through the joint efforts of the College and the affiliated teaching hospitals.

Among the objectives of the College is the desire to encourage the development of physicians as scientists and promotion of the joint M.D./Ph.D. program. The existence of the Graduate School of Basic Medical Sciences and the resultant co-mingling of Ph.D. students and medical students in the educational process helps to achieve this objective. Graduate students work with faculty as teaching assistants in laboratory exercises, conferences, and seminars with medical students and provide tutoring to medical students. Medical students are given an opportunity to spend at least one summer working with Ph.D. candidates and faculty on structured research projects.

The Graduate School of Basic Medical Sciences has 75 Ph.D. students enrolled among all six of the basic science departments, and 57 master of science candidates. The M.S. program is a 30-credit program aimed at students with both academic and non-academic career goals. The applicant pool for the Graduate School of Basic Medical Sciences is stable but relatively small in keeping with the general national trend. The students, who are more likely to be non-nationals and women than five years ago, are well qualified and motivated. The Ph.D. program is an intensive, high quality one with a one-to-one faculty-student ratio.

9. Departments of the College

A. Basic Science Departments

The six basic science departments function very well with respect to their teaching, research, and service activities. Since the last LCME self-study, a new Chairman of the Department of Cell Biology and Anatomy has been appointed. The new Chairman has recruited seven new faculty to the department. This has materially strengthened the department's teaching program and revitalized its research program. Also, since the last self-study, the Dean divided the Department of Pathology into two departments, thus creating the new Department of Experimental Pathology. The non-clinical faculty have been assigned to the Department of Experimental Pathology which has assumed the primary responsibility for the Ph.D. program. It has shared responsibility with the Department of Pathology for the undergraduate curriculum, which as noted earlier, has undergone significant restructuring under the new leadership. The separation into two departments has generated some growing pains. A final judgment regarding the operational efficiency of this new organization of the former Department of Pathology has not been rendered. The original plan to divide the departments called for an external review of the organization change after two years. The review will be scheduled for spring/summer 1993.
The basic science faculty has grown 18 percent since 1987, from 60 to 71 full-time faculty. In addition, it has two part-time and 61 voluntary faculty members. This number is above the mean for U.S. medical schools. Two departments, Biochemistry and Molecular Biology, and Microbiology and Immunology, are below the national average in number of faculty. Nevertheless, all departments are considered appropriate for the current medical student and graduate student body size and the educational program. The quality of the basic science faculty is very high. Their research productivity and accomplishments are outstanding, and a number of faculty have achieved national and international stature and recognition. The basic science departments, as a whole, have increased their level of extramural research support by 29 percent (after adjusting for inflation) since 1988. This accomplishment is largely due to the successful effort of the Department of Physiology to double its external support, including an NIH Program Project Grant, to further its study of endothelial cell function, and the recruitment of excellent new faculty at both junior and senior levels by the aforementioned new Chairman of the Department of Cell Biology and Anatomy. This latter department has tripled its research support in just three years and more growth is expected. Despite much progress in the department, there is some concern regarding the heavy dependence on adjunct faculty to teach gross anatomy.

The Department of Pharmacology, which ranks among the foremost departments in the nation, has maintained its NIH Program Project Grant for the past eight years, and has consistently been praised by students for its outstanding teaching. Its Chairman and another senior faculty member are currently NIH Merit awardees and its faculty have received numerous other peer reviewed awards. The Department of Biochemistry and Molecular Biology has also benefitted from excellent junior faculty recruitments which have advanced their research agenda and improved their teaching program. The Department of Microbiology and Immunology has also made significant and successful efforts to revitalize its faculty. The Chairman has recruited senior faculty with well established research programs and has also reached out to establish innovative relationships with researchers from private industry who are seeking a mutually beneficial academic alliance.

In the aggregate, in fiscal year 1992 the basic science departments were supported 61 percent by College hard dollars and 39 percent by extramural research grants. After adjusting for inflation, total financial support from all sources for the basic science departments has grown only slightly (1 percent) since 1987. Budgetary constraints, caused principally by reduction in medical school support by the state and the impact of new federal indirect costs recovery policy, resulted in an indefinite hiring freeze on four faculty positions. There is concern that this action could have a negative impact on the continuing growth of basic research. Recently, the Board of Trustees extended the “academic loan program” to a basic science department in order to attract an outstanding junior investigator. Although it would be preferable to increase recurring base budget support, this “academic loan” does mitigate the worst effects of the freeze.
B. Clinical Departments

The College has 20 clinical departments with a faculty totaling 2,600 full-time, part-time and voluntary members. Thirty-seven percent or 914 are full-time faculty members. The full-time component of the clinical faculty has grown nearly 50 percent since 1987. Over three-quarters of the full-time faculty have appointments in the five major clerkship departments. The substantial size of the major departments permits reasonable balance among teaching, patient care, and research activities. As noted earlier, two new clinical departments have been created since 1987, Radiation Medicine and Neurosurgery. Both departments have developed quickly and have initiated newly approved residency training programs.

A number of the College's clinical departments have significant ongoing externally supported research programs. These include the Departments of Medicine, Pediatrics, Psychiatry and Behavioral Sciences, Dermatology, Pathology, and Otolaryngology. Several other departments are actively developing research programs using internally generated support.

The Department of Medicine has $5.5 million in external research funding annually which supports investigations in cancer, cardiovascular disease, infectious diseases, pulmonary vascular injury and other areas. The department has also begun a new program initiative in women's health which will have service, education and research elements.

The Department of Pediatrics has approximately $1.7 million annually in external support for research in AIDS, Lyme disease, molecular genetics and other areas.

The Department of Psychiatry and Behavioral Sciences faculty has obtained approximately $1.8 million in annual external support to study the etiology of substance abuse. Among the clinical departments Psychiatry has been cited consistently by the students for its exemplary program to ensure curriculum standardization across sites.

Despite the increased research activity in the clinical departments, an increased commitment to research activity should be made a priority of all of the College's clinical departments. As noted earlier, this is a high priority of the Dean and the College's Trustees, who have demonstrated their tangible financial commitment to assisting the departments in the development stage.

The College has seven officially designated active institutes or centers, principle among which are the Cancer Research Institute, Cardiovascular Disease Research Institute, the Institute for Trauma and Emergency Care, and the Institute for International Health. The College's administration is currently reviewing the criteria for the designation of institutes and centers and an appropriate organizational structure for them.
IV. SUMMARY OF WEAKNESSES, STRENGTHS AND RECOMMENDATIONS FOR CHANGE

1. EDUCATIONAL PROGRAM FOR THE M.D. DEGREE

Weaknesses:

- More integration of basic and clinical science course materials and faculty teaching throughout the four years would improve the educational program.

- Mid-clerkship student evaluations by clerkship site coordinators are not provided consistently to all students.

- The grading policy and process used by the Department of Obstetrics and Gynecology is not viewed by students as fair to all students and consistent with the department’s stated grading policy.

- The College’s recent graduates are much more likely to enter non-primary care than primary care specialties. Based on analysis of historical data, only 23 percent of NYMC graduates are currently projected to enter primary care practice.

Strengths:

- Clinical clerkships are well organized, coordinated and appropriately standardized among all sites. The appointment of a departmental clerkship director and departmental site coordinators ensures the consistency and quality of the curriculum of each department.

- Creation of the position of Associate Dean for Academic Programs and linking it directly to the Curriculum Committee (i.e., the Associate Dean is Chairman of the Curriculum Committee) has ensured that evaluation and assessment, curriculum development, and implementation processes are integrated. It has also helped to centralize the curriculum policy and planning functions.

- The Curriculum Committee has kept the M.D. educational program dynamic, innovative, and synchronized with our educational objectives. The new selectives in Primary Care, Substance Abuse, and Experimental Basis of Medicine, and the new mandates for one-month rotations both in Geriatric Medicine and Ambulatory Care are among the many enhancements to the College’s curriculum since the last LCME self-study.
The College's focus and efforts over the last three years on evaluation and outcome assessment is evolving into a comprehensive system which uses multiple methodologies to measure success in achieving objectives.

**Recommendations for Change:**

- Attention to development of cases or problems which integrate the basic and clinical sciences should be given high priority. The Curriculum Committee, which coordinates this effort, should consider establishing specific case development goals for appropriate curriculum areas. A comprehensive plan to introduce more correlative basic science material into the clinical education program on the undergraduate and graduate levels on a consistent basis across all training sites should be developed. Such a plan should include the identification of personnel and financial resources that would be required to achieve stated goals.

- The Quality Assurance Subcommittee of the Curriculum Committee has proposed a formalized system for follow-up on faculty teaching and course weaknesses identified in the evaluation process. This system will allow the Curriculum Committee to be proactive in monitoring course content and faculty teaching quality.

- The Dean is addressing student concerns regarding grading policy and procedures in the Department of Obstetrics and Gynecology with the department Chairman.

- The College has completed the initial stage of a comprehensive self-assessment of the primary care education program. On the basis of this assessment, a preliminary plan of action has been developed. Further development should be undertaken during the 1992/1993 and 1993/1994 academic years, with the objective of implementing a comprehensive plan of action as soon as possible.

- The College should institute a uniform, comprehensive orientation program for PGY1 international medical graduates at all teaching hospital affiliates where medical students are taught. The program should describe the organization of the hospital, the department, the teaching role of residents and attendings, and the learning objectives of the clerkship in which the IMG will participate.
2. RESOURCES: FACULTY, FINANCIAL, STUDENT SERVICES, FACILITIES

**Weaknesses:**

- There is no formal, ongoing faculty development program which focuses on improving faculty teaching skills and introducing new teaching techniques.
- Basic science faculty salaries and some benefits have fallen behind the regional medical school average.
- New York Medical College's heavy reliance on tuition, faculty practice, and hospital contract reimbursement for support limits growth potential because there is little or no prospect for real (i.e., above inflation) revenue growth from these three sources.
- Student indebtedness is high. Ninety percent of College students borrow for their education and their average indebtedness is $85,000 upon graduation.
- Student space for quiet study and for recreation and physical fitness on campus is not adequate. Parking availability for students and faculty is also a chronic problem.
- Faculty space for clinical practice and research limits potential growth in both areas.

**Strengths:**

- The College's emphasis on and investment in research development, particularly in the clinical sciences, has grown notably. The College's Trustees have approved the use of $1.8 million of unrestricted endowment funds to date for start-up funding, primarily for research faculty and equipment in clinical departments. Research space has grown 23 percent in total and 70 percent for clinical departments. College administration is currently studying the feasibility of purchasing a research building adjacent to the campus which would double the research space available to clinical departments.
- Thirteen new chairmen, and numerous new senior faculty recruited to the College since 1987, have stimulated new research and patient care programs as well as curriculum revitalization. The College's complement of full-time faculty increased by 50 percent, resulting overall in a well-trained core faculty with adequate time for teaching.
The quality and diversity of the College's university and major teaching hospital affiliates provide a truly outstanding clinical teaching resource for students. This strength is consistently recognized and cited by students.

The College's record in minority recruitment has been very strong. Total minority student enrollment grew from 13 in 1970 to 42 in 1980 and to 68 in 1992. The College's graduation rate for minority students has averaged over 70 percent for the past fifteen years.

New York Medical College's Medical Education Consortium provides a unique organizational structure which, when coupled with recently signed and strengthened affiliation contracts, forms the basis for a long-term partnership with the teaching hospital affiliates in education, patient care, and research that will advance mutual agendas in these three areas.

General and clinical facilities, and the administrative services which support education and research programs, are considered to be very good.

**Recommendations for Change:**

- Establish a faculty development program specifically designed to introduce a teaching skills improvement program for basic science and clinical science faculty, including residents. The program should provide individualized instruction for faculty needing or desiring to improve their teaching skills. In addition, it should aim to create a cadre of highly skilled basic and clinical science faculty teachers who will serve as teaching trainers within departments at the various teaching hospitals on a continuing basis. A Faculty Teaching Committee should be established to oversee the development of such a program.

- Explore alternative methods to evaluate faculty teaching effectiveness and how best to use such an evaluation as part of the tenure and promotions decision process.

- Increase base budget funding for the basic science departments to restore positions eliminated in 1992 and improve faculty salaries where they have fallen behind the AAMC regional averages.

- Intensify the fund raising efforts of the College to provide more scholarship aid for needy students and evaluate the cost and feasibility of capping borrowing for students who enter primary care practice.

- Examine the history of minority student recruitment and retention at NYMC and define an appropriate role for the College with respect to achieving the AAMC "Project 3000 by 2000" goal. A task force will be appointed by the Dean to study how NYMC can maintain and build on its strong recruitment and retention record. The task force will analyze the outreach and admissions process and criteria, as well as the financial and academic support programs now in place.
- Establish a task force made up of students, faculty and administration to examine how the Student Health Service can be broadened in scope to include preventive services and a wellness program; and to identify the organizational and financial impact of such changes.

- Ensure implementation and maintenance of an exemplary system for prevention, protection and follow-up of students subject to high risk of exposure to TB, HIV and hepatitis.

- Establish a federation of the departmental faculty practice plans to ensure that faculty practice continues to grow at a reasonable rate and can fully and competitively support the needs of a "managed care" style of practice and organization.

- Expand the ambulatory care space planning process that is now underway to include a comprehensive assessment of academic, research, student activity, and administrative space needs. This planning process should incorporate the full conceptual development of a Campus Learning Center that would house a large auditorium, state-of-the-art audio-visual center, additional classrooms, computer center, etc. In the short term, College administration should develop a reuse plan for the Vosburgh Pavilion (which will be vacated upon completion of new campus dormitories). This vacated space could satisfy the most urgent space needs, that is, student space for study, small group teaching conferences, as well as office space for new faculty.
APPENDIX

THE FIFTEEN SELF-STUDY COMMITTEES AND THEIR MEMBERS

1. TASK FORCE

Chaired by Karl P. Adler, M.D., Dean and Vice President for Medical Affairs, NYMC

Barrett, Rev. Harry C. President NYMC
Belloni, Francis L., Ph.D. Physiology NYMC
Brownstein, Edward J., M.D. Psychiatry NYMC
Cobs, Ronald K., M.D. Medicine Metropolitan Hospital
Cooney, George Chairman, Board of Trustees NYMC
English, Joseph T., M.D. Psychiatry St. Vincent's Hospital/2
Ellinger, Joseph D., Ph.D. Cell Biology & Anatomy NYMC
Ford, Charles, Ed.D. Dean, Graduate School NYMC
Gamberg, Steven R., M.D. Medicine NYMC
Graham, Kevin Dean's Office NYMC
Herman, Michael V., M.D. Medicine NYMC
Jones, James R., M.D. Obstetrics/Gynecology NYMC
Kaley, Gabor, Ph.D. Physiology NYMC
Keehan, Mary E. Dean's Office NYMC
King, Lambert, M.D. Medical Director St. Vincent's Hospital/2
Kline, Susan A., M.D. Student Affairs NYMC
Levere, Richard D., M.D. Medicine NYMC
Levine, Norman, Ph.D. Physiology NYMC
Lucariello, Ralph M., M.D. Medicine Our Lady of Mercy
Masdeu, Joseph C., M.D. Neurology NYMC
McGill, John C., M.D. Pharmacology NYMC
Newman, Leonard J., M.D. Pediatrics NYMC
Piccolo, Stephen Administration NYMC
Rackow, Eric C., M.D. Medicine St. Vincent's Hospital/2
Rubin, Samuel, M.D. Board of Trustees NYMC
Smythe, Sheila Dean, Graduate School NYMC
Steadman, William A. II Dean's Office NYMC
Stephenson, Michael, M.D. Experimental Pathology NYMC
Stone, Robert K., M.D. Medical Director Metropolitan Hospital
Tuchman, Alan J., M.D. Neurology Lincoln Hospital
Walsh, Joseph B., M.D. Ophthalmology NY Eye & Ear Infirmary

Student Members:
Bernstein, Robert, Student Senator Class of:
Bryson, Lennox, Student Senator 1995
Gross, Robert, President of Student Senate 1996
Hirshman, Philip, Vice President of Student Senate 1993
Mahn, Michele 1984
Torrecola, Maria, Past President of Student Senate 1985
Weiss, Stephanie 1992

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2. STEERING COMMITTEE
Chaired by Karl P. Adler, M.D., Dean and Vice President for Medical Affairs, NYMC

English, Joseph T., M.D.  Psychiatry  St. Vincent's Hospital/NY
Gambert, Steven R., M.D.  Medicine  NYMC
Graham, Kevin  Dean's Office  NYMC
Keegan, Mary E.  Dean's Office  NYMC
Kline, Susan A., M.D.  Student Affairs  NYMC
Levere, Richard D., M.D.  Medicine  NYMC
Levine, Norman, Ph.D.  Physiology  NYMC
McGiff, John C., M.D.  Pharmacology  NYMC
Steadman, William A. II  Dean's Office  NYMC
Stone, Richard K., M.D.  Medical Director  Metropolitan Hospital
Tuchman, Alan J., M.D.  Neurology  Lincoln Hospital
Weseley, Stephen A., M.D.  GME  NYMC

Student Members:
Mahn, Michele  Class of:
Weiss, Stephanie  1993

3. OBJECTIVES SUBCOMMITTEE
Chaired by Richard D. Levere, M.D., Professor and Chairman, Department of Medicine, Vice Dean, NYMC

Altman, Kurt, M.D.  Medicine  Metropolitan Hospital
Barrett, Rev. Harry C.  President  NYMC
Clemendor, Anthony, M.D.  Minority Affairs  NYMC
English, Joseph T., M.D.  Psychiatry  St. Vincent's Hospital/NY
Ford, Charles, Ed.D.  Dean, Graduate School  NYMC
Girolamo, Rita, M.D.  Radiology  NYMC
Keegan, Mary E.  Dean's Office  NYMC
Klein, Robert, M.D.  Radiology  NYMC
McClung, John A., M.D.  Medicine  NYMC
Rendan, Mario L., M.D.  Psychiatry  Lincoln Hospital
Robin, Noel I., M.D.  Medical Director  Stamford Hospital
Schwartzman, Michal, Ph.D.  Pharmacology  NYMC
Wasserman, Felix E., Ph.D.  Microbiology  NYMC

Student Members:
Gross, Robert, President of Student Senate  Class of:
Hirshman, Philip, Vice President of Student Senate  1993

4. GOVERNANCE AND ADMINISTRATION SUBCOMMITTEE
Chaired by Richard K. Stone, M.D., Medical Director and Professor of Clinical Pediatrics, Metropolitan Hospital Center

Carter, Mack L., Jr.  Commissioner  WCMC
Fierro, Louis E., M.D.  Alumni Association  NYMC
Hilaris, Basil S., M.D.  Radiation Medicine  NYMC
Martin, Thomas  Administration  NYMC
Masdeu, Joseph C., M.D.  Neurology  NYMC
McGiff, John C., M.D.  Pharmacology  NYMC
Messina, Edward J., Ph.D.  Physiology  NYMC
5. EDUCATIONAL PROGRAM FOR THE M.D. DEGREE SUBCOMMITTEE
Chairled by Steven R. Gambert, M.D., Associate Dean, Academic Programs
and Professor of Medicine, NYMC

- Biondi, Richard
- Bousvaros, George, M.D.
- Cossner, William J., M.D.
- Horvath, Frederick E., Ph.D.
- Pastore, Frank R., M.D.
- Sivak, Steven L., M.D.
- Swirsky, Michael H., M.D.
- Tames, Steven M., M.D.
- Winters, Richard A., M.D.
- Zachrour, Reinhard, M.D.

- Administration
- Medicine
- Family Medicine
- Physiology
- Psychiatry
- Medicine
- Radiology
- Pediatrics
- Psychiatry
- Experimental Pathology

- NYMC
- Metropolitan Hospital
- NYMC
- NYMC
- NYMC
- NYMC
- NYMC
- NYMC
- Metropolitan Hospital
- NYMC

Student Members:
- Keshen, Tamir
- Tedford, Michael, Student Senator

House Staff Member:
- Antonecchia, Paul

6. MEDICAL STUDENTS SUBCOMMITTEE
Chairled by Michael V. Herman, M.D., Professor of Medicine, NYMC

- Brownstein, Edward J., M.D.
- Clayton, Sherri A., M.D.
- Cohen, Mary Ann, M.D.
- Grayson, Martha S., M.D.
- Halkett, Catherine Schroeder
- Kline, Susan A., M.D.
- Meggs, Leonard G., M.D.
- Perla, Elliott N., M.D.
- Sozzo, Anthony
- Wenk, Eugene J., Ph.D.

- Psychiatry
- Medicine
- Psychiatry
- Medicine
- President's Office
- Student Affairs
- Medicine
- Medicine
- Student Affairs
- Cell Biology & Anatomy

- NYMC
- WCMC
- Metropolitan Hospital
- St. Vincent's Hospital/NY
- NYMC
- NYMC
- NYMC
- NYMC
- NYMC

Student Members:
- Rookwood, Jacqueline
- Rubinowitz, Ami

7. FINANCES SUBCOMMITTEE
Chairled by Alan J. Tuchman, M.D., Professor of Clinical Neurology,
Lincoln Medical and Mental Health Center

- Denning, Carolyn R., M.D.
- Goodman, Alvin L., M.D.
- Hodgson, John, M.D.
- Kasoff, Samuel S., M.D.

- Pediatrics
- Medicine
- Surgery
- Neurosurgery

- St. Vincent's Hospital/NY
- NYMC
- NYMC
- NYMC

NYMC
Kennedy, William T. Board of Trustees NYMC
Levin, Mark H., M.D. Medicine Metropolitan Hospital
Piccolo, Stephen Administration NYMC
Stackpole, Christopher, M.D. Experimental Pathology NYMC
Steadman, William A. II Dean's Office Metropolitan Hospital
Vergura, Allan Affiliation Office NYMC

Student Members:
Jiser, Michael
Varasteh, Nicole

House Staff Member:
Rawson, James, M.D. Radiology Metropolitan Hospital

8. GENERAL FACILITIES SUBCOMMITTEE
Chairred by Gabor Kaley, Ph.D., Professor and Chairman, Department of Physiology, NYMC

Bucher, Doris J., Ph.D. Microbiology NYMC
Frey, Richard Facilities Management NYMC
Inchiosa, Mario A. Jr., Ph.D. Pharmacology NYMC
Kaminsky, Sari, M.D. Obstetrics/Gynecology Metropolitan Hospital
Klein, Martin GME NYMC
Lewenfels, Albert B., M.D. Surgery NYMC
Mamtani, Ravindar, M.D. Community & Prev. Med. NYMC
Sloan, Howard R., M.D. Pediatrics Lincoln Hospital
Strebel, Ralph F., Ph.D. Comparative Medicine NYMC
Yarrish, Robert L., M.D. Medicine St. Vincent's Hospital/ NY

Student Members:
Chao, Lelin, Student Senator 1993
Oliverio, James 1994

House Staff Member:
Reichman, Paul, M.D. Surgery WCMC

9. FACULTY SUBCOMMITTEE
Chairred by Francis L. Belloni, Ph.D., Associate Professor, Department of Physiology, NYMC

Ayromloo, Jahangir, M.D. Obstetrics/Gynecology Lincoln Hospital
Cuppardi, Girolamo G., M.D. Medical Director Cabrini Medical Center
Koppel, Barbara S., M.D. Neurology Metropolitan Hospital
Lerea, Connie L., Ph.D. Cell Biology & Anatomy NYMC
Levine, Norman, Ph.D. Physiology NYMC
McGrane-Mayer, Maureen Human Resources NYMC
Mentos, Myrtheo, M.D. Medicine St. Vincent's Hospital/ NY
Rubin, Samuel, M.D. Board of Trustees NYMC
Steadman, William A. II Dean's Office NYMC
Weinstein, Arthur, M.D. Medicine NYMC
10. LIBRARY SUBCOMMITTEE

Chaired by Joseph Ellinger, Ph.D., Professor and Chairman, Department of Cell Biology and Anatomy, NYMC

Carroll, Mairead A., Ph.D. Pharmacology NYMC
Ford, Charles, Ed.D. Dean, Graduate School NYMC
Garafalo, Michael, M.D. Neurology St. Vincent's Hospital/NY
Garrick, Renee, M.D. Medicine NYMC
Harrison-Ross, Phyllis, M.D. Psychiatry Metropolitan Hospital
Montuori, Gerard R., M.D. Medicine Metropolitan Hospital
Myers, Judith Library NYMC
Shapiro, Donald, D.Sc. Computer Science NYMC
Springer, Alan D., Ph.D. Cell Biology & Anatomy NYMC
Thompson, Carl L., Ph.D. Physiology NYMC
Tortosa, Felicidad R., M.D. Rehabilitation Medicine Lincoln Hospital
Wu, Joseph M., Ph.D. Biochemistry NYMC

Student Members:
- Kahan, Jerald Class of: 1993
- La Mothe, Michele 1994
- Vieira, Lisa, Student Senator 1995

11. CLINICAL TEACHING FACILITIES SUBCOMMITTEE

Chaired by Lambert King, M.D., Medical Director and Vice President for Professional Affairs, St. Vincent's Hospital and Medical Center of New York

Barone, James E., M.D. Surgery Stamford Hospital
Hernosa-Villacorta, Bella, M.D. Pediatrics Lincoln Hospital
Hinterbuchner, Catherine, M.D. Rehabilitation Medicine NYMC
Kerin, Daniel, M.D. Medical Director Lincoln Hospital
Lugo, Javier J., M.D. Pediatrics Metropolitan Hospital
Maguire, George P., M.D. Medicine NYMC
Mallouh, Camille, M.D. Urology NYMC
Mallen, Michael P., M.D. Medicine Cabrini Medical Center
Reilly, Kevin D., M.D. Obstetrics/Gynecology Our Lady of Mercy
Rodriguez, Luis, J.D., M.P.H. Dean's Office NYMC
Tejani, Nergesh, M.D. Obstetrics/Gynecology NYMC

Student Member:
- Caluya, Lovella, Student Senator Class of: 1993

House Staff Member:
- Abercrombie, Michelle, M.D. Pediatrics WCMC

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12. RESEARCH/GRADUATE EDUCATION IN BASIC SCIENCES

**SUBCOMMITTEE**

Chaired by Michael B. Stemerman, M.D., Professor and Chairman, Department of Experimental Pathology, NYMC

<table>
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<tr>
<th>Name</th>
<th>Department</th>
<th>Institution</th>
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<tr>
<td>Brook, Judith, Ed.D.</td>
<td>Psychiatry</td>
<td>NYMC</td>
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<td>Darzykiewicz, Zbigniew, M.D.</td>
<td>Medicine</td>
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<td>Ford, Charles, Ed.D.</td>
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<td>Fried, Victor A., Ph.D.</td>
<td>Research Administration</td>
<td>NYMC</td>
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<td>Lasker, Lorraine</td>
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<td>St. Vincent's Hospital/ NY</td>
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<td>Psychiatry</td>
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<td>Psychiatry</td>
<td>St. Vincent's Hospital/ NY</td>
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Student Member:
Lee, Tommy 1994

13. GRADUATE MEDICAL EDUCATION SUBCOMMITTEE

Chaired by Eric Rackow, M.D., Vice Chairman and Professor, Department of Medicine, St. Vincent's Hospital and Medical Center of New York

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<td>Lincoln Hospital</td>
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<td>Psychiatry</td>
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<td>Pediatrics</td>
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<td>LaRaja, Raymond D., M.D.</td>
<td>Surgery</td>
<td>Cabrini Medical Center</td>
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<td>Urology</td>
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<td>Pillari, Vincent T., M.D.</td>
<td>Obstetrics/Gynecology</td>
<td>St. Vincent's Hospital/ NY</td>
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<td>Wesely, Stephen A., M.D.</td>
<td>GME</td>
<td>NYMC</td>
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Student Member:
Seigelman, Roberta

House Staff Member:
Shaw, Francis Michael, M.D.:
Obstetrics/Gynecology
Metropolitan Hospital

14. CONTINUING MEDICAL EDUCATION SUBCOMMITTEE

Chaired by James R. Jones, M.D., Professor and Chairman, Department of Obstetrics and Gynecology, NYMC

<table>
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<tr>
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<td>Antonelli, Michael, M.D.</td>
<td>Alumni Association</td>
<td>NYMC</td>
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<td>Bentivegna, Saverio S., M.D.</td>
<td>Surgery</td>
<td>NYMC</td>
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<td>Cayten, C. Gene, M.D.</td>
<td>Surgery</td>
<td>NYMC</td>
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<td>Dozor, Allen J., M.D.</td>
<td>Pediatrics</td>
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<td>Eisenberg, Harvey, M.D.</td>
<td>Medicine</td>
<td>Lincoln Hospital</td>
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<td>Lenox, Theodore, M.D.</td>
<td>Medicine</td>
<td>Metropolitan Hospital</td>
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<tr>
<td>O'Brien, James, Ph.D.</td>
<td>Graduate School</td>
<td>NYMC</td>
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<tr>
<td>Pok, Maureen, M.D.</td>
<td>Dermatology</td>
<td>NYMC</td>
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Student Member: White, Wendy

House Staff Member: Rodriguez-Ramos, Yvette, M.D. Emergency Medicine Lincoln Hospital

15. MEDICAL SCHOOL DEPARTMENTS SUBCOMMITTEE
   Chaired by Edward J. Brownstein, M.D., Professor and Chairman, Department of Psychiatry and Behavioral Sciences, Associate Dean of Admissions, NYMC

   Ettinger, Joseph D., Ph.D. Cell Biology & Anatomy NYMC
   Gewitz, Michael, M.D. Pediatrics NYMC
   Graham, Kevin Dean's Office NYMC
   McGiff John C., M.D. Pharmacology NYMC
   Melamed, Myron, M.D. Pathology NYMC
   Mesches, David N., M.D. Family Medicine NYMC

Student Member: Rosen, Barney, Student Senator

Class of: 1993
ALPHABETICAL LISTING OF NYMC SELF-STUDY PARTICIPANTS

(Assignments by Committee Number)

Faculty and Administration Members

Adler, Karl P., M.D., Dean and Vice President for Medical Affairs (1,2)
Altmann, Kurt, M.D., Professor of Medicine, Metropolitan Hospital Center (3)
Antonelli, Michael, M.D., President-Elect, Alumni Association (14)
Ayromlool, Jahangir, M.D., Professor of Obstetrics and Gynecology, Lincoln Medical and Mental Health Center (9)
Baber, Collins E., M.D., Associate Professor of Radiology, Lincoln Medical and Mental Health Center (13)
Babikian, Hrair, M.D., Professor of Clinical Psychiatry (13)
Barone, James E., M.D., Associate Professor of Surgery, Stamford Hospital (11)
Barrett, Rev. Harry C., D.Min., M.P.H., President and Chief Executive Officer (1,3)
Belloni, Francis L., Ph.D., Associate Professor of Physiology (1,9)
Bentivegna, Saverio S., M.D., Associate Dean, Professor of Clinical Surgery (14)
Biondi, Richard, Vice President, Institutional Advancement (5)
Boutraves, George, M.D., Professor of Medicine, Metropolitan Hospital Center (5)
Brook, Judith, Ed.D., Professor of Psychiatry (12)
Brownstein, Edward J., M.D., Professor and Chairman, Department of Psychiatry and Behavioral Sciences, Associate Dean of Admissions (1,6,15)
Bucher, Doris J., Ph.D., Associate Professor of Microbiology and Immunology (8)
Carroll, Mairead A., Ph.D., Associate Professor of Pharmacology (10)
Carter, Mack L. Jr., Commissioner of Hospitals, Westchester County Medical Center (4)
Cayten, C. Gene, M.D., Professor of Surgery, Our Lady of Mercy Medical Center (14)
Cimino, Joseph, M.D., Professor & Chairman, Department of Community and Preventive Medicine (14)
Clayton, Sherri A., M.D., Instructor of Medicine, Westchester County Medical Center (6)
Clemendor, Anthony, M.D., Associate Dean of Student Affairs, Office of Minority Affairs, Professor of Clinical Obstetrics and Gynecology (8)
Colsb, Ronald K., M.D., Associate Professor of Medicine, Metropolitan Hospital Center (1)
Cohen, Mary Ann, M.D., Associate Professor of Clinical Psychiatry, Metropolitan Hospital Center (6)
Cuppuri, Girolamo G., M.D., Associate Dean and Medical Director, Cabrini Medical Center (9)
Darzynkiewicz, Zbigniew, M.D., Ph.D., Professor of Medicine (12)
Denning, Carolyn R., M.D., Professor of Pediatrics, St. Vincent's Hospital and Medical Center of New York (7)
Dozor, Allen J., M.D., Assistant Professor of Pediatrics (14)
Eisenberg, Harvey, M.D., Professor of Clinical Medicine, Lincoln Medical and Mental Health Center (14)
English, Joseph T., M.D., Associate Dean and Professor of Psychiatry, St. Vincent's Hospital and Medical Center of New York (1,2,3)
Etlinger, Joseph D., Ph.D., Professor & Chairman, Department of Cell Biology & Anatomy (1,10,15)
Fierro, Louis E., M.D., President Alumni Association, Clinical Associate Professor of Anesthesia (4)
Ford, Charles, Ed.D., Dean, Graduate School Basic Medical Sciences, Dean of Academic Development (1,3,10,12)
Frey, Richard, Director, Facilities Management
Fried, Victor A., Ph.D., Professor of Cell Biology & Anatomy
Gambert, Steven R., M.D., Associate Dean, Academic Programs and Professor of Medicine
Carrollo, Michael, M.D., Associate Professor of Clinical Neurology, St. Vincent's Hospital and Medical Center of New York
Garrick, Renee, M.D., Associate Professor of Medicine
Gessner, William J., M.D., Clinical Associate Professor of Family Medicine
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Graham, Kevin, Assistant Dean of Administration
Grayson, Martha S., M.D., Associate Dean and Assistant Professor of Medicine, St. Vincent's Hospital and Medical Center of New York
Halkett, Catherine Schroeder, Executive Assistant to the President
Harrigan-Ross, Phyllis, M.D., Professor of Clinical Psychiatry, Metropolitan Hospital Center
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Hermosa-Villacorta, Bella, M.D., Assistant Professor of Pediatrics, Lincoln Medical and Mental Health Center
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Hodgson, John, M.D., Professor of Surgery
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Klein, Robert, M.D., Professor of Clinical Radiology
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Rackow, Eric C., M.D., Vice Chairman and Professor, Department of Medicine, St. Vincent's Hospital and Medical Center of New York (1,13)
Reilly, Kevin D., M.D., Director and Assistant Professor, Department of Obstetrics and Gynecology, Our Lady of Mercy Medical Center (11)
Rendon, Mario I., M.D., Director and Professor of Clinical Psychiatry, Department of Psychiatry (3)
Robin, Noel I., M.D., Associate Dean and Medical Director, Professor of Medicine, Stamford Hospital (3)
Rodriguez, Luis J.D., M.P.H., Senior Associate Dean for NYC Affiliations (11)
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Schwartzman, Michel, Ph.D., Associate Professor of Pharmacology (3)
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Stackpole, Christopher W., M.D., Associate Professor of Experimental Pathology (7)
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Weik, Eugene J., Ph.D., Associate Professor of Cell Biology and Anatomy (6)
Wesley, Stephen A., M.D., Associate Dean for Graduate Medical Education, Professor of Clinical Medicine (2,13)
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Zachrau, Reinhard, M.D., Professor of Experimental Pathology (8)
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Kennedy, William T. (7)
Rubin, Samuel, M.D. (1,9)

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Bryson, Lemnox, Student Senator 1986 (1)
Caluya, Leveita, Student Senator 1983 (11)
Chao, LeLin, Student Senator 1983 (8)
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Hirschman, Philip, Vice President of Student Senate 1984 (1,3)
Jiser, Michael 1983 (7)
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Keshen, Tamir 1983 (5)
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Lee, Tommy 1984 (12)
Mahn, Michele 1983 (1,2)
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Rookwood, Jacqueline 1983 (6)
Rosen, Barney, Student Senator 1993 (15)
Rubinowitz, Ami 1994 (6)
Sengelmann, Roberta 1993 (13)
Tedford, Michael, Student Senator 1994 (5)
Torrecilla, Maria, Past President of Student Senate 1992 (1)
Varasteh, Nicole 1994 (7)
Vieira, Lisa, Student Senator 1995 (10)
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White, Wendy 1993 (14)

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Hoffman, Daniel, M.D., Department of Urology Westchester County Medical Center (9)
Rawson, James, M.D., Department of Radiology, Metropolitan Hospital Center (7)
Reichman, Paul, M.D., Department of Surgery, Westchester County Medical Center (8)
Rodriguez-Ramos, Yvette, M.D., Department of Emergency Medicine, Lincoln Medical and Mental Health Center (14)
Shaw, Francis Michael, M.D., Department of Obstetrics and Gynecology Metropolitan Hospital Center (13)
<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Details</th>
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<tr>
<td><strong>St. Vincent's Hospital and Medical Center of New York</strong></td>
<td>762 beds in use</td>
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<tr>
<td></td>
<td>24,983 annual admissions</td>
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<td></td>
<td>67,000 outpatient visits</td>
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<td></td>
<td>55,000 emergency room visits</td>
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<td>$280 million operating budget</td>
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<td><strong>Cabrini Medical Center</strong></td>
<td>493 beds in use</td>
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<td>12,336 annual admissions</td>
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<td>46,248 outpatient visits</td>
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<td>17,262 emergency room visits</td>
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<td><strong>Metropolitan Hospital Center</strong></td>
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<td>15,252 annual admissions</td>
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<td>287,390 outpatient visits</td>
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<td>68,971 emergency room visits</td>
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<td><strong>Our Lady of Mercy Medical Center</strong></td>
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<td>83,182 outpatient visits</td>
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<td>61,500 emergency room visits</td>
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<td><strong>Lincoln Medical and Mental Health Center</strong></td>
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<td>28,987 annual admissions</td>
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<td>492,656 outpatient visits</td>
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<td>96,111 emergency room visits</td>
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<td><strong>The Stamford Hospital</strong></td>
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<td>109,154 outpatient visits</td>
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<td>30,000 emergency room visits</td>
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<td><strong>Westchester County Medical Center</strong></td>
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<td>21,486 annual admissions</td>
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<td>121,341 outpatient visits</td>
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<td>18,671 emergency room visits</td>
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<td>$254 million operating budget</td>
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