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

September 1999
# TABLE OF CONTENTS

I. DESCRIPTIVE OVERVIEW OF NEW YORK MEDICAL COLLEGE

II. SUMMARY OF MAJOR CHANGES SINCE THE 1993 LCME SELF-STUDY

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Governance and Administration</td>
<td>2</td>
</tr>
<tr>
<td>B. Strategic Planning and Reengineering</td>
<td>2</td>
</tr>
<tr>
<td>C. Commission on Higher Education of the Middle States Association</td>
<td>2</td>
</tr>
<tr>
<td>of Colleges and Schools Accreditation</td>
<td></td>
</tr>
<tr>
<td>D. Educational Objectives</td>
<td>3</td>
</tr>
<tr>
<td>E. Performance on National Boards</td>
<td>3</td>
</tr>
<tr>
<td>F. Educational Program</td>
<td>3</td>
</tr>
<tr>
<td>G. Curriculum Management and Renewal</td>
<td>4</td>
</tr>
<tr>
<td>H. High Cost, High Indebtedness, Student Financial Aid</td>
<td>4</td>
</tr>
<tr>
<td>I. New Educational Facilities</td>
<td>5</td>
</tr>
<tr>
<td>J. Computer and Information Resources</td>
<td>5</td>
</tr>
<tr>
<td>K. Finances</td>
<td>6</td>
</tr>
<tr>
<td>L. College Endowment and Institutional Debt</td>
<td>6</td>
</tr>
<tr>
<td>M. Faculty Practice Plans</td>
<td>6</td>
</tr>
<tr>
<td>N. Faculty Development</td>
<td>6</td>
</tr>
<tr>
<td>O. Chairman Recruitment/Departmental Reorganization</td>
<td>7</td>
</tr>
<tr>
<td>P. Graduate Medical Education</td>
<td>7</td>
</tr>
<tr>
<td>Q. Graduate School of Basic Medical Sciences</td>
<td>7</td>
</tr>
</tbody>
</table>

III. SELF-STUDY SUMMARY FINDINGS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Objectives</td>
<td>8</td>
</tr>
<tr>
<td>B. Governance and Administration</td>
<td>9</td>
</tr>
<tr>
<td>C. Educational Program for the M.D. Degree</td>
<td>11</td>
</tr>
<tr>
<td>D. Medical Students</td>
<td>16</td>
</tr>
<tr>
<td>E. Resources of the School of Medicine</td>
<td>18</td>
</tr>
<tr>
<td>1. Financial Resources</td>
<td>18</td>
</tr>
<tr>
<td>2. General Facilities</td>
<td>19</td>
</tr>
<tr>
<td>3. Faculty Resources</td>
<td>21</td>
</tr>
<tr>
<td>4. Library</td>
<td>23</td>
</tr>
<tr>
<td>5. Computer and Information Resources</td>
<td>24</td>
</tr>
<tr>
<td>6. Clinical Teaching Facilities</td>
<td>24</td>
</tr>
<tr>
<td>F. Graduate Education in the Basic Sciences</td>
<td>26</td>
</tr>
<tr>
<td>G. Graduate Medical Education</td>
<td>27</td>
</tr>
<tr>
<td>H. Continuing Medical Education</td>
<td>28</td>
</tr>
<tr>
<td>I. Research</td>
<td>28</td>
</tr>
<tr>
<td>J. Departments of the College</td>
<td>29</td>
</tr>
<tr>
<td>1. Basic Science Departments</td>
<td>29</td>
</tr>
<tr>
<td>2. Clinical Departments</td>
<td>30</td>
</tr>
</tbody>
</table>

IV. SUMMARY OF STRENGTHS, WEAKNESSES AND RECOMMENDATIONS FOR CHANGE

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Objectives</td>
<td>31</td>
</tr>
<tr>
<td>B. Educational Program for the M.D. Degree</td>
<td>32</td>
</tr>
<tr>
<td>C. Medical Students</td>
<td>33</td>
</tr>
<tr>
<td>D. Research</td>
<td>35</td>
</tr>
<tr>
<td>E. Graduate Medical Education</td>
<td>36</td>
</tr>
</tbody>
</table>
APPENDICES

THE SEVENTEEN SELF-STUDY COMMITTEES AND THEIR MEMBERS

1. Task Force 39
2. Executive Committees 40
3. Objectives Subcommittee 40
4. Governance Subcommittee 40
5. Educational Program For The M.D. Degree Subcommittee 41
6. Medical Students Subcommittee 41
7. Finances Subcommittee 42
8. General Facilities Subcommittee 42
9. Faculty Subcommittee 42
10. Library Subcommittee 43
11. Computer/Information Resources Subcommittee 43
12. Clinical Teaching Facilities Subcommittee 44
13. Graduate Education in the Basic Sciences Subcommittee 44
14. Graduate Medical Education Subcommittee 45
15. Continuing Medical Education Subcommittee 45
16. Research Subcommittee 45
17. Medical School Departments Subcommittee 46

ALPHABETICAL LISTING OF SELF-STUDY PARTICIPANTS 47
Faculty and Administration 47
Board of Trustees 51
Student Members 51
House Staff Members 52

BOARD OF TRUSTEES 53

UNIVERSITY ADMINISTRATION 53

MEDICAL SCHOOL ADMINISTRATION 54

DEPARTMENT CHAIRS 56

NEW YORK MEDICAL COLLEGE AFFILIATES 57
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, editor and statesman, the College established its first home in a building situated at the corner of Third Avenue and 20th Street where it opened for classes with seven faculty members, 59 students and the dean. The College, since 1984 recognized by the New York State Department of Education as a health sciences university, is among the nation's largest private institutions. There are 760 undergraduates in the School of Medicine, 62 Ph.D. candidates and 95 M.S. candidates in the Graduate School of Basic Medical Sciences and 610 enrolled students in the 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. Relocation to Westchester progressed during the 1970s. In 1978 the College began its relationship with the Roman Catholic Archdiocese of New York. The Archdiocese assumed operation of the College's teaching hospital, Flower and Fifth Avenue Hospitals which was fiscally troubled, and converted it into a specialty hospital serving the developmentally disabled.

Although its main campus is in Westchester County, on a site shared with Westchester Medical Center, the College has maintained a strong presence in New York City through its network of teaching hospital affiliates. Eight of the College's teaching hospital affiliates are located there, including four of the six major teaching hospitals (Saint Vincents Hospital and Medical Center, Metropolitan Hospital Center, Our Lady of Mercy Medical Center and the Sisters of Charity Medical Center). The College has greatly expanded the region it serves to include the suburban and semi-rural areas of the mid-Hudson Valley, western Connecticut, and northern New Jersey.
II. SUMMARY OF MAJOR CHANGES SINCE THE 1993 LCME SELF-STUDY

A. Governance and Administration

Since the last LCME self-study, the College, recognizing the need for a chief academic officer, appointed Ralph A. O’Connell, M.D., as provost, reporting directly to the president and Board of Trustees. Dr. O’Connell also serves as the dean of the School of Medicine. Reporting to the provost are the deans of the Graduate School of Health Sciences and the Graduate School of Basic Medical Sciences as well as three vice-provosts (administration and finance, academic administration and university student affairs).

B. Strategic Planning and Reengineering

In 1993 the College created the Office of University Planning to oversee and facilitate the development and implementation of a university-wide strategic plan. The Strategic Plan 1996-2000 was the College’s first formal institutional strategic planning initiative. The strategic plan serves as an institutional guide for program development, resource allocation and overall decision-making. The College’s progress toward implementing the strategic plan is monitored, evaluated and reviewed annually with the president and the provost, as well as others who are responsible for administrative and academic leadership of the university.

Subsequent to the creation of the strategic plan, the College determined that a major financial reorganization would be required to advance research objectives and implement research goals that had been called for. In 1996/1997, the College undertook a reengineering process, which was described as “implementing the strategic plan within the available financial resources.” As described in the Report on Reengineering, all areas of the College’s activities were examined in a community-wide process. The success of the reengineering effort has enabled the College to make important investments in educational and research resources.

C. Commission on Higher Education of the Middle States Association of Colleges and Schools Accreditation

Following a review by the Commission on Higher Education of the Middle States Association of Colleges and Schools (CHE/MSA), New York Medical College received a full five-year accreditation. Similar to the LCME self-study, the initial Middle States review was a comprehensive internal assessment. Since that initial review, the College community has been keenly aware of the need to monitor educational outcomes for all three schools. Accordingly, the current Middle States self-study, which will conclude with a site visit in April 2000, is focusing on improving the quality of student learning through the establishment and assessment of educational outcomes.
D. Educational Objectives

Since the last LCME self-study, the College has made significant progress on the establishment and clarification of institutional and school-specific goals and objectives. Beginning with the strategic planning process that encompassed the entire academic community, the university reaffirmed the primacy of its educational mission. The strategic plan validated the importance of a strong research foundation and service to the community.

The strategic plan was deliberately linked to the self-study recommendations of both the 1993 LCME review and the subsequent CHE/MSA evaluation. In turn, reengineering focused on bringing the university's allocation of resources in line with the strategic plan and individual school objectives.

Following this process, beginning in the fall of 1997, the dean appointed an ad hoc committee of the faculty to develop educational objectives with measurable outcomes for the School of Medicine's curriculum. The curriculum committee, the chairs of the academic departments, and the Board of Trustees approved the College's objectives, which were guided by those developed by the Association of American Medical Colleges, Medical School Objectives Project (AAMC MSOP) in 1998.

E. Performance on National Boards

Since the last self-study, student performance on the National Board of Medical Examiners USMLE Steps 1 and 2 has improved dramatically. Students' average scores on Step 1 have exceeded the national average each year beginning with the class of 1996, which entered the School of Medicine in 1992. Similarly, student test results (both average scores and numbers passing) on Step 2 have equaled or exceeded the national average beginning with the class of 1996. The College attributes these results to the continual effort by faculty members in the areas of applicant selection, curriculum management and student mentoring.

F. Educational Program

During the past six years there has been a significant increase in the number of ambulatory care teaching sites. In addition, significant changes were made in the medical school curriculum to reflect the increased emphasis placed on primary care. In 1993 New York Medical College was selected by the Robert Wood Johnson Foundation for participation in the Generalist Physician Initiative. With the goal of promoting excellence in general medicine, significant efforts have been made to ensure that the College provides a general professional education that prepares students for all career options. Major changes included the addition of a required first-year course on Introduction to Primary Care, a required third-year family medicine clerkship, a required fourth-year geriatrics rotation, a mandatory clinical rotation in palliative care, and an expanded biomedical ethics program in all four years.
Students who have shown an early commitment to entering primary care are offered the opportunity to enter an innovative six-year program combining undergraduate education and residency training in primary care. Three or four students per class have taken part in this program, which has been favorably reviewed and approved by the American Board of Internal Medicine (ABIM) and the Health Care Financing Administration (HCFA).

The College also has taken steps to increase integration between the basic and clinical sciences. All basic science courses have clinical correlation sessions and all of the clinical departments emphasize evidence-based medicine and scientifically validated practice guidelines. Department chairs and faculty have strongly supported these efforts.

G. Curriculum Management and Renewal

Since the last LCME self-study, the College has made significant strides in improving the strength of its academic programs through a well informed, proactive Office of Academic Affairs whose leadership identifies new and emerging national trends and “best practices” in medical education. This office keeps the dean, the faculty and the curriculum committee abreast of these developments. It also provides curriculum committee staff support and has responsibility for dissemination and implementation of decisions, policies and procedures.

The curriculum committee, comprising two students from each of the four classes and 60 faculty members broadly representing the basic and clinical sciences, likewise evaluates, coordinates and provides oversight to the curriculum. Four standing subcommittees (the pre-clinical years subcommittee, the clinical years subcommittee, the primary care subcommittee, and the evaluation, outcomes assessment and quality assurance subcommittee) work together, through overlapping membership and workgroups, to promote curricular consistency and coordination.

Additionally, the curriculum committee makes use of interdisciplinary ad hoc task forces to study curriculum offerings and selected topics across all four years. Since 1993, task forces have been appointed in such areas as women’s health, aging and geriatrics, chronic care pediatrics, addiction medicine, biomedical ethics and neurobehavioral sciences.

H. High Cost, High Indebtedness, Student Financial Aid

Based on data for academic year 1998/1999, the School of Medicine has the 18th highest medical school tuition in the nation. Although this is too high, in 1992 the medical school ranked sixth. This significant progress reflects a College policy to keep tuition increases to a minimum. The average annual increase since 1993 has been significantly less than the rate of inflation. Notwithstanding the medical school’s resolve to hold tuition increases to a mini-
mum, the average debt for 1999 graduates was $137,000.

New York Medical College funds awarded for financial aid (scholarships and forgivable loans) total $2.9 million, twice the amount that was available at the time of the last self-study. In addition, the amount of endowed scholarship and loan funding has grown from $1.1 million in 1992 to $4.8 million in 1999, a fourfold increase.

The College has made the lowering of student debt an institutional priority. The Office of University Development is working on several programs to increase endowed scholarships, one of which, "New Yorkers Caring for New Yorkers," is a program to identify, recruit and financially assist minority and economically disadvantaged students from New York State. The office is also working with alumni to establish additional endowed scholarships.

I. New Educational Facilities

Since the last self-study, the College has renovated a 30,000 square foot building into a classroom building. Recognizing the need for additional classrooms and small-group study space, the College invested $5.6 million to create a state-of-the-art facility. The Learning Center has eight large classrooms, which can be divided into 12 rooms, 10 small group study rooms, a 60-station computer laboratory, a media library and administrative offices for the Graduate School of Health Sciences. Each classroom has an electronic podium with access to the campus network and the Internet. Additionally, each classroom and study room has a television monitor hooked up to the campus cable television network.

At the current time, the College is beginning construction (fall of 1999) of a $24 million building for medical education. The Medical Education Center will feature an expansion of the library, new classrooms for the first two years of study, improved quiet study space, and a state-of-the-art gross anatomy laboratory.

J. Computer and Information Resources

Since the last self-study, the College has made significant investments in its information technology infrastructure. With the aid of a $3 million grant from the U.S. Department of Housing and Urban Development (HUD), the College upgraded its campus network, implemented a new library information system, installed hundreds of new computers throughout the campus, constructed a distance learning classroom and created network connections at several affiliated hospitals. Additionally, the College created and filled the position of Chief Information Officer, purchased and installed a new telephone system to serve the entire campus and New York City dormitories, and installed a cable television network serving classroom facilities and the dormitories. The College recently purchased new information systems for student administration,
development, human resources and payroll. All databases relating to alumni, donors, students, residents, faculty members and staff will be united.

K. Finances

The College has seen significant improvement in the overall financial stability of the institution. The self-study found that the current financial condition was sound and, in fact, more capable of meeting the needs of the educational mission than at any time in the past two decades. Strong financial management of the College's resources, leadership in strategic planning and reengineering, and a healthy equity market have all contributed to the College's financial well being.

L. College Endowment and Institutional Debt

The College has seen significant improvement in its underlying financial resources. Favorable equity market conditions have helped to increase the amount of endowment income available to support the College's activities from $754,000 to nearly $2.1 million over the last six years. Additionally, lowering interest rates have enabled the College to restructure its debt so that major capital improvements (such as construction of the Medical Education Center, expansion of the library and the addition of more than 18,000 square feet of research laboratory space) can be accomplished with little impact on operating budgets.

M. Faculty Practice Plans

In 1991 the College began a process to develop a more centralized College faculty practice plan and a uniform set of principles to govern the departmental practice plan structure. This process culminated in 1996 with the creation of the New York Medical College Federated Faculty Practice Plan at Westchester Medical Center. The plan sets forth the characteristics, by-laws, governing structure, and commitment necessary to support the school's academic mission. The College's other major teaching hospitals — Saint Vincents Hospital and Medical Center, Metropolitan Hospital Center and Our Lady of Mercy Medical Center — have faculty practice plans based on their respective affiliation agreements and differing methods of funding faculty.

N. Faculty Development

The College has initiated a university-wide faculty development program. The goals of this program include: strengthening the academic culture of the College; promoting academic socialization; increasing interactions among faculty from various practice sites and environments; establishing mechanisms that support, nurture, and guide the career development of research and clinical faculty; developing instructional programs on teaching techniques and student evaluations; and developing novel approaches to teaching.
A faculty development committee has been appointed by the dean to suggest topics and faculty. An associate dean coordinates the faculty development program through the Office of Faculty Development. It has sponsored programs ranging from the pedagogy of delivering effective lectures to Internet education lectures, and has provided seminars regarding integrating the College's educational media into course materials. The office also identifies relevant seminars held at other institutions and sponsors faculty attendance at several programs annually.

O. Chairman Recruitment/Departmental Reorganization

Since the last LCME site visit in 1993, the College has eliminated the Department of Experimental Pathology, recombining that department with the Department of Pathology. A new director has been appointed to the Institute of Biomedical Ethics.

The College has appointed new chairs in the departments of biochemistry and molecular biology, medicine, neurosurgery, orthopaedic surgery, psychiatry and behavioral sciences, and radiology. These new chairs have contributed to a perceived and measurable growth in the intellectual vitality of the College. There are acting chairs in the departments of microbiology and immunology, emergency medicine and family medicine. Searches are underway for chairs for the departments of microbiology and immunology, and neurology, while the chairs of urology, orthopaedic surgery, and obstetrics and gynecology plan to retire within the next year.

P. Graduate Medical Education

In 1997 the College adopted a comprehensive new policy on graduate medical education and reorganized and expanded the role of the Office of Graduate Medical Education. This resulted in more direct involvement of the Dean's Office in GME decision making, clearer lines of reporting responsibility, uniform procedures for the conduct of internal reviews and handling of resident issues, better coordination with undergraduate medical education and initiatives to promote residents as teachers of medical students. Quality tracking indicators for residency programs were developed and have shown steadily improved performance results. All eligible primary care residency programs have attained Designated Priority Program status in New York State and the College received formal recognition in 1997 as a qualified graduate medical education consortium by the New York State Department of Health.

Q. Graduate School of Basic Medical Sciences

During the last six years, the Graduate School of Basic Medical Sciences has undergone significant changes. Francis L. Belloni, Ph.D., was appointed dean and has reorganized the school, strengthening its support of the College mission. The Graduate School of Basic Medical Sciences has a Graduate Faculty Council composed of the dean and three faculty members from each of the six basic science departments, which is responsible for setting academic rules and responsibilities.
III. SELF-STUDY SUMMARY FINDINGS

A. Objectives

The president of the College is responsible for determining its institutional priorities. Subsequent to the last LCME and Commission on Higher Education of the Middle States Association of Colleges and Schools (CHE/MSA) self-studies, the president began a process of reassessing the College's mission and values, and developing an overall strategic plan deliberately linked to the challenges noted in those self-studies. This was followed by a complete review of the university's organizational and financial structures and reengineering those structures to bring them into line with the strategic plan.

In the fall of 1997, following the strategic planning and reengineering processes, the dean appointed an ad hoc committee of the faculty to develop educational objectives for the New York Medical College curriculum. These objectives, proposed by the committee and eventually approved in 1998, were guided by the objectives developed by the AAMC MSOP.

New York Medical College's educational objectives are divided into four broad categories: knowledge, skills, dutifulness and altruism. There was little disagreement about the final form of the adopted set of objectives. Nevertheless, there was considerable debate about how certain topics would be presented in the curriculum and whether valid and reliable methods of assessment are currently available for some of them, especially those dealing with values and attitudes. The curriculum committee, in adopting the objectives, fully recognized the inherent difficulty in addressing these issues but felt that an ongoing dialog would help to define more explicitly what students should be learning in the broadest sense (including values and attitudes).

The College is convinced that these educational objectives are a clear statement of the knowledge, skills, attitudes and values that will be needed by our graduates to practice medicine in the future. While we believe that most of the educational objectives were already addressed in the existing curriculum, the department chairs, curriculum committee, course and clerkship directors have been asked to maintain an ongoing review of the objectives in planning their respective portions of the curriculum. Faculty members have been asked to make necessary modifications in either content or evaluation methods in order to assist in achieving and documenting stated objectives. The Office of Academic Affairs is in the process of putting the entire medical school course of study up on the newly available AAMC CurrMIT database.

In examining the disposition of resources with respect to the various activities and the objectives of the medical school, it was generally agreed that the current allocation has supported growth and development of the medical school. In particular, the self-study noted that funding has been available for innovations related to the educational program, particularly in the following areas: standardized patient exams, standardized history and physical exams,
teaching associates for gynecological exams and male genitourinary exams, as well as significant improvements in the audio-visual resources that support the educational program (including the acquisition of two Harvey teaching models).

However, three concerns were expressed. First, there continues to be a shortage of well-equipped, appropriate space for small-group teaching and study. Additionally, it was felt that the gross anatomy space was outdated and in need of improvement in order to better support the educational program. Second, students cited insufficient amenities, such as locker rooms, lounge areas, library access and computer access at teaching hospital sites. Third, there is concern that ongoing changes in the healthcare environment will have an impact on the ability of clinical faculty members to continue providing the necessary levels of teaching and research to maintain the academic environment.

B. Governance and Administration

New York Medical College is a private, freestanding, non-profit institution governed by its own Board of Trustees. This board is composed of 23 members largely drawn from the business community. In addition to the governance (executive) committee, standing committees of the board include academic affairs and teaching, audit, trustees, facilities and real estate, and an investment subcommittee of the governance committee. Trustees provide active oversight of all financial and policy matters of the College.

The president of the College, Reverend Monsignor 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 is composed of three schools: the School of Medicine, which is the largest and oldest school (1860), the Graduate School of Basic Medical Sciences (1963) and the Graduate School of Health Sciences (1981). The university, in recognition of the need for a chief academic officer, in 1996 appointed a provost, Ralph A. O'Connell, M.D., who also serves as the dean of the School of Medicine. Each school is headed by a dean who reports directly to the provost, as do three vice-provosts (administration and finance, academic administration and university student affairs). In addition to the deans and their staffs, there is an executive vice president, senior vice president for finance and CFO, and four vice presidents: general counsel, university development, communications, and university planning and institutional research. 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.

Recognizing the importance of delegation, the dean has revised the administrative structure of the medical school, decreasing the number of direct reports and improving administrative and academic management. In the administration of the medical school, the dean is supported by an executive vice
dean for academic affairs, a vice dean for affiliations and faculty practice and a senior associate dean for academic administration. Reporting to these individuals are senior associate and associate deans in the following areas: undergraduate and graduate medical education, administration, student and minority affairs, admissions, continuing medical education, primary care education, Fifth Pathway, medical sciences library, university registrar, student financial planning, research administration, affiliation administration, faculty practice and academic administration. Since the last self-study, the associate dean for administration has been delegated responsibility for faculty development and has been instrumental in implementing programs that assist faculty in improving their skills.

Each of the medical school's teaching affiliates, academic health centers, university and major teaching hospital affiliates has a vice dean or associate dean, who 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 members and students, and his personal involvement in school operations were noted as contributing greatly to the effective management of the medical school.

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 its clinical teaching hospitals, this was viewed as a significant issue, complicating in many respects but also exempting the College from some of the serious issues with which many other medical schools have had to deal. Under the direction of the senior associate dean for undergraduate and graduate medical education, the College's graduate medical education committee helps to coordinate and oversee educational quality and the implementation of undergraduate curriculum revisions and innovations approved by the College's curriculum committee. It also participates in program policy development for graduate medical education. This committee serves as the formal oversight body for sponsored residency programs of the College and its affiliated hospitals. This structure was judged to be an appropriate vehicle to strengthen the College's relationships with its teaching affiliates and to ensure open, frequent and clear communications concerning graduate and undergraduate medical education.

The self-study noted that there has been stability in academic leadership and medical school administration. The average tenure for a department chair is nine years, with ten chairs having held their positions for more than ten years. It was noted that a three and one-half year vacancy in the chair of medicine (1994 to mid-1997) impeded progress in that department. The new chair, with the help of the dean, is currently addressing this issue and is making significant strides academically.

Organizational decision-making and faculty participation in medical school committees are closely related at the College. The dean formally con-
sults the chairs, the associate deans of each of the teaching hospitals and the president of the Faculty Senate during monthly meetings. Faculty committees advise the dean on a variety of issues, particularly curriculum, admissions, research support, animal care and compensation. This structure supports an appropriate and inclusive decision-making process. However, while more than 25 percent of faculty committee memberships in the medical school are held by faculty at one of the affiliated sites not located on the Valhalla campus, there is a concern that more needs to be done to foster collegiality among members of a faculty who are so geographically dispersed.

C. Educational Program for the M.D. Degree

The College’s educational program provides a broad-based curriculum consisting of 137 weeks of mandatory courses and a minimum of 18 weeks of electives that prepare the student for all medical career options. The curriculum represents a broadly defined faculty consensus on the knowledge, skills and attitudes to be instilled during a physician’s education before she/he begins the more narrowly focused programs of graduate medical education. The College fosters the education of physicians who have strong basic science and clinical science knowledge and skills by promoting curriculum integration between the two areas, between the clinical education program and the practice environment, and between the College and the community.

The increased emphasis of the College on primary care education has resulted in several major curriculum revisions that have affected all four undergraduate years and postgraduate education. In 1993 New York Medical College was selected by The Robert Wood Johnson Foundation for participation in the Generalist Physician Initiative. With the goal of promoting excellence in general medicine, significant efforts have been made to ensure that the College provides a general professional education that prepares students for all career options in medicine. Major changes included the addition of a required first-year course on introduction to primary care, a required third-year family medicine clerkship, and a required fourth-year geriatrics rotation, a mandatory clinical rotation in palliative care, and an expanded biomedical ethics course.

Students who have shown an early commitment to entering primary care are offered the opportunity to enter an innovative six-year program combining undergraduate education and residency training in internal medicine. Three or four students per class have taken part in this program, which has been favorably reviewed and approved by the American Board of Internal Medicine and the Health Care Financing Administration.

For other required courses, a systematic review has occurred in conjunction with the College’s Center for Primary Care Education and Research to ensure that the content of clinical rotations focuses on areas that all physicians should learn while in medical school. In addition, several elective courses have been developed to afford students an opportunity to gain additional experience
in areas that have general applicability. These include the Lucy Squire radiology course, advanced computer applications to health care, clinical pathology and laboratory medicine, advanced EKG analysis and cardiac electrophysiology, emergency medicine clerkship and a hospice care rotation.

All of the basic science courses have integrated clinical correlation sessions that utilize faculty members from the clinical departments as instructors and small-group discussion leaders. At the same time, all of the clinical departments emphasize evidence-based medicine and scientifically validated practice guidelines in patient care and teaching. Additionally, an increasing number of clinical departments are offering specialized courses designed by basic science faculty for residents and medical students at hospital sites. This renewed emphasis on integrating the basic sciences with clinical training has been strongly supported by chairs and faculty members.

The College also provides special opportunities for students interested in pursuing a research career in medicine. The joint M.D./Ph.D. program is offered in conjunction with the Graduate School of Basic Medical Sciences. Summer research fellowships are available between the first and second years of medical school. Up to 25 percent of the class regularly take advantage of the funded summer research opportunity. Students who have become involved in either basic or clinical research in the fellowship program may continue working on an approved project throughout the remainder of medical school. In addition, up to two months of elective time may be taken in the fourth year to pursue an approved research project. Students are permitted to use the research elective time to complete data analysis and prepare a manuscript for publication.

Similarly, for students with a strong career interest in medical administration, the College has developed a joint M.D./M.P.H. program in conjunction with the Graduate School of Health Sciences. This program has been very successful, with up to 20 students per class enrolled in degree programs in such majors as health policy and management.

The College maintains the strength of its academic programs through a well informed, proactive Office of Academic Affairs, whose leadership identifies new and emerging national trends and “best practices” in medical education. The office keeps the dean, the faculty, and the curriculum committee abreast of these developments. It also provides staff support for the curriculum committee and has responsibility for dissemination and implementation of decisions, policies and procedures. The curriculum committee, consisting of two students from each of the four classes and 60 faculty members who broadly represent the basic and clinical sciences, likewise evaluates, coordinates and provides oversight to the curriculum. Four standing subcommittees (the pre-clinical years subcommittee, the clinical years subcommittee, the primary care subcommittee, and the evaluation, outcomes assessment quality assurance subcommittee) work together through overlapping membership and workgroups to promote coherence and coordination throughout the curriculum.
The College's basic science departments utilize both innovative and traditional instructional models. During the past several years, the basic science departments have introduced more interactive teaching and learning programs and case studies. Three major changes in the first year have significantly improved the curriculum: the introduction of 15.5 hours of teaching in biomedical ethics in a lecture and small-group discussion format, expansion of the primary care preceptorship to accommodate the entire class, and integration of neuroscience and behavioral science into a single teaching block. Even though there have been many innovations in the curriculum since 1993, additions have generally been balanced by condensation or deletion of less relevant or outdated material.

All courses in the preclinical years now utilize the small-group teaching format for breakout tutorials and problem-based discussion sessions. This change has been accompanied by a significant decrease in large lectures. At the same time, the curriculum ensures that students have dedicated time for self-directed study by scheduling it into the normal workweek. While there has been constant pressure to encroach on this dedicated time for other curricular purposes, the curriculum committee has resisted doing so. Many students have utilized this time to initiate student-led small-group study and review sessions, often with the participation of knowledgeable upperclassmen, and by taking advantage of the wealth of computer-assisted learning resources available through the College library and Alumni Computer Laboratory.

The clinical education provided to medical students was judged to be abundant and excellent. 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. All clerkships are conducted in the context of a teaching environment that includes fully accredited GME programs, a rich array of CME activities and ongoing clinical research projects. Each department has a single clerkship coordinator or director and there is a designated site coordinator for each hospital. This has facilitated the development of "core curricula" at each site, standardization across sites (including a separate schedule of lectures and case conferences specifically for medical students) and joint educational exercises with residents.

Clerkship coordinators carefully monitor the degree to which medical students are assigned to "scut" work. Along with a shift to greater outpatient responsibilities, there has been a decrease in the amount of scut work expected of both residents and students. No problems relevant to this issue were revealed in the self-study. To regulate the student workload and ensure adequate time for study, each clerkship department has established caseload limits (usually three to four patients) for the number of patients followed by each student and time limits on student duty and on-call hours. Students are not required to stay overnight in the hospital when on-call and are free to leave by 11:00 p.m., except when taking surgery or obstetrics and gynecology. In these two clerkships, students sleep at the hospital when on-call. But after midnight they
are called only for educationally valuable activities, not to perform routine duties.

The diversity of hospitals available for the clinical years is viewed as a particular strength of the medical school. While students are aware of the difficulties this presents in terms of coordination and standardization of experience, they believe the breadth of the experience warrants the effort. Standardization has been greatly improved as a result of the student liaison committee, a group of third-year students at each training site. The committee meets quarterly with the executive vice dean for academic affairs and the appropriate senior associate or associate dean to discuss educational program quality, student mistreatment and general student life concerns.

Though the promotion committees oversees the overall evaluation of students and their progress through the educational program, each department is responsible for developing its own course evaluation system. Student evaluation 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. Five of the six 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 1 of the NBME in order to advance into the fourth year.

Student evaluation and feedback take many forms during the clinical years. Opportunities are afforded with the presentation of new patients, daily bedside teaching, weekly submission patient write-ups with management plans and bibliographic references, presentations of research topics, formal oral examinations, the observed history and physical, miniboard exams and Observed Structured Clinical Evaluations (OSCEs). The self-study noted that there were a number of areas that could be improved in the evaluation and grading process. In particular, it was felt that midpoint evaluations should be more individualized and detailed, that students should have a clearer understanding of how clinical grades are determined and that the time lag between finishing a clerkship and receiving a grade should be reduced. Additionally, students felt that the medical school maintained too rigorous a standard in awarding honors grades.

By various measures, College graduates have proven to be excellent practitioners. A relatively large number (579) hold full-time academic appointments at U.S. medical schools, placing New York Medical College 26th in the nation. Another good measure is the positive result of the national residency-matching program: approximately 97 percent of students match in their desired specialty, approximately 50 percent match with their first-choice program and 75 percent match at one of their top three program choices. This is particularly remarkable because a large percentage of students apply to programs in the most competitive areas of the country, especially California and New England. Simi-
larly, data obtained from the American Board of Medical Specialties indicate that 97 percent of New York Medical College medical school graduates become board certified in at least one specialty and an increasing percentage are becoming board certified earlier in their careers.

Internally collected data confirm this positive judgment of College graduates. Responses to questionnaires sent to residency program directors indicate their high satisfaction with College graduates. These program directors have given New York Medical College graduates high ratings in a number of critical areas: clinical competence (4.1 on a 5-point Likert scale); commitment to continuous learning (3.9 on a 5-point scale); and with 580 responses, only 6 percent received less than a superior rating. In parallel alumni surveys, graduates of the College indicate that their medical school education instilled a clear commitment to lifelong learning (4.0 on a 5-point scale).

The medical school has carefully analyzed graduating students’ career choices over the last 18 years. During the past six years, there has been a sharp rise in the percentage of graduates who match within a primary care field (54 percent in 1999). This shift is consistent with the school’s goals.

The School of Medicine has a formal career-counseling program that begins in the middle of the third year. It includes assigned faculty advisors, career decision workshops and access to the executive vice dean, the senior associate dean, and two associate deans 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 useful and effective by the students. Addressing past concerns, that student career-counseling begin earlier, the medical school recently instituted a faculty friends program, which students begin immediately upon matriculation. Also, beginning in 1999, faculty members will be trained in the MedCareers Program of the AAMC, and will introduce this career-counseling initiative starting in the first year. Other informal sources of career-counseling include student organizations, specialty clubs and residency fairs.

Since 1993 a variety of internal and external measures have continued to yield highly favorable results concerning the strengths of the educational program. External measures include student performance on the NBME Parts I and II, responses by residency program directors to questionnaires regarding graduates, the number of graduates who are licensed and board certified, the AAMC graduation questionnaire and the number who teach in U.S. medical schools. 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 a multidimensional view of educational program effectiveness.
D. Medical Students

New York Medical College seeks to admit and retain a student body that is academically well prepared, highly motivated, gender balanced, and racially and ethnically diverse. The admissions process and the criteria used to determine eligibility support these three objectives. Completed applications to the School of Medicine, which totaled 7,497 in 1998, rose 48 percent between 1992 and 1998. The admissions committee gave acceptances to 7.0 percent of applicants for the class entering in 1998. This quantitative growth has been accompanied by an improvement in the quality of accepted students as measured by average MCAT scores which in 1992, were 9.2 - verbal reasoning, 9.6 - physical sciences, and 9.8 - biological sciences. In 1998 these scores were 9.8, 10.2, and 10.4, respectively. Similarly, mean GPAs increased from 3.14 in 1992 to 3.46 in 1998.

As noted previously, tuition and fees in the School of Medicine are ranked 18 highest in the nation. While scholarships and low interest loans have significantly increased during the last six years, the average debt for 1999 graduates was $137,000. Although the loan default rate for medical students is substantially below national averages (1.6 percent vs. 13 percent nationally for Perkins loans), the College views the debt burden as a significant problem. While it has not impacted the quality or quantity of applicants to date, anticipated debt may deter future applicants and have a negative impact on our goals of maintaining diversity and increasing the number of graduates who enter primary care specialties. New York Medical College contributes approximately $1.8 million (60 percent) of the $3.0 million in scholarships awarded annually to students. In recent years, scholarships and loans have averaged $19,250 per student receiving them. Nevertheless, compared to other U.S. medical schools, New York Medical College student scholarships rank in the 30th percentile, whereas total student loans rank in the 92nd percentile.

One area of continuing concern is the number of underrepresented minority students entering the School of Medicine. “Underrepresented minority student” (URM) is defined as African American, mainland Puerto Rican, Native American or Mexican American. In the class of 2002, 603 applications, or 6 percent of total completed applications, were received from URMs. In contrast to the dramatic increase in applications overall, the proportion of minority applicants has generally remained constant over the past several years. At the same time, the number of URMs and the proportion of the class they constitute has declined. The class of 1992 included 29, or 15.6 percent minority students, versus 11 (5.8 percent) minority students in the class of 2002. Nevertheless, it should be noted that if one includes women, Asian Americans, and other Hispanics in the class, the College has a very diverse student body.

One reason for the drop in the number of URMs who matriculate has been the College’s decision to be more selective and accept students more likely to complete the course of study. The mean MCAT scores for matriculating mi-
nority students were 6.2 and 6.7 for the classes of 1995 and 1996 respectively. These scores increased to 8.0 and 9.0 for the classes of 1999 and 2000. Similarly, the average science GPA was 2.4 for the class of 1996 but increased to 3.17 for the class of 2000. The improvement in academic credentials is also reflected in the graduation rates for minority students, which have increased from 75 percent for the class of 1996 to 90 percent in the class of 1999. It is expected to be 100 percent for the class of 2000.

Still, the College is concerned about the drop in minority students and has taken aggressive steps to help attract disadvantaged students. To this end the College sponsors seven full-tuition scholarships for qualified underrepresented minority applicants. In addition, the dean and the Office of University Development are actively working on a program called “New Yorkers Caring for New York,” a program specifically designed to identify, recruit and financially assist in the education of minority and economically disadvantaged students from New York State. Significant funding has already been obtained for this initiative.

The self-study found that student support services were generally very good. Housing has been improved with the completion of the new dormitories on the Valhalla campus which accommodate 505 students, and an apartment building on 95th Street in Manhattan for 71 students. Related security concerns have been addressed, with more than 90 percent of students stating they are either satisfied or very satisfied with campus security.

The student health service provides excellent basic medical services both on the Valhalla campus and at a satellite site in New York City. The subcommittee cited this as a strength of the school. Because of the medical background of some of the patient populations served, there is a special concern about student exposure to hepatitis, HIV infection and drug resistant tuberculosis. Students have strongly praised the school’s uniform policy for handling student needle stick injuries which includes providing each student with a card that clearly outlines the steps to take in the event one occurs.

In the area of 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. Counseling services were found to be good with respect to academic, career and personal counseling and excellent for financial counseling. The additional resources that were provided in 1993 to better coordinate psychiatric services for students and to provide more access to individual therapy were judged to be valuable.

The excellence and diversity of clinical teaching opportunities were cited as a particular strength by medical students, as was the accessibility of the faculty and the dean. The student liaison committees formed to improve standardization of the third-year curriculum and resolve student life issues, were
cited by students as very effective. The lack of low-cost parking facilities at the College’s affiliated hospitals in New York City was cited as needing attention.

E. Resources of the School of Medicine

1. Financial Resources

New York Medical College is in sound financial condition. The self-study noted that the College was more capable of meeting the needs of its educational mission than at any time in the past two decades. Management of available resources has permitted important investments in curricular innovations in both basic and clinical sciences, has provided for development of “distance learning” capabilities, expanded housing options and improved audiovisual and computer-based learning resources. These investments, in turn, have helped to raise the school’s educational profile, enabling recruitment of better qualified students. The self-study noted that the improved financial condition was verified by independent external financial reviews when the College sought to refinance its long-term debt in 1998. In 1992 the College needed to insure its debt through an insurer of last resort; in 1998 the College’s new debt was secured by one of the most prominent providers in the field.

Sources of funding to the College have shifted somewhat since the last self-study. Six years ago, funding came 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). Since that time, the College terminated its affiliation contract with Lincoln Medical and Mental Health Center, eliminating both the revenue and associated expenses. While revenue from the various sources is not exactly comparable to six years ago, approximately 25 percent constitutes reimbursement from affiliated hospitals, 36 percent is from faculty practice plans and 39 percent is from College and all other sources including tuition, research grants and contracts, etc.

Several points must be made regarding the funding secured from “College and all other sources.” First, although the College is still heavily dependent on tuition, it has risen at a rate well below that of inflation for the past six years. Tuition in the medical school now accounts for approximately 36.8 percent of the College’s unrestricted revenues in comparison to 38.9 percent in 1993. The effort to hold tuition increases to a minimum certainly contributed to improving its position relative to other medical schools. The policy is also credited with improving recruitment and retention of superior students.

Second, College endowment has increased nearly 50 percent since 1993, from $36.9 million to $53.9 million. Although modest by comparison to other medical schools, it has enabled the College to use the unrestricted portion creatively, maximizing benefit to the school. In fact the amount of income available to support academic activities grew threefold, from $754,000 to $2.1 million during this period.
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 is building a new education center for medical students. Construction of this center will free up more than 18,000 square feet in the Basic Sciences Building to be renovated as new laboratories. This new construction has been paid for by refinancing the previously existing debt and will have no impact on the university’s operating budget. Second, the trustees have approved the use of $4.5 million in unrestricted endowment to establish a “line of credit” that will enable both clinical and basic sciences to recruit established investigators and provide additional support to existing faculty.

Overall, it is our judgment that the College has made important strides toward developing balance among the sources of support to the school. However the three concerns that we cited in the previous self-study remain. First, reliance on practice plan income to support clinical faculty is an ongoing concern. Although it has not yet had a profoundly negative impact on faculty teaching time, we are still concerned that additional pressures on physician reimbursement may become problematic. Second, the continuing reliance on tuition as a significant source of College revenue remains a concern, particularly since high tuition costs generate high student indebtedness. Third, the need to increase the endowment and ensure the success of fund-raising activities is seen as a high priority.

2. General Facilities

College campus facilities include five buildings (Munger Pavilion, Vosburgh Pavilion, the Learning Center, Administration Building 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 (BSB) and the dormitories. In addition to these “on campus” buildings, the College leases 16,000 square feet of laboratory space adjacent to the campus.

In the aggregate, these buildings provide 578,000 square feet of space (an increase of approximately 90,000 square feet since the last LCME self-study) for all central administrative functions, basic science departments’ faculty, staff and laboratories, formal educational space for medical students in the first two years as well as for the graduate schools of Basic Medical Sciences and Health Sciences, dormitories, library and cafeteria. The increase was principally related to completion of the three new dormitory buildings (83,000 square feet).

New dormitory construction completed in spring 1993 provided an additional 310 units of student housing. The total number of units currently available on campus is 505, a 70 percent increase since the last review. In 1993 the College purchased and renovated an 18-story apartment building in New York
City to house third- and fourth-year students. Student housing availability and affordability therefore have greatly improved.

Campus facilities also provide offices, laboratories and a portion of the faculty practice space for the Valhalla-based clinical faculty and support staff. Some clinical faculty offices and practice spaces are located at Westchester Medical Center and at a College-owned medical office building in nearby White Plains.

Support and administrative services for students and faculty are generally judged to be good. The animal care facility is state-of-the-art and teaching and research equipment is adequate.

The general condition of campus facilities is judged to be good. However, there is a general shortage of space for research laboratories, faculty offices, student study and recreation. The lack of an auditorium large enough to accommodate more than 250 people is also notable. These are all viewed as persistent concerns.

The last LCME self-study and the College strategic plan identified a number of deficiencies within the Basic Sciences Building. Important among these were the maintenance problems in the auditoria and the lack of adequate study space. The self-study also noted inadequate library and research facilities, student lounge and recreation space, as well as mechanical deficiencies in the building.

These concerns led the College to initiate construction of a new Medical Education Center and renovation and upgrading of the Basic Sciences Building. Highlights of this project, which is scheduled for completion in the summer of 2001, include:

- A four-story Medical Education Center, which will include an expanded library, 250-seat auditorium, student modules in a variety of flexible configurations for teaching and study and a modern gross anatomy laboratory.
- Expanded research facilities (approximately 18,000 square feet) in the areas currently occupied by classrooms.
- Renovation and upgrading of the existing auditoria.
- Expansion and improvements to the Medical Sciences Library including additional space for holdings and collections, separation of office and support space, an elevator for handicapped access and correction of major HVAC problems.
- Improvements to the cafeteria and bookstore.
- New, adequate offices for the Graduate School of Basic Medical Sciences.
- Additional student recreational space that will include lounge, large screen television, additional computer stations and pool tables.

3. Faculty Resources

New York Medical College faculty members number more than 2,400 physicians and scientists representing a broad mix of medical and scientific disciplines. Their various specializations and notable quality meet the education, research and service objectives of the College. While there has been a net decrease of 6 percent in total faculty since 1993, the number of full-time faculty has increased by 37 (or 4 percent) to 1,022. The overall increase in the number of full-time faculty occurred despite the loss of 161 full-time members who were associated with Lincoln Medical and Mental Health Center. Two-thirds of the increase has been in the clinical sciences and one-third in the basic sciences.

Much of the decline in voluntary faculty is attributable to a more rigorous review process initiated upon recommendation of the provost and dean. Each voluntary member is evaluated by his or her chair and the dean as part of the biennial faculty reappointment system. This review focuses on faculty members’ credentials, teaching, research and other relevant activities to determine whether the level of academic activity merits reappointment. Both the basic and clinical science faculty sizes were judged to be adequate for the teaching program and current curriculum.

The self-study noted that the number of full-time faculty in the basic sciences compared favorably with national data. At the same time it noted that the ratio of medical students to faculty was higher than the national average. Nevertheless, it was the consensus of the basic science faculty and students that the number and quality of full-time faculty were sufficient to meet academic requirements. Additionally, students and faculty agreed that the close proximity of the medical students to the faculty, and the small-group modeled curriculum facilitate interaction and foster close mentoring of students by faculty.

As noted previously, the disaffiliation with the Lincoln Medical and Mental Health Center resulted in a reduction in full-time faculty by 161 members. This prompted an examination of the distribution of the remaining clinical faculty among other affiliated hospitals. The self-study found that approximately 63 percent of the College’s total faculty were based at one of the six teaching hospitals where the majority of the undergraduate teaching occurs. It concluded that the clinical faculty were adequately and appropriately distributed among the College’s teaching and clerkship sites to meet the educational requirements.

The self-study also evaluated the relationship of the faculty to the
College's commitment to primary care education. Approximately 16 percent of the total faculty (385 physicians) are classified as primary care preceptors. Many of them were initially recruited and trained to assist the College in achieving its goal of providing first- and second-year students with an educational experience in a primary care setting. Both the faculty subcommittee and the students felt that the addition of these preceptors has made this program a success.

With respect to the gender, racial and ethnic mix of faculty, the College compares favorably with the nation's medical schools. Women make up nearly 31 percent of the faculty compared to about 26 percent nationally. Non-whites represent approximately 31 percent of the full-time faculty compared to 15 percent nationally. The College continues to significantly surpass the national averages for African Americans (6.4 percent vs. 2.6 percent), Puerto Rican (3.0 percent vs. less than 1.0 percent), other Hispanics (5.0 percent vs. 2.0 percent) and Asian Americans (16.2 percent vs. 9.2 percent). It should be noted however that both women and minorities continue to be somewhat underrepresented in the senior faculty ranks.

Written guidelines have been promulgated for both promotion and tenure. These were recently revised by the faculty tenure, appointment and promotion committee to clarify some concerns with regard to the use of modified titles. Teaching continues to be an important criterion for advancement, an acknowledgement of the school's emphasis on education as its central mission. That emphasis is also supported by the two academic tenure tracks — academic or clinical — available for advancement of full-time faculty. They 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 low. The College continues to be mindful of these concerns and has addressed the situation in several ways. First, the biennial faculty reappointment process has been modified so that each chairman is asked to specifically note whether a faculty member is being considered for promotion. Second, at the time of the annual department review with the dean, a chair is expected to discuss each faculty member's progress towards academic achievement. Third, the College is taking steps to more widely disseminate detailed requirements for promotion.

The self-study identified the collegiality of the faculty and staff, and the excellence of the student body to be among the most important factors in facilitating faculty recruitment and retention. In addition, the salary structure and benefit packages, working conditions and the intellectual environment were found to be adequate to support recruitment and retention.

Basic science faculty salaries have improved significantly since the last self-study. Salaries for all ranks were found to fall between the 50th and 80th
percentile of the AAMC database, with most salaries lying closer to the 80th percentile. At the same time, the review noted some concern over the need to keep these salaries competitive. Clinical faculty salary data are more difficult to verify with respect to accuracy and true comparability because of the wide variety of clinical practice plans. Nevertheless, after reviewing all available data, the self-study estimated that overall, clinical incomes for each rank fall near the 80th percentile of those reported by the AAMC for private schools in the Northeast. Benefit packages were likewise found to be acceptable and competitive with those of nearby institutions.

With an increase in support and the assignment of an associate dean to coordinate an ongoing program, faculty development has become much more comprehensive and accessible to those who need to improve their teaching skills or research opportunities. The broad initiatives of the program are designed to strengthen the academic culture, promote academic socialization, develop instructional programs on teaching techniques, establish mechanisms that guide faculty career development and assist faculty in their efforts to obtain extramural research funding.

4. Library

The Medical Sciences Library (MSL) on campus has witnessed significant growth in budget, facilities, staffing, resources and services since the last LCME self-study. The MSL is a major component of a university-wide, integrated information delivery system that includes the Alumni Computer Laboratory, student teaching modules, dormitories and affiliated hospital libraries. Users continue to rank the MSL as one of the most valuable resources on campus and, on the whole, report that it serves their needs extremely well.

While the annual budget to augment the College’s physical holdings of books and periodicals remains modest by comparison to some other schools, MSL funding has grown by 73 percent as a result of strategic planning and reengineering. Over the last six years, the College has made a major investment in printed media and electronic databases and resources. Completion of the Learning Center (under construction at the time of the last LCME site visit) added 10 small-group study rooms and an associated branch media library. Audio visual services were significantly enhanced and integrated into the library, which provided further academic support for both faculty members and students.

The College has increased the number of MSL staff and upgraded their skill levels to enable them to provide the support required for informatics and lifelong learning objectives. Some of the added staff support educational media and distance learning objectives. Faculty members and students see the staff as a particular strength. A member of the MSL staff serves on the curriculum committee.

Despite the addition of study rooms in the Learning Center and an in-
crease of 172 hours during which the library is open, students continue to cite inadequate study space and hours of operation as concerns. The College encourages libraries at the affiliated teaching hospitals to increase their availability to students and faculty and many have been networked with the MSL to expand education resources available at those sites.

The new Medical Education Center is expected to address the MSL's space needs. Student modules designed to provide additional study space and a 40 percent expansion in library space will permit the MSL to capitalize on resources and technologies to deliver state-of-the-art services for students and faculty members.

5. Computer and Information Resources

During the past six years, computer resources have expanded in both availability and utilization. Computer-assisted learning has been integrated into the instruction of medical students, particularly in the pre-clinical years. The required computer literacy course in the first year integrates assignments with those in anatomy, biochemistry, physiology, neuroscience and behavioral science. In addition, new web-based tools are allowing faculty to build their own on-line learning modules and exams. The library collection is now web-searchable and the on-line resources provided by the library are growing exponentially.

During the clinical years, medical students are expected to familiarize themselves with the clinical use of computers to retrieve laboratory values, patient records and digital images. Third-year students learn to use the computing resources at clerkship sites and to use the World Wide Web to retrieve bibliographic references concerning the medical conditions of patients. There is also a fourth-year, independent study elective, "Computers in Health Sciences," that has been taken by approximately 70 percent of the students.

Computer resources are generally easily accessible on the Valhalla campus. Each building is networked to the College's LAN and consequently to the Internet. Every student dormitory room is wired for direct network access and there is a direct connection to Westchester Medical Center. Connections to off-campus affiliates are being added as quickly as possible, with several of the hospitals already fully connected via T1 linkages. The 95th Street dormitory is internally wired with Ethernet and the current dial-up connection is being replaced with a dedicated T1 linkage.

6. Clinical Teaching Facilities

The College's four affiliated university teaching hospitals (Westchester Medical Center, Saint Vincents Hospital and Medical Center, Metropolitan Hospital Center and Our Lady of Mercy Medical Center), and two major affiliated teaching hospitals (Sisters of Charity Medical Center and Sound Shore Medical Center of Westchester) provide the overwhelming majority of clinical
experiences, both inpatient and outpatient, for medical students. These clinical facilities provide an extraordinary diversity of patients, community settings and organization that enrich the students' educational experience. The recently agreed upon merger of Saint Vincents Hospital and Medical Center of New York with the Catholic Medical Center of Brooklyn and Queens and the Sisters of Charity Medical Center will significantly increase the College's teaching resources, especially in primary care and ambulatory sites.

In addition to benefiting from the large volume of patient cases afforded by 120,000 annual inpatient discharges, nearly 1.5 million ambulatory visits and more than 350,000 emergency department visits, students at these affiliated hospitals are also able to interact and learn from patients who differ greatly from one another racially, ethnically and socio-economically. Two of the six hospitals are located in Westchester County, a New York City suburb counted among the wealthiest counties in the country. The other four are located in New York City itself. The variety of locations and levels of care provided by the College's affiliated teaching hospitals are such that students benefit from a sound balance of chronic care, community hospital, specialized tertiary care and primary care ambulatory sites. The self-study noted that the array of clinical experiences and choices available is more abundant than in most other medical schools in the nation.

The Joint Commission on Accreditation of Healthcare Organizations accredits all of the teaching hospital affiliates. These affiliates are all adequately equipped for teaching and provide sufficient library resources. However, as noted by the students, affordable parking at New York City affiliates is often a problem.

Medical students are able to select from among a number of hospitals for their clerkships. Most rotate through at least four hospitals during their third and fourth years. Thus, the standardization and coordination of undergraduate medical education curriculum among these training sites are high priorities. The systems in place to assure a standardized, well-integrated curriculum are anchored by an associate dean or vice dean appointed at each of the clinical teaching facilities. These deans administer, evaluate and supervise the overall quality of the educational programs at each hospital and, along with senior faculty members, possess authority consistent with their responsibility for educating medical students.

In addition to taking the specific actions described previously in the discussion of education program structure, the College has restructured affiliation contracts with its six major teaching affiliates. The revised contracts provide the College with the necessary authority to ensure that the hospital and faculty at these sites function in a manner that supports both exemplary patient care and undergraduate and graduate medical education. The new affiliation contracts are judged to be highly effective, and are responsible for advances in curriculum standardization, cooperation and good communication between the medical school and its affiliates.
F. Graduate Education in the Basic Sciences

The Graduate School of Basic Medical Sciences has 62 Ph.D. students and 95 master of science candidates enrolled among all six of the basic science departments. The 30-credit M.S. program is aimed at students with both academic and non-academic career goals.

The applicant pool is stable but relatively small in keeping with the general national trend. The student body is diverse. Women constitute 45 percent of all Ph.D. students, 47 percent of all M.S. students and 49 percent of non-matriculants. Among students who are willing to identify their ethnic backgrounds, 5 percent are African American, 5 percent are Hispanic, 36 percent are Asian American and 54 percent are Caucasian.

The Graduate School of Basic Medical Sciences is selective in its acceptance of applicants to the Ph.D. program which is intensive and high quality with a one-to-one faculty/student ratio. Approximately 18 percent of those applying to the Ph.D. program are offered admission; about 72 percent of extended offers are accepted. Both the applicant and matriculant pools reflect well-qualified candidates who have GRE scores well above the mean and undergraduate GPAs of 3.2 to 3.3. Additionally, placement of Ph.D. students after graduation demonstrates strong academic success. Moreover, all 38 students awarded Ph.D. degrees since 1994 have continued in scientific positions since graduation.

Graduate students contribute significantly to the scientific environment of the College. During the academic year 1997/1998 the graduate faculty published 147 research reports. Of these, 57 (39 percent) included a significant contribution by one or more of the graduate students. Specifically, 43 included at least one current Ph.D. student as an author, five included at least one M.S. student and nine included at least one recent Ph.D. alumnus. Furthermore, 22 of the 147 research reports (15 percent) listed a student as first author.

One objective of the College is to encourage the development of physician-scientists. The joint M.D./Ph.D. program is one means of accomplishing this. The presence of the Graduate School of Basic Medical Sciences on the same campus and the resultant co-mingling of Ph.D. students in the educational process assure that the option of becoming a physician researcher is greatly affirmed. Graduate students work with faculty as teaching assistants in laboratory exercises, conferences and seminars involving medical students. They also provide tutoring to medical students. There is concern however that although advanced graduate students participate in teaching medical students, they are not formally trained in teaching methodology.
G. Graduate Medical Education

New York Medical College-sponsored graduate medical education programs train 1,130 residents and fellows, approximately 12 percent of all residents in training throughout New York State. The majority of the 48 residency and 38 fellowship programs are located at the six university and major teaching hospitals. All sponsored programs are accredited by the ACGME and, in contrast to the last LCME self-study, no programs are on probation or disaccredited.

There are no clerkship sites without residency training programs. All of the residency programs involved in the core clerkships have instituted some kind of formal teaching programs for residents to improve their skills as teachers and team leaders. These teaching programs include the use of videotapes, workshops and didactic conferences. The New York Medical College Graduate Medical Education Committee, chaired by the senior associate dean for graduate and undergraduate medical education, requires that all programs demonstrate efforts to ensure that residents are 1) acquainted with the goals and objectives of the medical school, 2) given formal instruction in teaching and leadership and 3) evaluated with respect to their teaching effectiveness. The College believes that the actions it has taken have enabled the institution to maintain its clinical education program as a true strength.

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. It should be noted that students rate the teaching and clinical skills of our IMGs as very good. As noted earlier the College has taken steps to ensure that the number of IMGs does not have a negative impact on medical student education. Two strategies assure this — the selection of the best students from the best foreign schools, and more intense use of full-time faculty in clinical instruction and supervision at sites with high proportions of IMGs.

In general, clinical resources for medical student and resident education were felt to be more than adequate. Since the last LCME self-study, the College has terminated its affiliations with Lincoln Medical and Mental Health Center, Cabrini Medical Center and The Stamford Hospital. Affiliations with Danbury Hospital, Sound Shore Medical Center of Westchester, the VA Hudson Valley Health Care System and Saint Joseph's Medical Center however have been strengthened, preserving the wide variety of training opportunities.

As a consequence of the New York State GME Demonstration Project, as well as the Balanced Budget Amendment of 1997, there have been small decreases in the numbers of residents at some sites. However, there has been no change in the resident/student ratio and no impact on core clerkship experiences has been demonstrated at any New York Medical College site. The allocation of clerks to each site is managed by the associate dean for student affairs. Based on the number of clerks the coordinators are able to accept at each
site, students are assigned in order to maintain an appropriate balance among students, residents, attendings and patients.

H. Continuing Medical Education

Since the last LCME self-study, the College has closely examined and reaffirmed the role of continuing medical education in its commitment to teaching, life-long learning and service to the community. The Office of Continuing Medical Education (CME) was reorganized to ensure compliance with the Essentials and Standards set forth by the Accreditation Council for Continuing Medical Education (ACCME). As a result of actions taken at that time and the ongoing commitment to improve CME programs, New York Medical College has become a leader in the field. The College has received full four-year accreditation with no citations and has been selected by the ACCME to host the regional meeting of CME departments for the past three years.

College clinical departments regularly offer scheduled Grand Rounds. In addition, the Office of Continuing Medical Education sponsored more than 30 major extramural conferences in the past year on a wide variety of topics responsive to faculty requests, the quality assurance process and organized surveys that target physicians in the lower Hudson Valley. The programs attracted more than 16,383 physicians and 5,516 allied health professionals in the last year.

In addition to faculty, medical students are required to attend CME Grand Rounds and other CME-related activities. Both clinicians and research scientists who serve as medical student preceptors, course directors, teachers and mentors conduct CME activities. Medical student participation not only imparts substantive information but also, through example, instills in students an enthusiasm for, and the habit of, lifelong learning.

I. Research

The faculty of New York Medical College is actively engaged in both basic and clinical research. Research activity and productivity have remained stable since 1993. Total extramural research funding for the fiscal year 1999 was $24.7 million in 1999, an increase of nearly 20 percent from the $20.6 million in 1993. Federal funding continues to dominate, with grants from the National Institutes of Health (NIH) contributing nearly 60 percent of the total.

The quality of research in the basic science departments is high, with 65 of the 80 full-time faculty receiving extramural funding. Average funding for these investigators is approximately $200,000 per year. One of the strengths of the College’s basic research program is in the area of cardiovascular disease, the largest multi-disciplinary research focus area. This research is supported by numerous NIH grants, including two program project grants and other extramural support to the departments of pharmacology, physiology and medicine. Projects include investigation of the role of prostaglandins in blood pres-
sure control, endothelial cell function, and the functional and structural alterations of the heart that characterize hypertensive heart disease, as well as other areas of cardiovascular interest. Three basic science faculty members are NIH MERIT awardees, three are established investigators of the American Heart Association, and two are scholars of the Alexandrine and Alexander Sinsheimer Fund.

One of the concerns noted that, while the College has done well in developing high quality research programs in the basic sciences, limitations exist in both physical space and core facilities, which inhibit further expansion. As mentioned previously, construction of the new Medical Education Center and the attendant renovation of new laboratories is expected to address the space limitations. In addition, the College trustees recently committed a portion of the unrestricted endowment to support research program development in both the basic and clinical sciences. The goal of this investment is to increase the amount of extramural research by 50 percent, building on areas of current strength and stimulating new areas by recruiting junior faculty with strong potential.

J. Departments of the College

1. 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 Biochemistry and Molecular Biology has been appointed. The chairman is actively engaged in building on the existing strengths of the department and recruiting new faculty members in order to expand research and teaching opportunities. Also, since the last self-study, the dean has reunited the departments of experimental pathology and pathology to better reflect the teaching and research commitments of the faculty. The chairman of the Department of Microbiology and Immunology recently accepted an appointment at a major cancer research institute and a search committee has been appointed to find a replacement.

The basic science faculty has grown 13 percent since 1993, from 71 to 80 full-time faculty members. In addition, there are one part-time and 65 voluntary faculty members. The total is above the mean for U.S. medical schools. In contrast to the last LCME self-study, only one department — biochemistry and molecular biology — continues to be below the national average in number of faculty. All the basic science departments are considered appropriate for the current medical student and graduate student body size and the educational program. As the quality of the basic science faculty is very high, their research productivity and accomplishments are outstanding and a number of faculty members have achieved national and international stature and recognition.

The self-study found that scholarly activities in each of the basic science departments were high, with a consistent record of publications. The effective-
ness of teaching was considered notable as measured by the performance of students on the USMLE Step 1 examination during the last five years, during which the mean score of College students has been higher than the national average.

2. Clinical Departments

The College has 20 clinical departments with a faculty totaling 2,289 full-time, part-time and voluntary members. Forty-one percent (935) are full-time faculty. The full-time component of the clinical faculty has grown nearly 3 percent since 1993 as a result of the College's commitment to maintaining an adequate number of teaching faculty, and despite termination of the affiliation agreement with Lincoln Medical and Mental Health Center. Approximately 70 percent of the full-time faculty have appointments in the major clerkship departments. The substantial size of the major departments affords reasonable balance among teaching, patient care and research activities.

Since the last self-study, new chairmen have been appointed in the departments of dentistry, family medicine, medicine, neurosurgery, orthopaedic surgery and psychiatry and behavioral sciences. All clinical departments except community and preventive medicine currently have sponsored residency programs at College-affiliated hospitals.

A number of College clinical departments have significant ongoing, externally supported research programs. These include the departments of medicine, pediatrics, neurology and surgery. Several other departments are actively developing research programs using internally generated support.

The Department of Medicine has $5.4 million in external research funding annually, which supports investigations in cancer, molecular genetics, immunology, cardiovascular disease, infectious diseases, pulmonary vascular injury and other areas. The department also has maintained a strong program initiative in women's health that includes service, education and research elements.

The Department of Pediatrics has approximately $2.0 million annually in external support for research in AIDS, Lyme disease, molecular genetics and other areas.

Among the clinical departments, the Department of Psychiatry has been cited consistently by the students for its exemplary program to ensure curriculum standardization across sites.
IV. SUMMARY OF STRENGTHS, WEAKNESSES AND RECOMMENDATIONS FOR CHANGE

A. Objectives

Strengths

- Overall educational objectives for the curriculum have been adopted and widely distributed to faculty members, students and residents. Course objectives have been reviewed and revised where indicated and CurrMIT is being used to develop a curriculum database for monitoring congruence between these and overall curricular objectives.

- A wide variety of outcome measures are used to evaluate the effectiveness of educational programs. Data on student outcomes are regularly shared with the curriculum committee, department chairs, course directors, admissions committee, Faculty Senate, Student Senate and the Board of Trustees.

- The various ongoing university planning activities are well coordinated and integrated. The results of the LCME and Middle States self-studies are incorporated into the university strategic plan.

- University planning and development activities, including the strategic plan, the reengineering plan, the LCME and Middle States self-studies and the development of educational objectives, are based on a broad based, participatory process and have received wide support.

- Mechanisms and structures have been put into place to ensure that educational and course objectives are standardized across sites.

Weaknesses

- Although the curriculum does address most of the College's educational objectives, additional outcome measures will need to be developed.

- Not all faculty and residents teaching medical students are familiar with the revised educational objectives and their relationship to course objectives.

- Additional support is needed to assist faculty with curriculum innovation.
Increasing demands on clinical faculty time, resulting from the changing healthcare environment, have the potential to limit faculty available for teaching and research.

Recommendations for Change

- Continue to strengthen the link between institutional priorities and resource allocation.
- Expand infrastructure support to faculty for new curriculum design, implementation and evaluation.
- Continue to assure broad communication of educational objectives and university priorities, and assure that affiliated hospitals, junior faculty members and residents are included in the communication loop.
- Continue the activities of the curriculum committee and its subcommittees to systematically review student outcome data, and work to ensure that these data are used to make improvements in the curriculum.

B. Educational Program for the M.D. Degree

Strengths

- The curriculum committee functions well and has successfully introduced a number of significant educational innovations. It regularly reviews and acts on feedback from a variety of internal and external measures. It stresses coordination of material between courses and across years.
- The large clinical faculty and the diversity of hospital and ambulatory teaching sites offer the full range of clinical opportunities and patient populations for student learning.
- The accessibility of the basic science faculty and the variety of instructional methods and formats utilized in the first two years of medical school provide the opportunity for students to learn by several means, thus optimizing different learning styles and capabilities.
- There is extensive integration of clinical material into the basic science courses, and a strong emphasis on teaching the scientific foundations of medicine in the clinical rotations.
There is a comparability and consistency of educational experience among the different sites utilized for third-year clerkships via implementation of effective monitoring systems and outcome measures.

**Weaknesses**

- Although half the students have collaborated in a research project by the time of graduation, this percentage could be higher.

- As is true for other medical schools in the New York area, some general internists and pediatricians are used as preceptors during the family medicine clerkship due to the limited number of family medicine practitioners in the region.

- Despite excellent quality, the relevance and importance of CME programs are not always clear to student attendees.

- Clinical teaching sites vary with regard to technological support systems of clinical care and up-to-date information systems.

- The College's educational objectives call for greater training in the non-biological determinants of health and disease, and in the fields of medical economics, law and administration.

**Recommendations for Change**

- The College should seek to increase the percentage of students who have collaborated in a research project with a faculty member by the time of graduation.

- Additional clinical faculty should be recruited in family medicine.

- Efforts should be made to provide more context for CME activities in which students participate during their clinical rotations.

- The College should encourage affiliated hospitals to continue to upgrade information systems and make them more available to students.

- The curriculum should be enhanced in areas such as the social and cultural influences on health and disease, medical economics, law and administration.
C. Medical Students

Strengths

• The feedback mechanisms for evaluating student experiences in the clerkship rotations are working well in the student liaison committee.

• The breadth of clinical experiences available to students is a particular strength of the College.

• Students regard faculty members and administration as very accessible and responsive to their concerns about making improvements in medical education and establishing a comfortable learning atmosphere.

• Students are consistently satisfied with the level of awareness about course objectives and the integration of basic and clinical sciences.

• The current primary care format allows all first-year students to experience the demands placed on primary care physicians.

Weaknesses

• The high cost of tuition and small amount of scholarship money available continue to increase the debt burden for medical students.

• There is student concern about conservative grading policies at New York Medical College.

• The physical diagnosis course teaching is uneven among sites. Some sites provide students with ample opportunity to learn, while at others, physician workload may impede the learning process.

• Students believe that the library should continue to expand hours, particularly on weekends.

• Despite significant numbers of students from California, there are few faculty members familiar with West Coast residency programs.

• The College campus needs additional amenities such as recreational facilities, more group-study areas and lounges. In addition, affordable housing and parking are problems in New York City.
Recommendations for Change

- The College should continue to develop additional sources of scholarship funds to reduce the amount of debt for those students who borrow.

- Efforts should be made to provide more and better information to students about residency programs on the West Coast.

- Data on grade distribution and honors criteria at other medical schools should be studied for comparison purposes and presented to the curriculum committee for consideration.

- The student liaison committee should continue to be the forum for monitoring clerkship experiences.

- The curriculum committee should continue to evaluate ways to improve the physical diagnosis course.

D. Research

Strengths

- The quality of research in the basic science departments is high despite the constraints of relatively small numbers of faculty and insufficient research space.

- Research support departments, in particular research administration and comparative medicine, are high caliber.

- The strategic plan sets enhancement of research as a critically important priority.

- Construction of the Medical Education Center and expansion of research facilities in the Basic Sciences Building will increase research space by 25 percent.

- The College recently approved a research development program that will provide needed investment in core facilities as well as additional funds for faculty recruitment.

- A significant number of medical students participate in some research activity during their medical school tenure.
Weaknesses

- The College needs additional core facilities such as macromolecular analysis, advanced bioimaging and viral vector capabilities.

- The extent and impact of high quality clinical research is limited. Only 40 percent of total research funding at the College was awarded to faculty members in clinical departments.

- Financial and space constraints have limited the College's ability to take strategic advantage of new or emerging research areas.

Recommendations for Change

- Clinical research needs to be enhanced. In particular, high quality programs in the basic sciences should be leveraged for new initiatives in translational research.

- A combined departmental and individual research incentive program with realistic goals and rewards should be implemented.

- The availability of research resources, such as core laboratories and the specialized research expertise of individual investigators, should be made more widely available to the College community.

E. Graduate Medical Education

Strengths

- College GME programs are all fully accredited and have a 100 percent fill rate.

- The oversight of graduate medical education by the Office of Graduate Medical Education and GME committee has improved. There is a clear organizational structure and reporting responsibilities are well defined. Hospital-specific GME subcommittees have been expanded to help monitor and implement College policy at each institution.

- The College GME committee and each of the hospital GME subcommittees have placed considerable emphasis on the development of “residents as teachers” and training is now uniform.
Weaknesses

- There are a high number of IMGs in College GME programs. This may be perceived as a problem, although the subcommittee did not find it to be one.

- Nine GME programs were cited for low board pass rates at their last RRC review.

Recommendations for Change

- The New York Medical College GME committee should continue to enhance the "residents as teachers" initiative. There should be a specific emphasis on training all College-sponsored residents to be excellent teachers and evaluators of students.

- All New York Medical College-sponsored programs should fully utilize the internal review process as a means of identifying areas needing improvement.
APPENDIX

THE SEVENTEEN SELF-STUDY COMMITTEES AND THEIR MEMBERS

1. TASK FORCE
   Chaired by Susan A. Kline, M.D.
   Executive Vice Dean for Academic Affairs, Vice Provost for University Student Affairs and Associate Professor of Medicine, NYMC

Ayala, Gladys, M.D.  Student Affairs  NYMC
Barrett, Rev. Msgr. Harry C., D.Min., M.P.H.
Bartch, Richard
Belloni, Francis L., Ph.D.
Cobb, Ronald, M.D.
Coodwell, William T., M.D., Ph.D.
English, Joseph T., M.D.
Bilinger, Joseph D., Ph.D.
Frishman, William H., M.D.
Graham, Kevin, M.B.A., M.S.
Grayson, Martha S., M.D.
King, Lambert N., M.D., Ph.D.
Lee, Ernest Y.C., Ph.D.
Levine, Norman, Ph.D.
Lucariello, Ralph J., M.D.
Marshall, Mervielle, M.D.
McCarrick, Richard G., M.D.
Melamed, Myron R., M.D.
Moran, Miriam K.
O'Brien, James, Ph.D.
O'Connell, Ralph A., M.D.
Piccolo, Jr., Stephen, M.P.A.
Pravetz, Matthew, Ph.D.
Reed, George E., M.D., D.V.M.
Rodriguez, Luis J., J.D., M.P.H.
Schwartz, Ira Sheldon, Ph.D.
Smythe, Sheila M.
Steinman, William A., M.A.
Stone, Richard K., M.D.
Walsh, Joseph N., Jr., M.D.
Zachrass, Reinhard E., M.D.

Student Members:
Bentley-Hibbert, Stuart, Ph.D.
Cavagnaro, Christopher
Colson, Douglas
Comizio, Renee
Degn, Christopher
McCormick, Craig
Nicholson, Craig
Parry, Pres (John)
Shah, Biraj
Thomas, Stephen

Student Affairs  President and CEO  NYMC
Board of Trustees  Dean, GSBMS  NYMC
Medicine  Neurisurgery  Metropolitan Hospital Center
Psychiatry and Behavioral Sciences  Cell Biology and Anatomy  NYMC
Medicine  NYMC
Academic Administration  NYMC
Primary Care  Saint Vincents Hospital and Medical Ctr.
Vice Dean  Saint Vincents Hospital and Medical Ctr.
Biochemistry and Molecular Biology  NYMC
Physiology  NYMC
Senior Associate Dean  NYMC
Medicine  NYMC
Senior Associate Dean  Pathology  NYMC
Board of Trustees  Vice Dean, GSHS  NYMC
Vice Dean  Administration  NYMC
Cell Biology and Anatomy  NYMC
Vice Dean  Westchester Medical Center
Vice Dean  NYMC
Biochemistry and Molecular Biology  NYMC
Dean, GSHS  NYMC
Senior Associate Dean  NYMC
Senior Associate Dean  Metropolitan Hospital Center
Board of Trustees  NYMC
Pathology  NYMC

Class of:
2003
2000
2000
2000
1999
2001
2002
2002
2000
2. EXECUTIVE COMMITTEE
Chaired by Susan A. Kline, M.D.
Executive Vice Dean for Academic Affairs, Vice Provost for University Student Affairs and Associate Professor of Medicine, NYMC

Ayala, Gladys, M.D.  
English, Joseph T., M.D.  
Frischman, William H., M.D.  
Graham, Kevin, M.B.A., M.S.  
Levine, Norman, Ph.D.  
McCarrick, Richard G., M.D.  
O'Connell, Ralph A., M.D.  
Piccolo, Stephen, M.P.A.  
Pravetz, Matthew, Ph.D.  
Steadman II, William A., M.A.  
Stone, Richard K., M.D.  

Student Members:  
Colson, Douglas  
Dago, Christopher

3. OBJECTIVES SUBCOMMITTEE
Chaired by Ansley Bacon, Ph.D.
Associate Professor of Clinical Psychiatry and Behavioral Sciences and Program Director, Graduate School of Health Sciences, NYMC

Buchor, Doris, Ph.D.  
Dornbush, Rhea L., Ph.D.  
Grayson, Martha S., M.D.  
Halkett, Catherine S., M.P.H.  
Kline, Susan A., M.D.  
Marchello, Maura, M.P.A.  
McCarrick, Richard G., M.D.  
Newman, Leonard J., M.D.  
Schasfei, Steven D., M.D.  
Stringel, Gustavo, M.D.  
Visintainer, Paul, Ph.D.  
Zachrau, Reinhard E., M.D.  

Student Members:  
Hellar, Kim  
Lainer, Dahlia

4. GOVERNANCE SUBCOMMITTEE
Chaired by Ronald F. Poe, Board of Trustees, NYMC

Adler, Karl P., M.D.  
Allendorf, Dennis J., M.D.  
Cimino, Joseph A., M.D.  
DelGuercio, Louis R.M., M.D.  
Halkott, Catherine S., M.P.H.  
Horan, Gary S.  
Martin, Thomas J., J.D.  

President and CEO  
Alumni Association  
Community and Preventive Medicine  
Surgery  
Administration  
President and CEO  
Administration

Class of:  
2000  
2001
5. EDUCATIONAL PROGRAM FOR THE M.D. DEGREE SUBCOMMITTEE
Chaired by Richard G. McCarrick, M.D.
Senior Associate Dean for Undergraduate and Graduate Medical Education, NYMC

Edwards, Karen S., M.D.
Billinger, Joseph, Ph.D.
Grayson, Martha S., M.D.
Kaminsky, Sari, M.D.
Kline, Susan A., M.D.
Levine, Norman, Ph.D.
Marchello, Maura, M.P.A.
Miller, Ellen L., M.D.
Petersen, Stephen J., M.D.
Powers, Claudia Andrew, Ph.D.
Schwartz, Ira S., Ph.D.
Zachrau, Reinhard E., M.D.

Student Members:
Aamodt, David
Troccoli, Sue

House Staff Members:
Fitton, Robert, M.D.
Leibacher, Carolyn, M.D.

6. MEDICAL STUDENTS SUBCOMMITTEE
Chaired by Ronnie G. Swift, M.D.
Associate Professor of Clinical Psychiatry and Behavioral Sciences, NYMC
Chief of Psychiatry and Behavioral Sciences, Metropolitan Hospital Center

Ayala, Gladys, M.D.
Brensilver, Jeffrey, M.D.
Burchell, Albert, M.D.
Choudhury, Shahana, M.D.
Cohs, Ronald, M.D.
Dursi, Joseph, M.D.
Hafer, Jane N., M.D.
Juster, Fern, M.D.
Perla, Elliott, M.D.
Soffe, Anthony, M.A., M.S.
Steffey, Wayne
Zickel, Robert E., M.D.

Student Members:
Mellos, Nick
Mutnick, Andrew

Class of:
2001
2001

Class of:
2001
7. FINANCES SUBCOMMITTEE
Chair by Michael H. Gewitz, M.D.
Professor and Vice Chairman, Department of Pediatrics, NYMC
Director of Pediatrics, Westchester Medical Center

Kirschenbaum, Marc
Klein, Martin, M.P.H.
Lee, Marietta, Ph.D.
Lerner, Robert G., M.D.
Martino, Rosemary A., M.B.A.
Piccolo, Jr., Stephen, M.P.A.
Poe, Ronald F.
Rackow, Eric C., M.D.
Rodriguez, Luis J., J.D., M.P.H.
Savino, John, M.D.
Sorzo, Anthony, M.A., M.S.

Associate Dean
Primary Care
Biochemistry and Molecular Biology
Medicine
Academic Administration
Administration
Chairman, Board of Trustees
Medicine
Vice Dean
Surgery
Student Affairs

Metropolitan Hospital Center
NYMC
NYMC
NYMC
NYMC
NYMC
NYMC
Saint Vincent Hospital and Medical Ctr.
NYMC
NYMC
NYMC

Student Members:
Lyons, Jason
Sudheendra, Deepak

Class of:
2001
2001

House Staff Member:
Varshneya, Nikita, M.D.
Internal Medicine
Our Lady of Mercy Medical Center

8. GENERAL FACILITIES SUBCOMMITTEE
Chair by John C. McGiff, M.D.
Professor and Chairman, Department of Pharmacology, NYMC

Buchler, Doris, Ph.D.
Clarke, Susan
Eskalet, Samir S.
Ferrone, Soldano, M.D.
Hack, Candy
Halkett, Catherine S., M.P.H.
Martino, Rosemary A., M.B.A.
Passo, Stanley, Ph.D.
Pravetz, Matthew, Ph.D.

Microbiology and Immunology
Administration
Facilities Management
Microbiology and Immunology
Student Housing
Administration
Academic Administration
Physiology
Cell Biology and Anatomy

NYMC
NYMC
NYMC
NYMC
NYMC
NYMC
NYMC
NYMC
NYMC

Student Members:
Borah, Adam
Thomas, Stephen

Class of:
2001
2000

House Staff Member:
Kamath, Ramdas, M.D.
Chief Resident, Internal Medicine
Our Lady of Mercy Medical Center

9. FACULTY SUBCOMMITTEE
Chair by Renee Garrick, M.D.
Associate Professor, Department of Medicine, NYMC

Bilick, Stephen, M.D.
Brown, Peter
Cayten, Gene, M.D.

Psychiatry and Behavioral Sciences
Human Resources
GSHS/Surgery

Saint Vincent Hospital and Medical Ctr.
NYMC
NYMC

42
Comas, Waldemar, J.D.
Graham, Kevin, M.B.A., M.S.
Hilaris, Basil S., M.D.
Inamdar, Sarla, M.D.
Levine, Norman, Ph.D.
Morales, Joseph F., D.D.S.
Petro, Jane, M.D.
Sharma, Sansar C.

Student Members:
Ghearing, Gena

House Staff Members:
Kokkat, Ajit, M.D.
Krishnan, Prakash, M.D.

10. LIBRARY SUBCOMMITTEE
Chaired by Albert B. Lowenfels, M.D.
Professor, Department of Surgery, NYMC

Belloni, Francis L., Ph.D.
Blumenfeld, Michael, M.D.
Cunningham, Diana J., M.L.S.
Dornbusch, Rhea L., Ph.D.
Falvo, Cathay E., M.D., M.P.H.
Hammond, John
Horowitz, Daniel M.
Kochar, Pritpal
Lerea, Kenneth, Ph.D.
Medved, Myron R., M.D.
Sivak, Steven L., M.D.
Thompson, Carl, Ph.D.

Student Members:
Beagin, Erinn
Johnson, Blake
Yong, May

11. COMPUTER/INFORMATION RESOURCES SUBCOMMITTEE
Chaired by Joseph C. Masdeu, M.D.
Professor and Chairman, Department of Neurology, NYMC; Chairman of Neurology, Saint Vincent's Hospital and Medical Center

Almond, Gregory, M.D.
Chander, Praveen, M.D.
Drakontides, Anna B., Ph.D.
Hammond, John
Jones, James, M.D.
Lerner, Robert G., M.D.
Nedergaard, Maikon, M.D., D.M.Sc.
Rachlin, Susan, M.D.
Shapiro, Donald, D.Sc.

Emergency Medicine
Pathology
Cell Biology and Anatomy
Administration
Obstetrics and Gynecology
Medicine
Cell Biology and Anatomy
Radiology
Alumni Computer Lab

NYMC
NYMC
NYMC
NYMC
NYMC
NYMC
NYMC
NYMC
NYMC

Class of:
2002
1999

Sherr, Gregory T. Administration NYMC
Vergara, Allan Site Administrator Metropolitan Hospital Center NYMC
Wines, Barbara, M.B.A. Administration

Student Members:
Huang, Han
Tran, Larry

House Staff Member:
Rahim, Irsan, M.D. Pediatrics Metropolitan Hospital Center

12. CLINICAL TEACHING FACILITIES SUBCOMMITTEE
Chaired by Lambert N. King, M.D., Ph.D.
Vice Dean and Professor of Clinical Community and Preventive Medicine, NYMC
Medical Director and Senior Vice President for Medical and Academic Affairs,
Saint Vincents Hospital and Medical Center

Bertignana, Saverio S., M.D. Senior Associate Dean NYMC
Blumenfield, Michael, M.D. Psychiatry and Behavioral Sciences Westchester Medical Center
Brandstetter, Robert D., M.D. Medicine Sound Shore Medical Ctr. of Westchester
Gucalp, Canan, M.D. Pediatrics Metropolitan Hospital Center NYMC
Halbach, Joseph L., M.D., M.P.H. Family Medicine Saint Agnes Hospital
Hoenig, Stephen, M.D. Interim Chief Administrative Officer NYMC
Klein, Martin, M.P.H. Primary Care NYMC
Marshall, Merville, M.D. Medicine Saint Vincents Hospital and Medical Ctr.
McGill, Frances, M.D. Obstetrics and Gynecology Danbury Hospital
Rodriguez, Luis J., J.D., M.P.H. Executive Vice President NYMC
Robilotti, Gerard Vice Dean

Student Members:
Harned, Terri Class of:
Wirtz, David 2000

House Staff Members:
Sullivan, Stephen, M.D. Psychiatry and Behavioral Sciences St. Vincents Hospital and Medical Ctr.
Verghese, John, M.D. Surgery Our Lady of Mercy Medical Center

13. GRADUATE EDUCATION IN THE BASIC SCIENCES SUBCOMMITTEE
Chaired by Joseph D. Etlinger, Ph.D.
Professor and Chairman, Department of Cell Biology and Anatomy, NYMC

Belloni, Francis L., Ph.D. Dean, GSBSM NYMC
Bucher, Doris, Ph.D. Microbiology and Immunology NYMC
Godfrey, Henry P., M.D., Ph.D. Pathology NYMC
Wolin, Michael S., Ph.D. Physiology NYMC
Wu, Joseph M., Ph.D. Biochemistry and Molecular Biology NYMC

Student Member:
McBride, Ali Class of:
GSBSM 2001
14. GRADUATE MEDICAL EDUCATION SUBCOMMITTEE
Chaired by Paul K. Woolf, M.D.
Assistant Professor, Department of Pediatrics, NYMC

Bloomfield, Dennis, M.D. Medicine
Inamdar, Sarla, M.D. Pediatrics
McCarrick, Richard G., M.D. Senior Associate Dean
Rackow, Eric C., M.D. Medicine
Reed, George E., M.D., D.V.M. Vice Dean
Reilly, Kevin D., M.D. Obstetrics and Gynecology
Schaefer, Steven D., M.D. Otolaryngology
Zickel, Robert E., M.D. Orthopaedics

Student Member:
Sharma, Krishn

House Staff Members:
Hicks, Cassandra, M.D. Obstetrics and Gynecology
Whitt, Ray, M.D. Obstetrics and Gynecology

Class of: 2000

15. CONTINUING MEDICAL EDUCATION SUBCOMMITTEE
Chaired by Stephen B. Zelicof, M.D., Ph.D.
Associate Professor of Clinical Orthopaedic Surgery, NYMC

Abraham, Nader, Ph.D. Pharmacology
Allendorf, Dennis J., M.D. Alumni Association
Dursi, Joseph, M.D. Continuing Medical Education
Martino, Rosemary A., M.B.A. Academic Administration
Newman, Leonard J., M.D. Pediatrics
O'Brien, James, Ph.D. Vice Dean, GSHS
Tejani, Nergesh, M.D. Obstetrics and Gynecology

Student Member:
Ho, Maria

Class of: 2001

House Staff Members:
Castillo, Eddy, M.D. Gastroenterology
Deshpand, Ajay, M.D. Pulmonary Disease/Critical Care Medicine

Westchester Medical Center

16. RESEARCH SUBCOMMITTEE
Chaired by Ira S. Schwartz, Ph.D.
Professor, Department of Biochemistry and Molecular Biology, NYMC

Coulwell, William T., M.D., Ph.D. Neurosurgery
Crea, Catharine Administration
Darzykiewicz, Zbigniew, M.D., Ph.D. Medicine
Hintze, Thomas H., Ph.D. Physiology
Kaley, Gabor, Ph.D. Physiology
King, Lambert N., M.D., Ph.D. Vice Dean
Lee, Ernest Y.C., Ph.D. Biochemistry and Molecular Biology
Levee, Ellen, D.V.M. Comparative Medicine

NYMC
NYMC
NYMC
NYMC
NYMC
NYMC
NYMC
NYMC
NYMC
<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martino, Rosemary A., M.B.A.</td>
<td>Academic Administration</td>
<td>NYMC</td>
</tr>
<tr>
<td>Nasjletti, Alberto, M.D.</td>
<td>Pharmacology</td>
<td>NYMC</td>
</tr>
<tr>
<td>Nedergaard, Maiken, M.D., D.M.Sc.</td>
<td>Cell Biology and Anatomy</td>
<td>NYMC</td>
</tr>
<tr>
<td>Stewart, Julian, M.D., Ph.D.</td>
<td>Pediatrics</td>
<td>Westchester Medical Center</td>
</tr>
<tr>
<td>Swift, Ronnie G., M.D.</td>
<td>Psychiatry and Behavioral Sciences</td>
<td>Metropolitan Hospital Center</td>
</tr>
<tr>
<td>Wormser, Gary, M.D.</td>
<td>Medicine</td>
<td>Westchester Medical Center</td>
</tr>
</tbody>
</table>

**Student Member:**
Bentley-Hibbert, Stuart, Ph.D.

**Class of:**
2003

### 17. MEDICAL SCHOOL DEPARTMENTS SUBCOMMITTEE

**Chaired by Camille Mallouh, M.D.**

**Professor of Clinical Urology and Chairman, Department of Urology, NYMC**

**Chief of Urology, Metropolitan Hospital Center**

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carr, Ellen F., M.B.A.</td>
<td>Administration</td>
<td>NYMC</td>
</tr>
<tr>
<td>Goldstein, Robert, M.D.</td>
<td>Student Affairs</td>
<td>NYMC</td>
</tr>
<tr>
<td>Hinterbuchner, Catherine, M.D.</td>
<td>Rehabilitation Medicine</td>
<td>NYMC</td>
</tr>
<tr>
<td>Kaley, Gabor, Ph.D.</td>
<td>Physiology</td>
<td>NYMC</td>
</tr>
<tr>
<td>McGiff, John C., M.D.</td>
<td>Pharmacology</td>
<td>NYMC</td>
</tr>
<tr>
<td>Oxboel, Cynthia</td>
<td>Graduate Medical Education</td>
<td>NYMC</td>
</tr>
<tr>
<td>Safai, Bijan, M.D.</td>
<td>Dermatology</td>
<td>NYMC</td>
</tr>
<tr>
<td>Walsh, Joseph B., M.D.</td>
<td>Ophthalmology</td>
<td>The New York Eye and Ear Infirmary</td>
</tr>
</tbody>
</table>

**Student Member:**
Zaslow, Tracy

**Class of:**
2001
ALPHABETICAL LISTING OF SELF-STUDY PARTICIPANTS

(Faculty and Administration Members)

Abraham, Nader G., Ph.D., Professor of Pharmacology (15)
Adler, Karl P., M.D., President and Chief Executive Officer, and Professor of Medicine, Saint Vincents Hospital and Medical Center (4)
Allendorf, Dennis J., M.D., President, Alumni Association (4,15)
Almond, Gregory L., M.D., Acting Chairman, Department of Emergency Medicine and Associate Professor of Clinical Emergency Medicine, Metropolitan Hospital Center (11)
Ayala, Gladys, M.D., Associate Dean for Student and Minority Affairs and Assistant Professor of Medicine (1,2,6)
Bacon, Ansley, Ph.D., Associate Professor of Clinical Psychiatry and Behavioral Sciences and Program Director, Graduate School of Health Sciences (3)
Barrett, Rev. Msgr. Harry C., D.Min., M.P.H., President and Chief Executive Officer (1)
Belloni, Francis L., Ph.D., Dean, Graduate School of Basic Medical Sciences and Professor of Physiology (1,10,13)
Bentivegna, Saverio S., M.D., Senior Associate Dean, Fifth Pathway and Professor of Clinical Surgery (12)
Billick, Stephen B., M.D., Clinical Associate Professor of Psychiatry and Behavioral Sciences, Saint Vincents Hospital and Medical Center (9)
Bloomfield, Dennis A., M.D., Associate Dean and Professor of Clinical Medicine, Sisters of Charity Medical Center (14)
Blumenfield, Michael, M.D., Professor of Psychiatry and Behavioral Sciences (10,12)
Brandstetter, Robert D., M.D., Professor of Clinical Medicine, Sound Shore Medical Center of Westchester (12)
Bransilver, Jeffrey, M.D., Associate Dean and Professor of Clinical Medicine, Sound Shore Medical Center of Westchester (6)
Brown, Peter M., Director of Human Resources (9)
Bucher, Doris, Ph.D., Associate Professor of Microbiology and Immunology (3,8,13)
Burchell, Albert R., M.D., Associate Professor of Surgery, Saint Vincents Hospital and Medical Center (6)
Carr, Ellen F., M.B.A., Vice President, Communications (17)
Cayten, C. Gene, M.D., Professor of Surgery, Our Lady of Mercy Medical Center (9)
Chander, Praveen M.D., Professor of Pathology (11)
Choudhury, Shahana A., M.D., Clinical Assistant Professor of Pediatrics, Sound Shore Medical Center of Westchester (6)
Cimino, Joseph A., M.D., Professor and Chairman, Department of Community and Preventive Medicine (4)
Clarke, Susan, Associate Vice President, Operations (8)
Cobb, Ronald, M.D., Assistant Professor of Medicine, Metropolitan Hospital Center (1,6)
Comas, Waldemar A., J.D., Associate Vice President for Legal Affairs (9)
Coulter, William T., M.D., Ph.D., Professor and Chairman, Department of Neurosurgery (1,16)
Crea, Catharine, Associate Dean for Research Administration (16)
Cunningham, Diana J., M.L.S., Associate Dean and Director, Medical Sciences Library (10)
Darzynekiewicz, Zbigniew, M.D., Ph.D., Professor of Medicine (16)
DelGuercio, Louis R.M., M.D., Professor and Chairman, Department of Surgery (4)
Dornbush, Rhea L., Ph.D., Professor of Psychiatry and Behavioral Sciences (3,10)
Drakontides, Anna B., Ph.D., Professor of Cell Biology and Anatomy

Durso, Joseph F., M.D., Associate Dean for Continuing Medical Education, Associate Professor of Surgery and Director of Health Services

Edwards, Karen S., M.D., Associate Professor of Clinical Pediatrics

English, Joseph T., M.D., Professor and Chairman, Department of Psychiatry and Behavioral Sciences and Associate Dean, Saint Vincents Hospital and Medical Center

Esamender, Samir S., Director, Facilities Management

Etlinger, Joseph D., Ph.D., Professor and Chairman, Department of Cell Biology and Anatomy

Falvo, Cathey, M.D., M.P.H., Clinical Associate Professor of Pediatrics and Program Director, Graduate School of Health Sciences

Ferrone, Soldano, M.D., Ph.D., Professor and Chairman, Department of Microbiology and Immunology

Frishman, William H., M.D., Professor and Chairman, Department of Medicine

Garrick, Renee, M.D., Associate Professor of Medicine

Gewitz, Michael H., M.D., Professor and Vice Chairman of Pediatrics

Godfrey, Henry P., M.D., Ph.D., Professor of Pathology

Goldstein, Robert, M.D., Associate Dean for Student Affairs (Emeritus) and Professor Emeritus

Graham, Kevin, Associate Dean for Administration

Grayson, Martha S., M.D., Senior Associate Dean for Primary Care and Associate Professor of Clinical Medicine, Saint Vincents Hospital and Medical Center

Gucalp, Canan K., M.D., Assistant Professor of Pediatrics, Metropolitan Hospital Center

Hack, Candy, Director of Student Housing

Haher, Jane N., M.D., Assistant Professor of Surgery

Halbach, Joseph L., M.D., M.P.H., Assistant Professor and Acting Chairman, Department of Family Medicine

Halkett, Catherine S., M.P.H., Vice President, University Planning and Institutional Research

Hammond, John C., Chief Information Officer

Hilaris, Basil S., M.D., Professor and Chairman, Department of Radiation Medicine, Our Lady of Mercy Medical Center

Hinterbuchner, Catherine, M.D., Professor and Chair, Department of Rehabilitation Medicine

Hintze, Thomas H., Ph.D., Professor of Physiology

Hoenig, Stephen, M.D., Chief Administrative Officer, Saint Agnes Hospital

Horan, Gary S., President and Chief Executive Officer, Our Lady of Mercy Medical Center

Horowitz, Daniel M., Associate Vice President and Controller

Inamdar, Sarla, M.D., Chief and Professor of Clinical Pediatrics, Metropolitan Hospital Center

Jones, James R., M.D., Professor and Chairman, Department of Obstetrics and Gynecology, Saint Vincents Hospital and Medical Center

Juster, Fern R., M.D., Associate Dean for Admissions and Assistant Professor of Pediatrics

Kaley, Gabor, Ph.D., Professor and Chairman, Department of Physiology

Kaminski, Sari, M.D., Vice Chairman and Residency Program Director, Associate Professor of Obstetrics and Gynecology, Metropolitan Hospital Center
King, Lambert N., M.D., Ph.D., Vice Dean, Medical Director and Senior Vice President for Medical and Academic Affairs, and Professor of Clinical Community and Preventive Medicine, Saint Vincents Hospital and Medical Center (1,12,16)

Kirschbaum, Marc, Associate Dean for Clinical Support Services; Director, Faculty Practice, Metropolitan Hospital Center (7)

Klein, Martin, M.P.H., Associate Dean for Primary Care and Assistant Professor of Community and Preventive Medicine (7,12)

Kline, Susan A., M.D., Vice Provost for University Student Affairs, Executive Vice Dean for Academic Affairs and Associate Professor of Medicine (1,2,3,5)

Kocher, Pritpal S., Director of Information Services (10)

Lee, Ernest Y.C., Ph.D., Professor and Chairman, Department of Biochemistry and Molecular Biology (1,16)

Lee, Marietta, Y.W.T., Ph.D., Professor of Biochemistry and Molecular Biology (7)

Lerea, Kenneth, Ph.D., Associate Professor of Cell Biology and Anatomy (10)

Lerner, Robert G., M.D., Professor of Medicine (7,11)

Levee, Ellen, D.V.M., Director of Comparative Medicine and Assistant Professor of Physiology (16)

Levine, Norman, Ph.D., Associate Professor of Physiology and President, Faculty Senate (1,2,5,9)

Lowenhals, Albert B., M.D., Professor of Surgery (10)

Lucariello, Ralph J., M.D., Senior Associate Dean and Assistant Professor of Medicine, Our Lady of Mercy Medical Center (1)

Mallouh, Camille, M.D., Professor of Clinical Urology and Chairman, Department of Urology (17)

Marchello, Maura, M.P.A., Senior Analyst, Office of Graduate Medical Education (3,5)

Marshall, Merville, M.D., Associate Professor of Clinical Medicine (1,12)

Martin, Thomas J., J.D., Vice President and General Counsel (4)

Martino, Rosemary A., M.B.A., Associate Dean for Academic Administration (7,8,15,16)

Masdeu, Joseph C., M.D., Ph.D., Professor and Chairman, Department of Neurology, Saint Vincents Hospital and Medical Center (11)

McCarrick, Richard G., M.D., Senior Associate Dean for Undergraduate and Graduate Medical Education (1,2,3,5,14)

McGiff, John C., M.D., Professor and Chairman, Department of Pharmacology and Gynecology, Saint Vincents Hospital and Medical Center (8,17)

McGill, Frances, M.D., Associate Professor of Clinical Obstetrics and Gynecology, Saint Vincents Hospital and Medical Center (12)

Melamed, Myron R., M.D., Professor and Chairman, Department of Pathology (1,10)

Messina, Edward J., Ph.D., Professor of Physiology (4)

Miller, Ellen, M.D., Assistant Professor of Family Medicine, Department of Family Medicine, Saint Joseph's Medical Center, Yonkers (5)

Morales, Joseph F., D.D.S., Associate Professor of Clinical Dentistry and Chairman, Department of Dentistry, Metropolitan Hospital Center (9)

Naglietti, Alberto, M.D., Professor of Pharmacology (16)

Nedergaard, Maiken, M.D., D.M.Sc., Professor of Cell Biology and Anatomy (11,16)

Newman, Leonard J., M.D., Professor and Chairman, Department of Pediatrics (3,15)

O'Brien, James J., Ph.D., Vice Dean, Graduate School of Health Sciences (1,15)

O'Connell, Ralph A., M.D., Provost and Dean, School of Medicine and Professor of Psychiatry and Behavioral Health Sciences (1,2)

Oxboel, Cynthia, Associate Director, Office of Graduate Medical Education (17)

Passo, Stanley, Ph.D., Associate Professor of Physiology (8)

Perla, Elliott N., M.D., Associate Dean for Student Affairs and Associate Professor of Clinical Medicine, Metropolitan Hospital Center (6)

Peterson, Stephen J., M.D., Chief of Internal Medicine and Associate Professor of Clinical Medicine (5)
Petro, Jane A., M.D., Professor of Surgery and Associate Director of the Burn Center, Westchester Medical Center

Piccolo, Jr., Stephen, M.P.A., Senior Vice President for Finance and CFO, Vice Provost, Administration and Finance

Powers, Claud Andrew, Ph.D., Associate Professor of Pharmacology

Pravetz, Matthew A., Ph.D., O.F.M., Assistant Professor of Cell Biology and Anatomy

Rechlin, Susan, M.D., Assistant Professor of Radiology

Rackow, Eric C., M.D., Vice Chairman and Professor of Medicine, Saint Vincents Hospital and Medical Center

Reed, George E., M.D., D.V.M., Vice Dean and Professor of Surgery, NYMC, Medical Director, Westchester Medical Center

Reilly, Kevin D., M.D., Assistant Professor and Director of Obstetrics and Gynecology, Our Lady of Mercy Medical Center

Robilotti, Gerard, Executive Vice President, Danbury Hospital

Rodriguez, Luis J., J.D., M.P.H., Vice Dean of Affiliations and Faculty Practice and Assistant Professor of Community and Preventive Medicine

Safai, Bijan, M.D., Professor and Chairman, Department of Dermatology

Sanchez, Jose R., Executive Director and Senior Vice President, Generations+ Health Network, Metropolitan Hospital Center

Savino, John A., M.D., Professor of Surgery

Schafer, Steven D., M.D., Professor and Chairman, Department of Otolaryngology, The New York Eye and Ear Infirmary

Schwartz, Ira S., Ph.D., Professor of Biochemistry and Molecular Biology

Shapiro, Donald M., D.Sc., Professor of Psychiatry and Behavioral Sciences

Sharma, Sansar C., Ph.D., Professor of Ophthalmology

Sherr, Gregory T., Web Manager, Office of Public Relations

Sivak, Steven L., M.D., Associate Professor of Clinical Medicine, Saint Vincents Hospital and Medical Center

Smythe, Sheila M., Executive Vice President; President, The Partnership for Healthy Communities; Dean, Graduate School of Health Sciences

Sozzo, Anthony M., M.A., M.S., Associate Dean for Student Affairs, Director of Student Activities and Student Financial Planning

Steadman II, William A., M.A., Vice Provost and Senior Associate Dean for Academic Administration and Assistant Professor of Community and Preventive Medicine

Steffey, Wayne A., Vice President, University Development

Stewart, Julian, M.D., Professor of Pediatrics

Stolzenberg, Edward A., M.S., President and Chief Executive Officer, Westchester County Health Care Corporation and Clinical Assistant Professor of Medicine

Stone, Richard K., M.D., Senior Associate Dean, Medical Director and Professor of Clinical Pediatrics, Metropolitan Hospital Center

Stringel, Gustavo, M.D., Professor of Surgery

Swift, Ronnie G., M.D., Associate Professor of Clinical Psychiatry and Behavioral Sciences and Chief of Psychiatry and Behavioral Sciences, Metropolitan Hospital Center

Tejani, Nergesh, M.D., Vice Chairman and Professor, Department of Obstetrics and Gynecology

Thompson, Carl I., Ph.D., Associate Professor of Physiology

Vergara, Allan P., Associate Dean and Site Administrator, Metropolitan Hospital Center

Visintainer, Paul F., Ph.D., Assistant Professor of Pediatrics and Program Director, Graduate School of Health Sciences

50
Walsh, Joseph B., M.D., Professor and Chairman, Department of Ophthalmology, The New York Eye and Ear Infirmary (17)
Wines, Barbara, M.B.A., Associate Dean and University Registrar (11)
Wolin, Michael S., Ph.D., Professor of Physiology (13)
Woolf, Paul K., M.D., Assistant Professor of Pediatrics (14)
Wormser, Gary, M.D., Vice Chairman of Medicine for Scientific Affairs and Research Development, Professor of Medicine and Chief of Infectious Diseases, Westchester Medical Center (16)
Wu, Joseph M., Ph.D., Professor of Biochemistry and Molecular Biology (13)
Zachrau, Reinhard E., M.D., Professor of Pathology (1,3,5)
Zelicof, Steven B., M.D., Ph.D., Associate Professor of Clinical Orthopaedic Surgery (15)
Zickel, Robert E., M.D., Professor and Chairman, Department of Orthopaedic Surgery (6,14)

Board of Trustees

Barth, Richard, Past Chairman (1)
Moran, Miriam K. (1)
Poe, Ronald F., Chairman (4,7)
Walsh, Joseph N., Jr. (1)

Student Members

Aamodt, David 2001 (5)
Beagin, Erinn 2001 (10)
Bentley-Hibbert, Stuart 2003 (1,16)
Borah, Adam, Student Senator 2001 (8)
Cavagnaro, Christopher, Student Senator 2000 (1)
Colson, Douglas, Student Senator 2000 (1,2)
Comizio, Renee, President of Student Senate 2000 (1)
Degn, Christopher 2000 (1,2)
Ghearing, Gena 2001 (9)
Harned, Terri 2000 (12)
Hollar, Kim 2001 (3)
Ho, Maria 2001 (15)
Huang, Han 2001 (11)
Johnson, Blake, Past Vice President of Student Senate 1999 (10)
Lainer, Dahlia 2001 (3)
Lyons, Jason 2001 (7)
McBride, Ali, GSBMS 2001 (13)
McCormick, Craig, Student Senator 1999 (1)
Mellos, Nick, Student Senator 2001 (6)
Mutnick, Andrew 2001 (6)
Nicholson, Craig, Treasurer of Student Senate 2001 (1)
Parry, Pres (John), Student Senator 2002 (1)
Shah, Biraj, Student Senator 2002 (1)
Sharma, Kriah 2000 (14)
Sudheendra, Deepak 2001 (7)
Thomas, Stephen, Student Senator 2000 (1,8)
Tran, Larry 2002 (11)
Troccoli, Sue, Secretary of Student Senate 2001 (6)
Wirtz, David 2000 (12)
Yong, Mae 2001 (10)
Zaslow, Tracy 2001 (17)
House Staff Members

Castillo, Eddy, M.D., Division of Gastroenterology, Westchester Medical Center (15)
Deshpand, Ajay, M.D., Division of Pulmonary Disease/Critical Care Medicine, Westchester Medical Center (15)
Fitchon, Robert, M.D., Department of Family Medicine, Saint Joseph's Medical Center (15)
Hicks, Cassandra, M.D., Department of Obstetrics and Gynecology, Westchester Medical Center (5)
Kamath, Ramdas, M.D., Chief Resident, Division of Internal Medicine, Our Lady of Mercy Medical Center (14)
Kokkat, Ajit, M.D., Division of Internal Medicine, Our Lady of Mercy Medical Center (15)
Krisnan, Prakash, M.D., Division of Internal Medicine, Sisters of Charity Medical Center (9)
Leibachler, Carolyn, M.D., Department of Family Medicine, Saint Joseph's Medical Center (9)
Rahim, Irsan, M.D., Department of Pediatrics, Metropolitan Hospital Center (5)
Sullivan, Stephen, M.D., Department of Psychiatry and Behavioral Sciences, Saint Vincents Hospital and Medical Center (12)
Varshnaya, Nikita, M.D., Division of Internal Medicine, Our Lady of Mercy Medical Center (7)
Verghese, John, M.D., Department of Surgery, Our Lady of Mercy Medical Center (12)
Whitt, Ray, M.D., Department of Obstetrics and Gynecology, Westchester Medical Center (14)
BOARD OF TRUSTEES

Ronald F. Poe
Chairman

Duane W. Albret
George J. Ames
Michael A. Antonelle, M.D. '62
Richard Barth
John K. Castle
George K. Cooney
Gerald W. Cunningham
Nicholas J. D'Agostino, Jr.
Col. Melvin D. Freeman
Joseph Giamelli
Mary Healey-Sedutto, Ph.D.
Henry J. Humphreys
William T. Kennedy
Philip A. Marraccini, M.D. '50
William M. Mooney
Miriam K. Moran
Patricia Mosbacher
Edmund D. Pellegrino, M.D.
Jackson E. Spears
Joseph N. Walsh, Jr.
Irwin Weiner
Albert Willner, M.D. '43
Thomas A. Wise, Honorary Member

UNIVERSITY ADMINISTRATION

Rev. Msgr. Harry C. Barrett, D.Min., M.P.H.
President and Chief Executive Officer

Ralph A. O'Connell, M.D.
Provost and Dean, School of Medicine

Stephen Piccolo, Jr., M.P.A.
Senior Vice President and Chief Financial Officer
Vice Provost for Administration and Finance

Sheila M. Smythe
Executive Vice President
President, The Partnership for Healthy Communities
Dean, Graduate School of Health Sciences

Francis L. Belloni, Ph.D.
Dean, Graduate School of Basic Medical Sciences

Susan A. Kline, M.D.
Executive Vice Dean for Academic Affairs
Vice Provost for University Student Affairs
Ellen F. Carr, M.B.A.
Vice President, Communications

Catherine S. Halkett, M.P.H.
Vice President, University Planning and Institutional Research

Thomas J. Martin, Esq.
Vice President and General Counsel

Wayne A. Steffey
Vice President, University Development

William A. Steadman II, M.A.
Vice Provost and Senior Associate Dean, Administration

MEDICAL SCHOOL ADMINISTRATION

Ralph A. O'Connell, M.D.
Provost and Dean

Susan A. Kline, M.D.
Executive Vice Dean for Academic Affairs
Vice Provost for University Student Affairs

Lambert N. King, M.D., Ph.D.
Vice Dean, Saint Vincents Hospital and Medical Center

George E. Reed, M.D., D.V.M.
Vice Dean, Westchester Medical Center

Luis J. Rodriguez, J.D., M.P.H.
Vice Dean, Affiliations and Faculty Practice

William A. Steadman II, M.A.
Vice Provost and Senior Associate Dean, Administration

Martha S. Grayson, M.D.
Senior Associate Dean, Primary Care Curriculum

Richard G. McCarrick, M.D.
Senior Associate Dean for Undergraduate and Graduate Medical Education

Richard K. Stone, M.D.
Senior Associate Dean, Metropolitan Hospital Center

Ralph J. Lucariello, M.D.
Senior Associate Dean, Our Lady of Mercy Medical Center

Saverio S. Bentivegna, M.D.
Senior Associate Dean
Gladys M. Ayala, M.D.  
Associate Dean for Student and Minority Affairs

Fern R. Juster, M.D.  
Associate Dean and Chair, Committee on Admissions

Elliott N. Perla, M.D.  
Associate Dean for Student Affairs

Diana J. Cunningham, M.L.S.  
Associate Dean and Director, Medical Sciences Library

Joseph F. Dursi, M.D.  
Associate Dean for Continuing Medical Education  
Director, Health Services

Dennis A. Bloomfield, M.D.  
Associate Dean, Sisters of Charity Medical Center

Jeffrey M. Brensilver, M.D.  
Associate Dean, Sound Shore Medical Center of Westchester

Catharine Crea  
Associate Dean for Research Administration

Yvonne Cummings  
Associate Dean, Metropolitan Hospital Center

Joseph T. English, M.D.  
Associate Dean, Saint Vincents Hospital and Medical Center

Kevin Graham, M.B.A., M.S.  
Associate Dean for Administration

Marc Kirschenbaum  
Associate Dean for Clinical Support Services and Director, Faculty Practice  
Metropolitan Hospital Center

Martin Klein, M.P.H.  
Associate Dean for Primary Care

Rosemary A. Martino, M.B.A.  
Associate Dean for Academic Administration

Anthony M. Sozzo, M.A., M.S.  
Associate Dean for Student Affairs, Director of Student Activities and Student Financial Planning

Allan P. Vergara  
Associate Dean and Site Administrator  
Metropolitan Hospital Center

Barbara Wines, M.B.A.  
Associate Dean and University Registrar
<table>
<thead>
<tr>
<th>Department/Program</th>
<th>Department/Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elizabeth A.M. Frost, M.D.</td>
<td>Joseph B. Walsh, M.D.</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>Ernest Y.C. Lee, Ph.D.</td>
<td>Robert E. Zickel, M.D.</td>
</tr>
<tr>
<td>Biochemistry and Molecular Biology</td>
<td>Orthopaedic Surgery</td>
</tr>
<tr>
<td>Joseph D. Etlinger, Ph.D.</td>
<td>Steven D. Schaefer, M.D.</td>
</tr>
<tr>
<td>Cell Biology and Anatomy</td>
<td>Otolaryngology</td>
</tr>
<tr>
<td>Joseph A. Cimino, M.D., M.P.H.</td>
<td>Myron R. Melamed, M.D.</td>
</tr>
<tr>
<td>Community and Preventive Medicine</td>
<td>Pathology</td>
</tr>
<tr>
<td>Joseph F. Morales, D.D.S.</td>
<td>Leonard J. Newman, M.D. '70</td>
</tr>
<tr>
<td>Dentistry</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Bijan Safai, M.D.</td>
<td>John C. McGiff, M.D.</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Pharmacology</td>
</tr>
<tr>
<td>Gregory L. Almond, M.D. (Acting)</td>
<td>Gabor Kaloy, Ph.D.</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Physiology</td>
</tr>
<tr>
<td>Joseph L. Halbach, M.D., M.P.H. (Acting)</td>
<td>Joseph T. English, M.D.</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>Psychiatry and Behavioral Sciences</td>
</tr>
<tr>
<td>William H. Frishman, M.D.</td>
<td>Basil S. Hilaris, M.D.</td>
</tr>
<tr>
<td>Medicine</td>
<td>Radiation Medicine</td>
</tr>
<tr>
<td>Felix E. Wassermann, Ph.D. (Acting)</td>
<td>Terence A.S. Matalon, M.D.</td>
</tr>
<tr>
<td>Microbiology and Immunology</td>
<td>Radiology</td>
</tr>
<tr>
<td>Joseph C. Masdeu, M.D., Ph.D.</td>
<td>Catherine N. Hinterbuchner, M.D.</td>
</tr>
<tr>
<td>Neurology</td>
<td>Rehabilitation Medicine</td>
</tr>
<tr>
<td>William T. Couldwell, M.D., Ph.D.</td>
<td>Louis R.M. DelGuercio, M.D.</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>Surgery</td>
</tr>
<tr>
<td>James R. Jones, M.D.</td>
<td>Camille Mallouh, M.D.</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>Urology</td>
</tr>
</tbody>
</table>
NEW YORK MEDICAL COLLEGE AFFILIATES

Academic Medical Centers
Saint Vincents Hospital and Medical Center
Westchester Medical Center

University Hospitals
Metropolitan Hospital Center
Our Lady of Mercy Medical Center

Major Affiliated Hospitals
Sound Shore Medical Center of Westchester
Sisters of Charity Medical Center

Specialty Hospitals
New York Eye and Ear Infirmary
Saint Vincent’s Westchester

Affiliated Hospitals
Benedictine Hospital
Calvary Hospital
Danbury Hospital
Good Samaritan Hospital, Suffern
Kingston Hospital
Mount Vernon Hospital
Northern Westchester Hospital Center
Pascack Valley Hospital
Saint Agnes Hospital
St. Clare’s Hospital and Health Center
Saint Joseph’s Medical Center, Yonkers
St. Vincent’s Medical Center, Bridgeport
Terence Cardinal Cooke Health Care Center
VA Hudson Valley Health Care System