

New York Medical College Self-Study

A Report to:
The Middle States Commission on
Higher Education



**February 16, 2011
Valhalla, New York**

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EXECUTIVE SUMMARY

The New York Medical College self-study was prepared by a Steering Committee of 16 individuals representing faculty, trustees and administrators. Six subcommittees consisting of a total of 54 faculty, trustees and administrators examined one or more of the standards described in the Commission on Higher Education's document *Characteristics of Excellence in Higher Education*. The chair of each subcommittee was a member of the Steering Committee.

New York Medical College is a health sciences university whose purpose is to educate physicians, scientists, and public health professionals and to conduct biomedical and population based research. The College consists of three schools: the School of Medicine; the Graduate School of Basic Medical Sciences; and the School of Health Sciences and Practice. Advanced degrees are awarded to students who are preparing for careers in medicine, science, physical therapy, speech-language pathology, and the public health professions.

The College's mission statement expresses a commitment to education, research and service and stresses the importance of the diversity of its students and faculty to carry out the mission in a multicultural world. The College regularly assesses its success in carrying out the mission throughout the institution. The challenge is to ensure that all of the College's constituents are aware of the mission and to continue efforts to develop an institution-wide focus on student and faculty diversity.

In 2009 the College completed a strategic planning process through which constituent groups throughout the College engaged in open dialogue and guided discussions. The ongoing planning processes involve research and the collection of data about both internal and external environments, analysis and synthesis regarding insights into problems and opportunities and the evaluation of both process and results.

The College's annual budget process provides a means to address priority goals through the strategic investment of available funds. The budget process affords the opportunity to review and address needs of the three schools and central administration.

The College recognizes the value of increasing faculty participation in the development of departmental and school budgets and to explore additional ways to communicate improvements that have resulted from the budget and planning processes.

The resources required to meet the established mission of the College are available and closely managed. An appropriate level of human, technical and facilities resources is in place to support the current academic and research programs of the College. However, it is not currently feasible to fully fund all the College's strategic initiatives.

The College is governed by board of trustees, which is charged by law with the management of the College and has fiduciary responsibility for its operation and activities. The senior administrative leaders of the College are highly qualified for their positions and have the requisite professional characteristics and qualifications.

Freestanding medical schools, including those with excellent histories and reputations, have been financially stressed for some time in their pursuit of continuous improvement in academic excellence. Many academic and medical institutions are experiencing significant financial challenges as a result of the economic collapse of 2008. Despite its remarkable 150-year history, New York Medical College has not been immune to these economic pressures. The College operated at a significant deficit for several recent years, lacking the financial resources to maintain and build on its tradition of excellence in health sciences education and research. In response to this situation, the trustees undertook several major projects to secure the future growth and advancement of the College including: improving organizational efficiency and effectiveness; reviewing clinical affiliations; reviewing current operations of the three schools; engaging in a strategic planning process; and searching for a university or health system sponsor to make significant investment in the College. In the future, the College should conduct a critical assessment of the responsibilities of the trustees and president with respect to the establishment and achievement of specific fund raising goals; and should engage the faculty more fully in these efforts.

The three schools of the College have in place committees of faculty and students to deal with curriculum development and evaluation, research and student life. The deans

and other academic administrators participate fully in these committees. The College devotes considerable resources to ensure that all members of the campus community and its affiliates comply with the highest standards of ethical and professional conduct and ensure the integrity of academic, research and operational data.

The admission policies of the three schools support the mission of the College by enabling the schools to recruit, admit and retain a qualified and diverse student body with the greatest potential to succeed as students and graduates. Each of the schools has a unique student body with its own needs and concerns. Student support services, which are available to all students in all programs, advance the mission of the College in a holistic approach to meet the students' academic and non-academic needs. The effectiveness of these services is assessed through surveys, student and faculty committees, and feedback. However, efforts should be made to formalize, make explicit and disseminate the goals and processes for the ongoing assessment of non-academic support programs and services.

Basic medical scientists and clinicians constitute the faculty of the School of Medicine. Some of these faculty members also receive appointments to the faculty of the Graduate School of Basic Medical Sciences. The School of Health Sciences and Practice appoints faculty independently of the School of Medicine, although joint appointments are not unusual. A challenge for the future is to recruit junior faculty specifically in the basic medical sciences to continue to meet the demands of the College's teaching and research missions. In addition, consistent with the strategic plan, there is a need to enhance research support and infrastructure.

The College assesses its academic programs and moves systematically, yet quickly, to implement necessary changes that lead to improvement of these programs. Over the last 10 years, New York Medical College matured in defining competencies, goals and outcomes for its academic programs, in linking them to mission statements, and in integrating these components into the respective curricula. Evidence of this maturation is reflected in the revitalization of the School of Medicine Curriculum Committee; refined and enhanced assessment strategies for academic programs in the School of Health Sciences and Practice; and rapid progress by the Graduate School of Basic Medical Sciences in developing its assessment procedures. This multi-faceted approach

employed in all three schools allows the College to engage in a process of triangulation in evaluating the success in achieving program outcomes. As a continuation of these efforts, the School of Health Sciences and Practice should proceed with a formal evaluation of the distance education program in which faculty provide feedback on tools and teaching methods.

At completion of its sesquicentennial commemoration, New York Medical College is ready to meet the challenges of the future based on the excellence of its past.

Middle States Commission on Higher Education

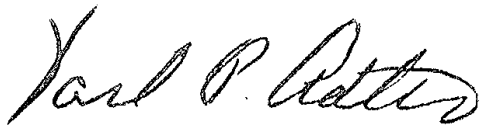
**Certification Statement:
Compliance with MSCHE Eligibility Requirements
& Federal Title IV Requirements**

New York Medical College is seeking:
(Name of Institution)

(Check one) Reaffirmation of Accreditation Initial Accreditation

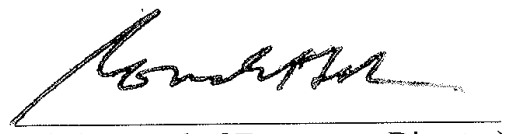
The undersigned hereby certify that the institution meets all established eligibility requirements of the Middle States Commission on Higher Education and Federal requirements relating to Title IV program participation.

Exceptions are noted in the attached memorandum (Check if applicable.)



Chief Executive Officer

February 15, 2011
Date



(Chair, Board of Trustees or Director)

February 15, 2011
Date

INTRODUCTION

New York Medical College

New York Medical College was founded by a group of civic leaders led by William Cullen Bryant, the noted poet, editor and statesman. The College was chartered in 1860 in New York City. It first opened its doors on the corner of 20th Street and Third Avenue to a class of 59 students and a faculty of 8. For many years the College was located on Fifth Avenue and 106th Street, along with its teaching hospital, Flower Fifth Avenue. In the 1970s the College relocated its main campus to Westchester County, about 30 minutes north of New York City.

Today the College awards advanced degrees to students who are preparing for careers in medicine, science, physical therapy, speech-language pathology, and the public health professions. The College has more than 13,000 alumni actively engaged in medical practice, health administration, public health, teaching and research throughout the nation and abroad.

Governance and Administration

New York Medical College, a health sciences university with three schools, is a charitable, not-for-profit membership corporation under New York State law. It is a private institution governed by a Board of Trustees. A self-perpetuating body of members of the corporation elects the trustees each year. The members elect one-third of the trustees each year, to serve a three-year term. The reserved powers of the members are limited under New York law and include the election of the chair of the Board of Trustees, election of the president and chief executive officer, the provost, and the amendment of the corporate bylaws.

The president of the College, Karl P. Adler, MD, reports to the Board of Trustees. As the chief executive officer, he oversees all aspects of College operations including finance, academic policy, fundraising and planning.

The provost, Ralph A. O'Connell, MD, reports to the president and serves as the chief academic officer of the entire College. He also serves as dean of the School of Medicine. Reporting to the provost are the vice dean of the School of Medicine and the

deans of the Graduate School of Basic Medical Sciences and the School of Health Sciences and Practice.

Academic Programs

The College is authorized by the board of Regents of New York State to grant doctoral and master's degrees, as well as advanced graduate certificates. All degree programs are registered with, and approved by, the New York State Education Department.

School of Medicine

The School of Medicine is among the oldest and largest in the nation with nearly 800 students. It has a long-standing reputation for educating outstanding physicians, both generalists and specialists. The education provided prepares students to assume important roles in society as clinicians, physician scientists, public health practitioners and educators. In addition, there are 850 post-graduate physicians enrolled in 53 accredited, College-sponsored residency and fellowship programs at affiliated hospitals.

The Liaison Committee on Medical Education (LCME) accredits the School of Medicine. The Accreditation Council on Graduate Medical Education (ACGME) accredits its Graduate Medical Education program; and the Accreditation Council on Continuing Medical Education (ACCME) accredits its Continuing Medical Education (CME) program.

Graduate School of Basic Medical Sciences

The Graduate School of Basic Medical Sciences (GSBMS) was established in 1963, and enrolls approximately 200 students, most of whom are pursuing either a PhD or an MS degree in one of the following scientific disciplines: biochemistry and molecular biology, cell biology, microbiology and immunology, experimental pathology, pharmacology, physiology or basic medical sciences. The PhD programs are designed to prepare graduates for careers as independent researchers or as leaders in academia, industry and government. The MS programs prepare students for a variety of careers in science and science-related fields. The GSBMS also offers a rigorous program for

outstanding candidates that leads to the awarding of a joint MD/PhD degree. A new, highly competitive master's program offers an accelerated track in interdisciplinary basic medical sciences for students who ultimately desire a career in medicine. This program leads to an MS degree that can be completed within one year.

The Graduate School of Health Sciences and Practice

Founded as the Graduate School of Health Sciences in 1980, and functioning as the School of Public Health from 2003 to 2009, the School of Health Sciences and Practice (SHSP) currently has over 500 students pursuing MPH, and DrPH degrees and advanced certificates in public health (behavioral sciences and health promotion, environmental health science, epidemiology and health policy and management), the doctoral degree in physical therapy (DPT) and the MS degree in speech-language pathology. Students accepted in the School of Medicine may apply for a joint MD/MPH degree, and students accepted in the physical therapy program may apply for a joint DPT/MPH degree. In addition the school provides vital teaching expertise to medical students in areas such as biostatistics, epidemiology, health policy and management, and community health. For busy professionals, or those who prefer to learn without the constraints of a campus-based program, the school offers an online MPH degree in health policy and management and in environmental health science, and three advanced certificates: emergency preparedness, global health, and industrial hygiene.

The Council on Education in Public Health (CEPH) accredits the public health program; the Commission on Accreditation in Physical Therapy Education (CAPTE) accredits the physical therapy program; and the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) accredits the Speech-Language Pathology program.

Accreditation by the Commission on Higher Education

The Middle States Commission on Higher Education has accredited New York Medical College since 1995, with a pending assessment set for 2010. Following a meeting with a vice president of the commission on September 21, 2008, President Adler

requested, and the commission agreed to extend the time for the self-study and site visit until 2011.

Self-Study

President Adler appointed a planning group to initiate the self-study process leading to this report. This planning group determined the study design and created a structure for conducting the self-study, which would include a steering committee to oversee the study and prepare the study report, and six subcommittees to address the standards specified by Middle States in the *Characteristics of Excellence*. The planning group appointed the members of the steering committee, which includes the two co-chairs of the study and the chairs of the six subcommittees. The planning group also determined the membership of the subcommittees, which was then reviewed and refined by the steering committee.

The planning group decided to pursue a comprehensive study design. This allowed the College to build upon work that has been accomplished since the time of the last Middle States Self-Study, including the five-year Periodic Report completed in 2005, the strategic plan, and the self-studies conducted as part of the College's several re-accreditation processes. Most important, it permitted NYMC to step back and study the entire institution and to make recommendations that would contribute to the implementation of the strategic plan, while at the same time allowing us to realize the types of synergies among the components of the institution that can only be seen and cultivated through a comprehensive self-study.

The comprehensive model with a regrouping of the standards facilitated a process and a product that provides the Commission with sufficient information to better understand how the structure and programmatic activities of the three schools and the College as a whole contribute to the fulfillment of its stated mission and goals. This comprehensive self-study also provides NYMC with an opportunity to identify institutional strengths and weaknesses relative to each of the accreditation standards in light of the College's mission, goals and objectives. It involved a wide representation of university constituents in the self-study process to assure an increased level of ownership in the recommendations that came from this process.

Members of the Planning Group

Ralph A. O’Connell, MD, Provost and Dean, School of Medicine
Francis L. Belloni, PhD, Dean, Graduate School of Basic Medical Sciences
James J. O’Brien, PhD, Vice Dean, School of Health Sciences and Practice
Matthew A. Pravetz, OFM, PhD, Associate Professor of Cell Biology and Anatomy
William A. Steadman II, MA, Vice President for Strategic Planning, Vice Provost, and Senior Associate Dean for Academic Administration

Members of the Steering Committee

James J. O’Brien, PhD – Co-chair

Matthew A. Pravetz, PhD – Co-chair

Francis L. Belloni, PhD, Dean, Graduate School of Basic Medical Sciences
Annette Choolfaian,* Chair of Health Policy and Management
Montgomery Douglas, MD, Chair of Family and Community Medicine
Judith A. Ehren, JD, MPH* Associate Provost and University Registrar
William A. Frishman, MD, Chair of Medicine
Jennifer Koestler, MD, Associate Dean for Medical Education and
Kenneth M. Lerea, PhD,* Associate Professor of Cell Biology and Anatomy
Christopher S. Leonard, PhD,* Professor of Physiology
Maureen L. Roxe, Trustee
Jay Sexter, PhD, Touro College
William A. Steadman II, MA, Vice President for Strategic Planning, Vice Provost, and Senior Associate Dean for Academic Administration
Paul Wallach, MD,* Vice Dean for Medical Education
Ben Watson, PhD,* Chair of Speech-Language Pathology

* Subcommittee Chair

Subcommittee on Mission & Goals

Standard 1 – Mission and Goals

Standard 6 – Integrity

Members

Judy Ehren, MA. JD – Chair

Doris Bucher, PhD – Associate Professor of Microbiology and Immunology
Janet Dolot, PT, DPT – Assistant Professor of Clinical Physical Therapy
Victor Fried, PhD – Professor of Cell Biology and Anatomy
Donna Moriarty, MPH – Associate Vice President, Communications
Elliot Perla, MD – Associate Dean for Student Affairs (Metropolitan Hospital)
Stephen Peterson, MD – Professor of Medicine and Clinical Public Health
Ronald F. Poe – Chairman of the Board of Trustees
Randi Schwartz, MBA – Associate Dean for Academic Administration

Subcommittee on Administration and Governance

Standard 2 – Planning, Resource Allocation and Institutional Renewal

Standard 3 – Institutional Resources

Standard 4 – Leadership and Governance

Standard 5 – Administration

Members

Annette Choolfaian, RN, MPA – Chair

Rene Garrick, MD – Vice Dean and CMO, Westchester Medical Center

Edmund F. LaGamma, MD – Professor of Pediatrics

Dana Lee, JD – Associate Vice President for Legal Affairs

Stephen Piccolo, Jr., MBA – Senior Vice President and CFO

Gerard D. Robilotti, FACHE –Trustee

Ira Schwartz, PhD – Chair of Microbiology and Immunology

Richard K. Stone, MD – Senior Associate Dean and Medical Director,
Metropolitan Hospital Center

Denise Tahara, MBA, PhD – Assistant Professor of Health Policy and
Management

Subcommittee on Education

Standard 11 – Educational Offerings

Standard 12 – General Education

Standard 13 – Related Educational Activities

Members

Kenneth M. Lerea, PhD – Chair

Lydia Cavieux, MPA – Assistant Professor of Public Health Practice, HPM

Catherine Curtis, PT, EdD – Assistant Professor of Physical Therapy

Leanne M. Forman, MD – Assistant Professor of Medicine

Jan Geliebter, PhD – Associate Professor of Microbiology and Immunology

Cynthia Oxboel – Assistant Dean for Graduate Medical Education

Lance Parton, MD – Associate Professor of Pediatrics

Daniel Peters, MD – Assistant Professor of Cell Biology and Anatomy

Luis Riguelme, MS, CCC-SLP – Assistant Professor of Clinical Speech-
Language Pathology

Margaret D. Smith, MD# – Senior Associate Dean, St. Vincent's Manhattan

Joseph M. Wu, PhD – Professor of Biochemistry and Molecular Biology

Deceased

Subcommittee on Students

Standard 8 – Student Admissions and Retention

Standard 9 – Student Support Services

Members

Paul Wallach, MD – Chair

Amy Ansehl, RN, MSN – Director, Public Health Practice

Gladys Ayala, MD, MPH – Senior Associate Dean for Student Affairs

Kate Franklin, PhD, CCC-SLP – Associate Professor of Clinical Speech-Language Pathology

Fern R. Juster, MD – Associate Dean for Admissions, School of Medicine

Stephen E. Moshman, MD – Associate Professor of Medicine

Amy Shack, MEd – Director of Student Housing

Charles T. Stier, PhD – Associate Professor of Pharmacology

Wendy Thompson, MD – Professor of Clinical Psychiatry and Behavioral Sciences

Subcommittee on Assessment

Standard 7 – Institutional Assessment

Standard 11 – Educational Offerings

Standard 14 – Assessment of Student Learning

Members

Ben Watson, PhD, CCC-SLP - Chair

Denton Brosius, PhD – Assistant Professor of Biostatistics

Rhea Dornbush, PhD – Professor of Psychiatry and Behavioral Sciences

Jennifer Koestler, MD – Associate Dean for Undergraduate Medical Education

Donald Risucci, PhD – Associate Professor of Surgery

Carl Thompson, PhD – Associate Professor of Physiology

Ray Whitt, MD – Assistant Professor of Obstetrics and Gynecology

Subcommittee of Faculty

Standard 10 Faculty

Members

Christopher Leonard, PhD – Chair

Peter Arno, PhD – Professor of Health Policy and Management

Peter Brown, MBA – Associate Vice President for Human Resources

Michael Gewitz, MD – Professor of Pediatrics

Norman Levine, PhD, Professor of Physiology

Michael Majsak, PT, EdD – Associate Professor and Chair of Physical Therapy

Joseph Morales, DDS – Professor and Chair of Dental Medicine

Sansar C. Sharma, PhD – Professor of Ophthalmology, Cell Biology and Anatomy, and Neurology

Irene A. Weiss, MD – Associate Professor of Clinical Medicine

STANDARD 1: MISSION AND GOALS

The institution's mission clearly defines its purpose within the context of higher education and indicates whom the institution serves and what it intends to accomplish. The institution's stated goals, consistent with the aspirations and expectations of higher education, clearly specify how the institution will fulfill its mission. The mission and goals are developed and recognized by the institution with the participation of its members and its governing body and are utilized to develop its programs and practices and to evaluate its effectiveness.

New York Medical College Mission Statement

New York Medical College is a health sciences university whose purpose is to educate physicians, scientists, public health specialists and other health care professionals, and to conduct biomedical and population-based research. Through its faculty and affiliated clinical partners, the College provides service to its community in an atmosphere of excellence, scholarship and professionalism. New York Medical College believes that the diversity of its student body and faculty is important to its mission of educating outstanding health care professionals for the multicultural world of the 21st century.

Mission as a Basis for Goals and Objectives

In 2009 NYMC completed a strategic planning process. Constituent groups throughout the College took part in open dialogue and guided discussions. A major outcome of the planning process was the development of a new mission statement. This statement emphasized the College's commitment to education, research and service as opposed to the health and well being of the community; and it added diversity as an important aspect of the mission.

The College has developed several mechanisms for evaluating and promoting its effectiveness with respect to its mission, goals and objectives. It continues to assess how best to provide innovative educational programs for health care professionals and biomedical scientists. Each of the three schools at NYMC appoints committees responsible for determining how well the university is meeting its educational objectives. The work of these committees is discussed in the chapters relating to Standards 11 and 14.

Enriching institutional diversity aligns with the College's mission of educating outstanding health care professionals for the multicultural world of the 21st century. The Student Diversity and Initiatives Committee was established to aid in student recruitment. This committee was charged with examining the issues and recommending recruitment efforts to target a diverse applicant pool. In the spring of 2010, the dean of the School of Medicine appointed an associate dean for diversity and inclusion to chair a university-wide committee that oversees and coordinates the institution's direction toward these goals.

The College's mission and goals statements succinctly state its identity, what it hopes to accomplish, and how it plans to achieve it. The College's major achievements relating to its mission are found in Tables 1.1, 1.2, and 1.3.

At NYMC, more than 200 researchers conducting studies on campus and at the affiliated institutions play an important role in understanding, preventing, diagnosing and treating diseases and emerging public health threats. A number of programs exist to enhance the research objective at NYMC. Recruitment of chairs has included funds to develop research in their departments and re-invigorate existing programs. New faculty recruits receive start-up packages to develop their laboratory research obtain competitive funding from the NIH or other sources – this includes funds for equipment purchase and may also include support of research assistants. “Seed” grants are awarded to faculty developing new directions in their research through the Intramural Research Support Program. All of the research funding from NYMC has been critically important in recruiting outstanding faculty, and providing research opportunities for our graduate students and medical students. Our aim is to advance health care through cutting-edge research – bench, clinical and population-based – that will lead to improved scientific knowledge.

The School of Health Sciences and Practice (SHSP) has adopted goals and objectives in response to the expectations of its accrediting bodies. These statements are consistent with the College's mission and commit the programs to education, research and service. Of significance is that the goals and objectives for the Physical Therapy and Speech-Language Pathology programs include a strong public health emphasis in

addition to the more traditional goals and expectations in promoting excellence in patient care.

Table 1.1 Strategic Plan Goal: Educate Outstanding Professionals

<u>Achievement</u>			
Enrollment (Fall 2010)			
SOM	794		
SHSP	499		
GSBMS	182		
<u>Degree</u>	<u>2010 Grads</u>	<u>Founding Year</u>	<u>Total Graduates</u>
MD	192	(1861)	14,009
DPT	22	(2005)	100
MPH	83	(1983)	1,155
MS (SHSP)	25	(1983)	870
MS (GSBMS)	50	(1967)	837
DrPH	3	(2007)	8
PhD	8	(1967)	327
Licensing/Placement			
• PT:	92% pass national exam; compares to 83% NYS and 88% national		
• SLP:	100% pass national exam; 20% above national mean national median		
• SOM:	97% students match to residency programs, many in very competitive fields and at very prestigious institutions		
• GSBMS: PhD:	89% initial in academia, industry or science-related business, including post-doctoral; 8% pursuing medical residency or practice		
• Accelerated Master's:	95% (Class of '09) accepted to medical school		
• GME (2010-2011):	53 residency programs in 7 hospitals/medical centers; 850 residents and fellows		

Table 1.2 Strategic Plan Goal: *Cutting-edge Basic, Clinical & Population-based Research*

<u>Achievement</u>
As of 30 June 2010, 225 research awards, amounting to \$33,557,450, involving 104 principal investigators.

Table 1.3 Strategic Plan Goal: *Outstanding Clinical Care & Service*

<u>Achievement</u> (2010-2011)
<ul style="list-style-type: none">• 186 3rd and 203 4th yr SOM students in 18 sites• 46 SLP students in 20 sites• 88 PT students in 25 sites• 54 PH students in 50 community sites• Approx 40% SOM students volunteer at La Casita de La Salud, a clinic in East Harlem• Approx 75% of SOM 1st and 2nd year students are active in 20 clubs with strong community service components• Approx 35% of PT students active in 8 community service On-Campus SLP clinic started June 2010

The College regularly reviews its mission and goals and assesses their relevancy and institutional success in achieving those goals. Accreditation processes most often drive this review/assessment. In addition, at least with respect to academics, two-year or three-year reviews and reporting include regular assessments of achievements in education, research and service. Further, the College has distributed the new mission, vision and goals statements, as presented in the latest *Strategic Plan 2009-2014*, to on-campus and affiliate constituencies.

Communication of the Mission

The tenets of the mission are inherent in the daily operations of the College. NYMC has publicized the new mission and vision statements by:

- Posting both statements on the university's website, accessible to all internal and external audiences, at <http://www.nymc.edu/AboutNYMC/Mission.html>

- Distributing the printed version of the new *Strategic Plan 2009-2014* to all faculty chairs and administrative offices.
- Prominently printing the statements in such internal publications such as the school catalogs, the student handbook, the faculty handbook and the College website.
- Making reference to the mission statement generically in leadership speeches, annual reports and other “promotional” communications.

Process for Reviewing Compliance with College Mission and Goals

Each school monitors educational goals and objectives via its committee structures. Progress and achievements in research are monitored by the Office of Research Administration and reported to the Provost, President and Board of Trustees. Service is monitored by means of annual faculty reviews by the deans.

Recommendations

NYMC should enhance its efforts in communicating the mission and goals to all levels of students, faculty and staff on-campus and to outside groups. And it should review and refine its programs for monitoring adherence to the mission and achievement of institutional goals. Toward these ends, the following actions are recommended:

- Focus attention on mission and vision statements during new employee orientations.
- Take advantage of opportunities to publish or discuss the mission statement in NYMC publications such as *InTouch* (circulation 3,500), *Chironian* (circulation 16,000) and the NYMC Annual report (circulation 16,000).
- Using the *Strategic Plan 2009-2014* as a starting point, continue to develop key metrics and targets corresponding to each goal for gauging the achievement of stated goals.
- Work with department heads (managers, supervisors, etc.), particularly in administrative areas, to develop unit level sets of measurable goals and objectives, based on each department’s role in supporting the institution’s mission.

STANDARD 2: PLANNING, RESOURCE ALLOCATION AND INSTITUTIONAL RENEWAL

An institution conducts ongoing planning and resource allocation based on its mission and goals, develops objectives to achieve them, and utilizes the results of its assessment activities for institutional renewal. Implementation and subsequent evaluation of the success of the strategic plan and resource allocation support the development and change necessary to improve and to maintain institutional quality.

Planning

Planning is integral to the success of any institution and NYMC is no exception. As noted in the section on Standard 1, the College completed its most recent strategic planning process in 2009. Through this collaborative process, the College updated its mission statement and provided a vision and framework for the future. The planning process was led by the Strategic Planning Task Force, informed by the following subcommittees that were broadly representative of each of the stakeholder communities of the College:

- Education and Diversity
- Research Development
- Community Relations
- Finance and Operations

The subcommittees included members from administration, the Board of Trustees, representatives of the College's affiliated hospitals and members of the faculty from each of the three schools.

The planning processes at NYMC involve research and collection of data about both internal and external environments, analysis and synthesis regarding insights into problems and opportunities and evaluation of both process and results. Some planning efforts target the institution as a whole; other planning activities target specific departments and programs. All major initiatives and resource allocation decisions are developed in accordance with the priorities established with the strategic plan. They are supported by thoughtful discussions that typically involve representatives of all affected

organizational components of the College, and reported to the appropriate committees of the Board of Trustees. Some planning focused on individual departments and programs.

As an example, a problem solving session by senior leadership about strategies to reduce medical student indebtedness (a priority goal of the College) resulted in an initiative to convert the College's self-sponsored student loan program into an endowment for scholarships. After concluding that government loan funds were easily available to medical students, a plan was devised to dedicate loan repayments and interest from the College's self-sponsored loan program to create a new endowment of approximately \$10 million over the next ten years. The plan was initially vetted with the Finance Committee of the Board of Trustees and was subsequently approved by the full board. Annual reports are prepared on the progress toward building the endowment. Currently, almost \$2 million has been accumulated for the new endowment. The Office of the Dean of the School of Medicine and the College's finance division continue to monitor and report on the progress of this program.

Similarly, the need for improvements to the College's BSL-3 containment laboratory was identified by an ad-hoc group of researchers and administrators. Another priority goal of the College, the expansion of current research funding levels, was the motivating factor in the recommendation of the researchers to make the considerable investment. After careful consideration, the project was proposed for inclusion in the College's annual capital budget. Reviews by the board's Facilities and Real Estate Committee and then the Finance Committee ensued, with final approval by the full Board of Trustees. The Research Support Committee and the College's Department of Environmental Health and Safety will monitor the progress of this project, and will report on a semi-annual basis to the Facilities and Real Estate Committee.

The two aforementioned projects are examples of goals that are institution-wide and have been clearly communicated to the College community as priorities. The decision making processes and the eventual allocation of resources to these projects are evidence of established processes at the College – taking ideas that support established goals, bringing those ideas through a sequence of reviews and approvals and providing periodic assessments to participants and the Board of Trustees.

Budget Process

The College's annual budget process provides a means to address priority goals through the strategic investment of available funds. While not highly structured, the budget process affords the opportunity to review and address needs of the three schools and central administration. An overarching priority for the College in recent years has been to achieve a balanced budget. Starting with fiscal year 2009/10, that goal has been accomplished, but a concerted effort is necessary to maintain that balance while providing appropriate resources for programs.

The budget process commences when the University Budget Office (UBO) asks the three deans and principal operating divisions of the College to provide an assessment of their needs for capital and operating funds. They are also asked to provide projections and assumptions concerning tuition and enrollment, research grant activity, fund raising goals and other sources of revenue. Preliminary revenue and expense budgets are then assembled and reviewed by Senior Administration and the deans of the three schools. Estimates are defended, spending priorities are established and an action plan for budget balancing is launched.

After several rounds of administrative review, a preliminary budget proposal is vetted with the Finance Committee of the Board of Trustees during an extensive budget work session. The final budget is subsequently submitted to the full board for approval. Copies of the detailed budget (as approved by the board) are made available to the deans of the three schools and senior administration. During the fiscal year, monthly financial statements are reviewed by the administration and the Finance Committee to determine how closely the College operates relative to the budget and to assess the extent to which the goals funded in the budget are being achieved.

Planning and Budgeting Processes of the Three Schools

School of Medicine (SOM)

The dean of the SOM is the school's chief academic and administrative officer. In the areas of planning and budgeting he is assisted by the senior associate dean for

academic administration. The SOM strives to reduce costs and create more efficient and effective ways of operating while at the same time preserving and enhancing academic quality.

The SOM conducts annual reviews of its academic departments, in which the dean and the senior associate dean for academic administration meet with the department chairs. In the review process each department has an opportunity to present an analysis of how well it has met its goals and objectives, and to report on the status of its educational programs, organization and resources (both financial and personnel-related). The department chairs also provide updates regarding faculty publications and research activities. Operational efficiency and strategic direction are also discussed.

The prior year level of funding is generally used as a base budget. New programmatic funding initiatives and adjustments and/or possible grant losses or additions are examined. Additional areas of consideration are academic performance, research initiatives and clinical efforts (if applicable).

All non-academic departments within the SOM undergo essentially the same budget process. The senior associate dean for academic administration meets with all department heads to determine emergent needs and to analyze operational performance. Departmental assessments of past expenditures are conducted, analyzing specific expenses, i.e., where money is being spent. Once completed, departmental funding levels are defined.

For academic, non-academic and administrative departments, new needs are addressed within the budget process in accord with programmatic priorities, and as monetary resources are available.

To formulate the revenue budget for the SOM, the senior associate dean for academic administration consults with the Office of Undergraduate Medical Education to forecast tuition and the Office of Research Administration to determine overhead projections for the next fiscal year.

The finance unit within the SOM is responsible for consolidating the individual department budgets into the overall SOM budget. During the final steps, the dean and the

senior associate dean for academic administration evaluate each department's recommendations in light of the overall institutional mission and establish goals and objectives mutually agreed upon with each chairperson/director. Once the SOM budget is complete it is submitted to the University Budget Office for review and incorporation into the larger College-wide budget proposal.

A majority of the requests for funding are generated as part of the annual budget process. Additional requests may also be submitted throughout the year as the need arises. Typically, written requests are submitted outlining the programmatic and financial needs. These requests undergo a careful and comprehensive analysis that considers the following criteria:

- overall institutional needs and how they relate to the institutional mission;
- core facility needs;
- programmatic needs;
- personnel, software and training needs;
- facility and space requirements;
- equipment needs;
- current and historic productivity and needs of a principal investigator;
- the extent to which the project is collaborative—intradepartmental, interdepartmental or across other institutions.

In all cases the dean and senior associate dean must reconcile competing demands between different interest groups within the scope of financial, administrative and spatial resources.

The budget process within the individual departments is not standard and faculty involvement is variable. This is an area that should be reviewed to ensure faculty input into the departmental budgets.

Graduate School of Basic Medical Sciences (GSBMS)

While the dean, as the school's chief academic and administrative officer, is ultimately responsible for allocating resources within the school, the planning and budgeting processes involve his extensive interaction with the graduate program directors, and the responsible departmental chairs. There are essentially three components to the GSBMS hard dollar budget: the student component (including stipends and health insurance expenses); the instructional component; and the operating component, which includes such items as marketing, thesis binding, printing, seminar support and other program costs.

The budget process commences in the mid-winter with the development of enrollment and tuition projections, and the identification of new programmatic efforts and capital needs. Budgeting for the PhD programs is especially complex in that it requires analysis of a number of variables relating to student research interest and funding availability.

For example, at the end of the first year, a doctoral student must declare a major and choose a preferred faculty research sponsor. The potential faculty sponsor must agree and the dean of GSBMS must approve the choice. To grant approval, the dean must determine if there is a good educational fit for the student, and if there is adequate grant funding to cover the student's tuition and stipend. Questions such as "How secure is this funding?" and "Is there funding for the next one or two years, and how likely is it that funding can be renewed for subsequent years?" must also be answered. If the faculty sponsor does not presently have funding, the dean must make a determination whether or not funding is likely to be secured by the end of the second year.

At times the dean must make judgment calls based on the faculty sponsor's track record. At a minimum, the faculty sponsor must have adequate support to carry out the research. If the faculty member does not have such support, then the student will not be matched with that faculty member. The process is not complete even after a decision has been made with respect to the number of new students to be admitted into the program and the allocation of hard dollar resources. The dean must closely monitor spending and maintain contact with the faculty sponsors. There is a constant balancing of hard and soft

dollar resources throughout the academic year to make sure that the PhD students have an annual living allowance and health insurance. Some funds need to be reserved to support senior students whose sponsors have lost grant support or MD/PhD students and PhD students who enter the program with advanced standing but who lack a sponsor with available support.

The GSBMS has limited discretionary funds in its budget. The development of a more interactive budgeting process that includes the GSBMS leadership and faculty may generate creative solutions for complex financial challenges.

School of Health Sciences and Practice (SHSP)

The dean of the School of Health Sciences and Practice serves as the school's chief academic and administrative officer. The line of authority for all activities is through the dean's office. Planning and budgeting is carried out primarily by the dean, vice dean and department chairs with input from individual faculty members. Although this process is essentially a top-down approach, academic and research opportunities are introduced by individual faculty members during the planning and budgeting process as well as on an ad-hoc basis. These initiatives are considered as long as they show the requisite revenue support. Two examples of this are the development of a fully online MPH degree and the development and implementation of a doctoral program in health policy and management in 2008.

Over the past four years the planning process has focused on the development of a business plan, containing different strategic scenarios, and on transition planning. The business plan was designed to chart the future direction of graduate public health education at New York Medical College through an examination of two distinct scenarios: continuation as a Council on Education in Public Health (CEPH)-accredited school of public health; or transition to a CEPH-accredited program in public health. Resource requirements for each scenario were projected through the 2012-13 academic year, including faculty and support personnel, internal and external revenue streams, space and equipment. Strategies for enhancing revenue were explored and revenues were projected through the 2012-2013 academic year using a structured matrix of assumptions.

Strategic analysis included detailed exploration of the feasibility of establishing an academic partnership between the SHSP and one of several larger universities with a potential of opening additional teaching sites in the greater New York metropolitan area. A flexible budget was prepared that included varying levels of enrollment, research grants and contracts, philanthropy, and service contracts with local health departments, hospitals and other community organizations.

The business plan culminated in the decision by the NYMC Board of Trustees to make a transition from an accredited school to an accredited program of public health. The name of the school was changed in June 2009 to the *School of Health Sciences and Practice*, a name that is indicative of an academic entity with three accredited programs: public health, physical therapy and speech-language pathology. In addition to its academic programs and departments, the school includes the *Institute of Public Health*, which encompasses five centers of excellence.

In the transition planning process strong emphasis was placed on communication with internal and external stakeholders: faculty, students, alumni, senior leadership, the Board of Trustees, the school's Public Health Practice Council (made up of all public health officers in New York's Hudson Valley), and the leaders of major community organizations. The transition culminated in full program accreditation by CEPH in October of 2009.

Resources are allocated within SHSP according to departmental workloads, specific programmatic needs and the impact of these initiatives. The dean and vice dean meet with the department chairs to estimate student enrollment for the next academic/fiscal year. Enrollment data for both new and continuing students are used to project the first major revenue component. The admissions staff projects the number of new students; and department chairs examine projections in light of trends within their disciplines.

The dean and vice dean also receive information from different sources regarding projected grant and contract funding for the upcoming year. Faculty input is primarily through the department chairs and directly by the faculty members in their roles as continuing or potential principal investigators or other research participants.

For the past few years the expense budgets have been relatively flat. Thus, the deans assume that most expense categories will be the same as the previous year. However, after discussions with the department chairs and center directors, the dean and vice dean incorporate into the expense budget any additions or subtractions that result from planned new academic programs, anticipated new contracts and grants, and analyses of prior expenditures.

The SHSP budget is submitted to the provost and the University Budget Office for review and incorporation into the larger institutional budget proposal. All tuition revenue generated by the school is allocated by the budget office to fund the school's expenditures. Direct grant and contract revenue is allocated to support the project for which funding has been procured. Indirect revenue is assigned to the College and accounted for in the school-based budgeting process. The same budgeting process allocates central administration expenses to each school, based on enrollment, space utilization and other factors.

The programs in the SHSP are assessed by three specialty accrediting bodies: Commission on Education for Public Health (CEPH), Commission on Accreditation in Physical Therapy Education (CAPTE), the Council on Academic Accreditation of the American Speech-Language-Hearing Association (ASHA). These accreditations afford the opportunity for detailed self-study of the academic and administrative services and procedures and provide an opportunity for peer review. In addition, there are several other forms of evaluation: student course evaluations; student exit surveys; alumni surveys; student progress reviews; applicant feedback, and regularly scheduled management meetings with the department chairs and center directors. Further, the

Recommendations

- Each school should enhance the ways in which department heads and faculty are involved in the budget process. This is an area that should be reviewed to ensure input from the faculty into the departmental and school budgets.
- Explore additional ways to communicate improvements that have resulted from the budget and planning processes.

STANDARD 3: INSTITUTIONAL RESOURCES

The human, financial, technical, facilities, and other resources necessary to achieve an institution's mission and goals are available and accessible. In the context of the institution's mission, the effective and efficient uses of the institution's resources are analyzed as part of the ongoing outcomes assessment.

The resources required to meet the established mission of the College are available and closely managed. An appropriate level of human, technical and facilities resources is in place to support the current academic and research programs of the College. However, it is not currently feasible to fully fund all the College's strategic initiatives.

Current resources have been thoughtfully and carefully deployed to support the needs of each of the academic programs of the College. Each school has an appropriate level of funding for faculty and staff. Each school has teaching facilities that are safe and in good condition. Student housing facilities are properly maintained on our attractive suburban campus. The feasibility of adding housing units should be explored.

See Appendix 3.1 for a detailed listing of the resources available to the academic programs of the College.

As mentioned in the section on Standard 2, the College has achieved its goal of a balanced budget. As illustrated in Appendix 3.2, the 2010/11 fiscal year budget is balanced with a small surplus projected. A preliminary model for the 2011/12 fiscal year projects that a balanced budget will be achieved in that year as well. Strategies have been employed to reduce expenditures in all areas of the College to achieve a balanced budget; however, academic programs have not been affected by those cuts.

The College's annual budget process has been described under Standard 2. There is a long-standing practice of thoughtful decision making during budget development to ensure that adequate resources are available for operation of the College. Further, the College carefully controls expenses against the budget with a comprehensive set of financial reports produced each month. One is the School-Based Budget Report (Appendix 3.3) that details the direct revenues and expenses of each school and the

allocation of central revenues and expenses. This report helps the College administration determine how each school is operating relative to the budget and gives an indication as to each school's ability to cover its portion of the overhead associated with facilities and central services.

While budgeted expenses have been tight throughout the College, funding has been made available to meet needs as they are identified. For example, during the 2010/11 budget process, the need to replace educational media equipment was identified. In response, a fund was created to provide resources to replace all such equipment over a five-year cycle. As another example, the School of Health Science and Practice identified the need for support for its online degree program. In response, a full-time coordinator and software support were appropriated in the budget.

The College is in the process of completing a comprehensive building condition assessment. This study will help the College to establish priorities for capital funding and to ensure that appropriate facilities will be available for current and future programs. Another long-standing practice in the College's annual budget process provides for consistent levels of capital funding for building maintenance, educational equipment and information technology acquisitions. While those resources have not been able to address all the College's needs, priority projects are carefully selected each year to ensure maximum benefit to the campus.

An annual independent audit of the College is conducted each year by one of the top four accounting firms. Also conducted is an annual A-133 audit of the College's federal funding, and the College enjoys the status of "low-risk" auditee. The Audit Committee of the Board of Trustees reviews external and internal audits, receives regular status reports on any management letter issues, and reviews the College's tax returns and insurance portfolio. The College has an established conflict of interest policy and strong purchasing and investment policies.

The College issues comprehensive monthly financial statements and other reports for administration and board review. The board's Finance and Investment Committees meet regularly to review financial statements and investment reports. The Finance Committee conducts an extensive review of the College's annual budget proposal and

makes recommendations for approval to the full board. The committee also reviews and approves all compensation matters for the officers and other highly compensated employees of the College.

The College's Statement of Financial Position for the fiscal years ended June 30, 2009 and June 30, 2010 is included in Appendix 3.4

Technology

All students, faculty and staff have access to the College's computer network, which provides both intranet and internet connectivity. The College also provides Wi-Fi access in all student areas on campus and in campus-housing; network storage space for students, faculty and staff; remote access to on site computing via Citrix; and support for Mac, Windows and handheld devices.

The Alumni Computer Laboratory contains computers, printers and instructional space for the use of students, faculty and medical residents. Instructional technology includes:

- The Digital Curriculum Database (DCDB), a dynamic multimedia knowledge management system that supports faculty and students in teaching and learning;
- The Lecture Video Capture System, through which lectures can be recorded for students to at anytime after the lecture ends on either a computer or handheld device;
- The Audience Response System, which promotes an environment of interactive lectures where students can answer live questions with a handheld device. The presenter can show immediate results and discussions can ensue;
- The Online Student Portfolio (about to go live), a student-centered platform that will chronicle the entire medical educational experience. Students can create and customize portfolios for academic and personal use;
- The School of Health Sciences and Practice utilizes distance education technology to support fully online courses and to supplement classroom instruction. The core of the distance educational technology is Moodle software, which is utilized as the Learning Management System (LMS). It is an open-source software package

for producing internet-based courses and websites, and is hosted on off-site redundant servers through Moodlerooms, Inc.

Recommendation

- Strengthen the process for ongoing for ongoing assessment of effective and efficient use of resources.

STANDARD 4: LEADERSHIP AND GOVERNANCE

The institution’s system of governance clearly defines the roles of institutional constituencies in policy development and decision-making. The governance structure includes an active governing body with sufficient autonomy to assure institutional integrity and to fulfill its responsibilities of policy and resource development, consistent with the mission of the institution.

Members of the Corporation

New York Medical College is a not-for-profit corporation under New York law as specified in the Corporation’s bylaws (Appendix 4.1). The College has been sponsored by the Archdiocese of New York since 1978. The College’s corporate governance consists of a self-perpetuating body of Members of the Corporation that elects the members of the Board of Trustees, the chairman of the board, the university president and the provost. In addition, the Corporation members must approve any amendments to the Corporation’s charter and by laws, the compensation of the president and provost and certain other material transactions involving the College. They are required to meet annually and play no other formal role in the governance of the College.

The Board of Trustees

The board is divided into three “classes” that serve staggered three-year terms. Newly appointed trustees are oriented to the board in private meetings with the chairman, president and the provost. Current trustees and trustee committee assignments are listed in Appendix 4.2. The board is responsible for overseeing the management of the College and has fiduciary responsibility for its operation and activities. The work of the board is done through standing committees that make recommendations to the board for review and approval. Standing committees of the board have traditionally included: the Executive Committee, the Academic Affairs Committee, the Finance Committee, the Planning Committee, the Facilities and Real Estate Committee and the Nominations Committee. The board has a clear conflict of interest policy and all trustees must sign a conflict of interest statement.

Representatives from the faculty, students and administration participate in board meetings to maintain open communications among all constituent groups. The by-laws of

the Corporation delineate the authority of the trustees and the role of faculty and student representatives who are invited to attend the board meetings. Officers and their responsibilities are clearly defined as well.

A periodic self-evaluation of the board assesses: trustees' understanding of the mission and goals, size and representation of constituencies on the board, and the frequency and effectiveness of committee work and board meetings. The most recent self-evaluation was done in 2010, and the responding trustees found all areas to be "very good" to "excellent." A list of the survey questions can be found in Appendix 4.3.

Most of the College administrative and clinical departments have outcome assessment plans. These are not reported in any formal way to the trustees.

Current Issues and Future Planning

New York Medical College is a health sciences university whose purpose is to educate physicians, scientists and public health professionals and to conduct biomedical and population-based research. The College is primarily an educational institution committed to teaching and learning in a collegial environment. However, the viability of free-standing medical schools, even those with excellent histories and reputations, has been threatened for some time by the difficulty of attracting sufficient financial resources to ensure academic excellence. Many academic and medical institutions are experiencing significant financial challenges as a result of the economic collapse of 2008.

Despite its remarkable 150-year history, NYMC has not been immune to these economic pressures. The College operated at a significant deficit for several years, lacking the financial resources to maintain and build on its tradition of excellence in health sciences education and research.

In response to this situation, the Board of Trustees undertook several major projects to secure the future growth and advancement of the College. They included:

- Improving organizational efficiency and effectiveness;
- Reviewing clinical affiliations;
- Reviewing the current operations of the three schools;

- Engaging in a strategic planning process to update the five-year strategic plan to cover 2009-2014; and
- Searching for a university or health system sponsor with the capacity to make significant investment in the College. An academic sponsor would also allow the College to draw upon the expertise inherent in the humanities, social sciences, business and law.

Improving organizational efficiency and effectiveness

In 2005 the College began a systematic review of its current operation and future needs. The consulting firm of Bearing Point Inc. was engaged to conduct an organizational assessment and to make recommendations regarding revenue enhancement and cost management. The consultants reviewed a wide variety of documents describing the mission and activities of NYMC. These included self-studies, internal memos, reports, organization charts and financial data. In addition, key members of the administration and faculty were interviewed to gain greater insight into the operations of the College.

Bearing Point derived seven significant recommendations concerning administrative costs, university partnerships, development programs, graduate school enrollment, student indebtedness, clinical affiliations and funding clinical faculty. Their report was reviewed with the Board of Trustees and all school constituencies; it served as an important document in the installation and orientation of a new president of the College in 2006.

Review of clinical affiliations

A review of clinical affiliations, especially in light of the closing or change in sponsorship of the College's hospitals, was critical. This review was necessary because of the impact on College finances. A list of current affiliations is in Appendix 4.4.

Review of the current operations of the three schools

The College reviewed the current operations of its three schools with special emphasis on the School of Health Sciences and Practice (then the School of Public Health). In April 2007 the School of Public Health presented a strategic-planning

document to the administration and the board, reviewing its business plan and the growth required to remain a fully accredited School of Public Health. With the school scheduled for re-accreditation, and after a complete planning assessment and review with faculty, the administration and board determined that the College would not be able to offer the resources (including additional full-time faculty and new doctoral programs) to remain accredited as a School of Public Health. The decision was made to seek accreditation as a public health program and to change the name to the School of Health Sciences and Practice with accredited Public Health Programs. In 2009 the School of Health Sciences and Practice's public health programs were reviewed by the Council on Education of Public Health and were fully accredited for five years.

As a result of the intensive work done by the administration and faculty, the College's 2010 budget year closed without an operating deficit.

Engage in a strategic planning process updating the College plan to cover 2009-2014

In 2008-2009 members representing the College community came together to strategize and share ideas for the future. A strategic plan was created, entitled *Building A Future on the Excellence of Our Past: Strategic Plan 2009-2014*.

The strategic planning process involved a comprehensive look at the institution's strengths and weaknesses to ensure that its programmatic and organizational priorities were aligned with the overall strategic mission and vision for the College.

Search for a university or health system sponsor

After several years of operating deficits, the need for a university or health system sponsor to achieve positive synergies and growth in educational opportunities and medical research was recognized. In 2007 and 2008, the new president, with significant support from the College's sponsor and the Board of Trustees, began discussions with leading universities regarding the possibility of affiliation and a change in sponsorship.

The Archdiocese of New York, the sponsor of NYMC since 1978, has moved its health care ministry away from acute care hospitals, and as a result of this change in archdiocesan mission, has joined NYMC in seeking a nonprofit sponsor to take its place

in fostering the College's growth and prosperity. By 2009, the field had been narrowed to the most suitable candidate: Touro College.

After engaging in extensive negotiations and due diligence, the Archdiocese of New York and Touro College reached an agreement for Touro to replace the Archdiocese as the sponsor of NYMC. According to the terms of the agreement, NYMC will continue to operate as an independent institution, with the authority to appoint the NYMC Board of Trustees transferred from the Archdiocese to a new entity organized by Touro (NYMC, LLC). This transaction is expected to be completed in mid-2011.

The change in sponsorship will not alter the independent institutional status of New York Medical College. NYMC will continue to be a separate, independent institution that operates under a separate Board of Trustees. Furthermore – and most important – the transaction will not impact or alter in any substantive manner the institutional mission, the administrative/organizational structure, the educational programs, or the faculty of NYMC. The details of the change of sponsorship may be found in the *Substantive Change Request: Change in Sponsorship*, which was submitted to the Middle States Commission on Higher Education in March 2010 (Appendix 4.5)

Recommendations

- The Board of Trustees should expand its monitoring system, providing it with regular reporting of outcome assessments conducted in administrative and clinical departments, including follow-up on recognized challenges.
- Consistent with the recommendation in the strategic plan, the College should conduct a critical assessment of the board's and president's responsibilities with respect to the establishment and achievement of specific fund raising goals.

STANDARD 5: ADMINISTRATION

The institution's administrative structure and services facilitate learning and research/scholarship, foster quality and improvement, and support the institution's organization and governance.

The central administrative structure of New York Medical College consists of the President and Chief Executive Officer, the Provost, and the Chief Financial Officer. In addition, each of the individual schools has a dean who functions as the chief administrative and academic officer of that unit. The Tables of Organization for Central Administration, the School of Medicine, the Graduate School of Basic Medical Sciences and the School of Health Sciences and Practice may be found in Appendix 5.1.

Executive and Administrative Leadership

The senior administrative leaders of the College are highly qualified for their positions and have the requisite professional characteristics and qualifications.

Karl P. Adler, MD is president and chief executive officer of New York Medical College. He oversees all aspects of College operations including academic policy, finances, fundraising and planning. Reporting to him are the Provost; the Senior Vice President for Finance and Administration and Chief Financial Officer; the Vice President for Legal Affairs; the Vice President for Government Relations; the Vice President for Development and Alumni Relations; the Vice President for University Planning; and the Associate Vice President for Communications.

Dr. Adler assumed his duties as president on January 1, 2007. He is also professor of medicine at the College, where he has been a member of the faculty since 1981. He served as Chief of the Department of Medicine at Metropolitan Hospital Center in Manhattan, the College's university hospital affiliate, until 1987, when he was named Dean of the School of Medicine and Vice President for Medical Affairs. In 1994 he left the College to become president and chief executive officer of St. Vincent's Hospital and Medical Center in New York, N.Y., which was an academic medical center affiliate of the College. Dr. Adler also serves as the Archbishop's Delegate for Health Care in the Archdiocese of New York and as Chairman of the board of the Catholic Health Care System.

Ralph A. O’Connell, MD, as provost, is the chief academic officer of New York Medical College. Dr. O’Connell also serves as the dean of the School of Medicine. As provost he provides executive oversight of efforts to develop integrated academic policies and services for New York Medical College’s three schools and helps ensure each school’s adherence to the College’s academic goals and objectives.

Reporting to the provost are the deans of the two graduate schools and the vice-provosts for administration and finance and academic administration. Dr. O’Connell has been provost of New York Medical College and dean of the School of Medicine since 1996. From 1974 until he assumed his post at the College, Dr. O’Connell served as clinical director of the Department of Psychiatry at Saint Vincent’s Hospital and Medical Center in New York City. He has been a member of the College’s faculty since 1980, holding the rank of professor of psychiatry since 1993. Prior to his association with New York Medical College, he was assistant clinical professor of psychiatry at Cornell University Medical College, serving in that capacity from 1967 to 1980.

Stephen Piccolo Jr., MPA, is senior vice president for finance and administration and chief financial officer. He is responsible for financial affairs and for non-academic administrative support for the College. Included in the administrative support group are the offices of the controller, the university budget office, human resources, information technology, facilities, security, environmental health and safety, and purchasing. Mr. Piccolo is also the principal staff member serving the Board of Trustees committees for finance, investment, audit and facilities/real estate. Prior to joining the college in 1990, he was vice chancellor for administration and finance at the Medical Sciences Center of the University of Arkansas. Previously, he served as vice president for financial affairs at the University of Medicine and Dentistry of New Jersey.

Francis L. Belloni, PhD, is professor of physiology and dean of the Graduate School of Basic Medical Sciences. He has been a member of the College’s faculty since 1981 and served as acting dean from 1993 until his present appointment in 1997. He was a recipient of a National Institutes of Health Research Career Development Award and an NIH National Research Service Award as a postdoctoral fellow at the University of Michigan. He was also an Alexandrine and Alexander L. Sinsheimer Scholar. Dr. Belloni also served as chairman of the American Physiological Society's Education, Career

Opportunities and Communications committees and is a fellow of the Council on Circulation of the American Heart Association.

Robert W. Amler, MD, is dean of the School of Health Sciences and Practice and also serves as vice president for government relations. He previously held the post of Regional Health Administrator, United States Department of Health and Human Services. In that capacity he oversaw hospital emergency preparedness and directed federal medical assets during heightened threats to the region. As chief medical officer at the Centers for Disease Control's Agency for Toxic Substances, he coordinated medical monitoring for anthrax response teams, launched a nationwide program to protect children from chemical hazards, established nationally standardized environmental biomarker test batteries and created a clinical network of Pediatric Environmental Health Specialty Units (PEHSU) that has since expanded to several other nations. In 2006 Dr. Amler was appointed by New York's Governor to chair the Regional Advisory Committee for the "Berger Commission" that assessed hospitals and long-term care facilities in the Hudson Valley region.

In addition to Drs. O'Connell and Amler, whose dual positions are described above, William A. Steadman II, MA, is vice president for strategic planning, as well as vice provost and senior associate dean for academic administration. Stephen Piccolo is senior vice president for finance and administration and chief financial officer, as well as vice provost for administration and finance. Although this could potentially create conflicts, the administrative structure serves in a positive way to formalize linkages among the different administrative units.

The Senior Leadership Council meets on a bi-weekly basis. The members of the council include the individuals noted above, as well as the SOM vice dean for medical education (Dr. Wallach); the SOM vice dean for clinical affiliations and graduate medical education (Dr. McCarrick); the SHSP vice dean (Dr. O'Brien); the vice president for alumni and development (Julie A. Kubaska, MS); the associate vice president, communications (Donna Moriarty, MPH); the chief information officer (new hire pending); the College auditor (Redmond Jacobson); and associate vice president for human resources (Peter Brown, MBA).

The Provost Council is composed of the provost, deans, vice provosts, vice and associate deans (including representatives of affiliated hospitals) and the president of the Faculty Senate. The council meets monthly to discuss issues relating to academic programs and clinical affiliations.

The three deans hold regular staff meetings, as well as meetings with department chairs and graduate program directors to set, monitor and evaluate academic, operational and financial goals and objectives. Other unit heads throughout the institution hold similar meetings with their respective staff members.

As discussed in the sections relating to Standards 11 and 14, the three schools have in place committees of faculty and students to deal with curriculum development and evaluation, faculty, research and student life. The deans and other academic administrators participate fully in these committees.

Each of the schools operates its own admissions office. However, other offices provide support services to the entire College. With respect to academic and student services these include the Offices of Research Administration, University Registrar, Student Financial Planning, Bursar, International Students and Scholars, Health Services, Student Mental Health Services, Minority Affairs and Student Housing.

Recommendation

The recommendations contained under Standard 7 can also be applied to this standard.

STANDARD 6: INTEGRITY

In the conduct of its programs and activities involving the public and the constituencies it serves, the institution demonstrates adherence to ethical standards and its own stated policies, providing support for academic and intellectual freedom.

New York Medical College is committed to maintaining the highest standards of ethical and professional conduct among its students, residents, faculty, and staff. Such behaviors are essential for maintaining an environment wherein academic and intellectual freedom can thrive. In addition, the College believes that the application of its policies regarding the accuracy, timeliness and reliability of its information contribute to the integrity of the institution as a whole. The integrity of the College's research, academic, financial and other data is essential for conveying who and what we are to all constituencies. The College devotes considerable resources to assure that all members of the campus community and its affiliates comply with the highest standards of ethical and professional conduct and to assure the integrity of academic, research and operational data.

Ethical and Professional Conduct

Each of the schools emphasizes different aspects of ethical and professional standards. Thus, the School of Medicine and the clinical programs in the School of Health Sciences and Practice (Physical Therapy [PT] and Speech-Language Pathology [SLP]) stress relations with each other and with patients or clients. The School of Health Sciences and Practice's (SHSP) public health programs highlight the traditional academic "honor code," covering prohibitions of plagiarism, lying, cheating, etc. The Graduate School of Basic Medical Sciences (GSBMS) stresses ethical conduct in research. This is not to say, however, that any school or program ignores the other aspects of ethical/professional standards.

In 2009, at the direction of the provost, NYMC commenced development of a unified *Student Code of Academic Integrity and Professionalism* that incorporates the traditional honor code, academic and professional relationships, and research standards.

This code was developed by representatives from the three schools, the Office of the Provost and the Office of the University Registrar, with feedback from the faculty, students and the Office of the General Counsel. The new code was formally adopted by all three schools and approved by the Board of Trustees on December 15, 2010 (Appendix 6.1). Each school has its own procedure for addressing actual/alleged violations of the code.

Faculty and Staff

All faculty and staff are expected to abide by customary standards of ethical and professional conduct as well as all related College standards, policies and procedures, along with such outside entities as accrediting bodies, federal, state and local governments and funding agencies. College-wide policies are maintained and overseen primarily by the Human Resources Office (HR) and the Office of General Counsel (OGC). The Office of Research Administration (ORA) oversees policies and behaviors related to the conduct of research. NYMC standards and policies related to ethical/professional conduct cover such areas as maintaining a drug-free and smoke-free environment, non-discrimination, prevention of hate-based actions, sexual harassment, academic freedom, conflicts of interest, care of animals and human subjects in research – all in compliance with federal law.

The Policy on Conflict of Interest is applicable to all faculty and staff; it is distributed annually and requires disclosure of potential conflicts. A companion standard, the *Conflict of Financial Interest Policy*, applies to all researchers and requires completion of a disclosure form at the time of application and renewal of all grants. The recently adopted *Policy of Interactions with the Pharmaceutical, Biotechnology, Medical Device, and Research Equipment and Supplies Industries* further augments these conflict of interest policies and applies to all faculty, staff and students. This policy is in compliance with AAMC recommendations and limits interaction with industries with respect to gifts, compensation, samples, continuing medical education, industry-sponsored programs, industry-sponsored scholarships for students or trainees, meals, professional travel, ghostwriting, serving on boards and consulting. The policy is distributed annually and is overseen by the NYMC Institutional Compliance Officer/Director.

NYMC follows federal and state standards in its treatment of research animals and maintenance of the animal laboratories used for research and instruction. This requires a semi-annual audit of the facilities by the Animal Care and Use Committee (which includes a veterinarian), overseen by the Comparative Medicine Department. The audit consists of an inspection of the entire facility by the committee and covers a broad array of issues from maintenance of records for each animal, to cleanliness/sterility of the facility, to functioning alarm systems, to appropriate ventilation, and so on. The Institutional Review board, also within ORA, includes members of the faculty from all three schools and reviews research protocols involving human subjects to ensure compliance with federal regulations and standards prior to the submission of grant applications.

All College policies are published in the *Policies and Procedure Manual*, faculty handbooks and, as appropriate, in student handbooks and school catalogs/bulletins. College policies are distributed and discussed with all new faculty and staff during their orientation. In addition, each employee must participate in a special awareness program on sexual harassment. Recently, conflict of interest received increased emphasis through adoption of new policies and requirements for semi-annual certification by individuals that they are in compliance with all College and external policies, regulations and laws.

Institutional Data Integrity

The integrity of all data supporting the College's functions and mission is given high priority at NYMC. The College and the schools share responsibility for assuring data timeliness, completeness and accuracy. Most often, the College and the schools, through their faculties, together develop and/or modify related guidelines, policies and procedures for implementing them.

Administrative Data Integrity

To varying degrees, the integrity of all data on campus is linked to technology and automated systems. In addition, means of assuring integrity are frequently dictated by federal and state laws and regulations and by professional/business standards of good practices. To this end, there is an extensive array of institutional policies that incorporate these requirements and facilitate monitoring compliance. Thus, a majority of the

procedures supporting College policies detail the types of data required for particular purposes and how they are to be maintained and secured in the College's manual and automated systems.

The NYMC *Policies and Procedure Manual*, maintained by Human Resources (available online with access restricted by NYMC username and password) provides details for processing data related to:

- employment status/records and benefits and other HR policies,
- physical security and environmental safety of the campus,
- purchasing equipment, supplies and service,
- managing campus facilities,
- accounting, budgeting, payroll, and student accounts (tuition, etc.), and
- maintenance of communications/computer networks and application systems.

Additional university policies/procedures, maintained by the Office of the General Counsel include those related to:

- forms of contracts (e.g., collective bargaining, affiliates, malpractice insurance, service, etc.)
- handling of confidential data,
- conflicts of interest, and
- record retention.

Public Relations

Included in the *Policy and Procedures Manual* is a section outlining the responsibility and authority of the Office of Public Relations (PR). While the policy encourages members of the academic community to respond to media requests related to their individual areas of expertise, it specifically requires that PR address any other matter. The purpose of this restriction is “To ensure that information about the university and its members is accurately, consistently and optimally disseminated to the public through the media...” (PR 102, p.1).

Information Services

Policies related to the use and maintenance of automated computer data are also maintained in the Human Resources (HR) manual. However, Information Services (IS) has its own detailed manuals governing its ongoing operations. These manuals cover data center operations (e.g., hardware and software maintenance), backup and recovery procedures, help desk operations, data communications operations and support, maintenance of user ID numbers and system access, application system changes, and procedures for developing and implementing new application systems. A summary of policies relating to backup and recovery, network access, access to administrative systems, changes to administrative systems, updates/upgrades to the PeopleSoft system and confidential data are provided in Appendix 6.2.

Faculty Personnel

Procedures for maintaining faculty personnel data for SOM and GSBMS are maintained within the Office of Academic Administration of the School of Medicine. Procedures for maintaining faculty personnel for the School of Health Sciences and Practice are maintained within the Dean's Office of the school.

All faculty personnel data (SOM, GSBMS and SHSP) are stored and maintained on university servers. Thus, all data are subject to standard network and PeopleSoft procedures and protection.

Oversight and Monitoring Compliance

Responsibility for monitoring compliance with NYMC policies generally resides with the respective administrative office, but also with every director, academic or administrative department head and dean as well as virtually every faculty member and researcher. This is exemplified by the university's *Compliance Policy* (available on the OGC website and developed in response to the Sarbanes-Oxley Act). This policy requires every unit within the College to report every six months to the Compliance Office in the Office of the General Council any aspect of its operation that is not in compliance with any university policy or any applicable law, regulation or guideline set forth by federal or

state government, various funding entities, accrediting bodies, etc. It also requires each unit to report progress toward coming into compliance.

Enhancements to Maintaining Integrity

Since the 2005 MSA Periodic Review Report (PRR), NYMC has enhanced the security of its financial and human resource data with the expansion of the PeopleSoft application system. In general, this expansion affords the College greater quality control over its data through tight data edits and generation of appropriate reports required for oversight. Further, because it is integrated with other functional areas, such as Financial Aid, Student Accounts (Bursar), Student Records (including Admissions), and is linked to others such as Faculty Personnel Records, the duplication of data (with attendant risks of inconsistency) is significantly reduced and necessary transmission/sharing of information is enhanced.

Also, since the 2005 MSA PRR, the College engaged in a review of data backup and recovery needs, particularly with respect to electronically stored data. This required virtually every unit within the College to document what records are maintained, where the data are kept, and how critical the data are for ongoing operations. Information Services has used this information to enhance its system backup and recovery procedures.

Based on the documentation prepared for this effort, the College developed a detailed *Record Retention Policy*, available on the NYMC OGC website. This policy requires an institution-wide annual review of records kept and their useful retention periods, with a straightforward mechanism for adjusting the retention schedules as needed. In 2009-2010, recognizing that many departments still retain duplicative and often out-dated records, members of the Records Retention Committee have given presentations on the policy to various groups within the College, explaining the policy's purpose, procedures and benefits, and encouraging departments to review their own records and policies.

Academic/Research Data

Research Data

NYMC has extensive and effective policies governing research by faculty and other researchers and adheres to related federal and state laws and regulations, guidelines prescribed by accrediting organizations, and requirements of various granting/funding agencies. All researchers who have contact with human subjects or access to research data involving human subjects are required by College policy (as well as NIH and others overseeing human subjects research) to complete one of two online courses offered by the Collaborative Institutional Training Program: Biomedical Research Personnel and Social & Behavioral Research Personnel. These courses aim to “aid investigators in understanding regulatory requirements and the ethical principles upon which they are based.” (*Education Program for Those Involved with Human Subjects Research*, ORA, 2008.)

Faculty and researchers are primarily responsible for the accuracy and thoroughness of their data. Oversight responsibilities reside with the faculty/researchers themselves as well as with their respective Deans, the College’s Office of Research Administration and the Office of Grant Accounting. Published¹ research, of course, is subject to peer review as well as that of any funding agencies. University policies and guidelines that govern these specific activities include:

- *Guidelines for Ethical Practices in Research and Policies Dealing with Instances of Alleged Violations of Ethical Standards*
- *Conflict of Interest in Research*
- *Policy on Interactions with the Pharmaceutical, Biotechnology, Medical Device, Hospital and Research Equipment and Supplies Industries.*

These guidelines and policies are in compliance with and supplemented by, for example *U.S. Public Health Service Policies on Research Misconduct*. Researchers, like all members of the NYMC community, are also subject to various NYMC Information Services policies, particularly the *Policy on Access, Maintenance and Handling of*

¹ “Published” in this sense means putting out to the public via any medium, whether for example in a peer-reviewed journal or on a website of any kind.

Confidential Data and Information, Disaster Recovery – Networked and Local Information Backup and E-Mail Usage and E-Mail Security. Retention policies are most often prescribed by funding agencies and federal regulations.

Academic Program Data

Virtually all program and school specific data (exclusive of student record data, see below) are maintained by the individual academic departments and/or by the respective deans. Most of these records are stored digitally and many, particularly school-based, records are stored on secured College network drives. Retention of these records is governed by College policy. However, there is a strong tendency to retain these records beyond the defined useful periods.

Department chairs and/or deans maintain records of all student disciplinary actions. Detailed records of such actions are not and should not be part of a student's permanent academic record. Suspensions, dismissals, leaves, withdrawals, or changes in grades resulting from such actions are recorded in the student's permanent record. In addition, the chairs of clinical departments in SHSP currently maintain records of clinical education placements of students. This information is increasingly needed for licensing purposes and should be made part of the students' permanent records residing with the university registrar.

Academic Student Data

With the exceptions noted above, the university registrar retains all academic student data as part of the students' permanent records. The course catalog, the course offerings for each term, the academic calendar, program requirements, and grading policies are all determined by the faculties of the respective schools. It is generally the responsibility of the university registrar, with the assistance of information services, to develop procedures for implementing and tracking these decisions and policies. The university registrar assists the deans in monitoring compliance with these policies.

In addition, the university registrar's compliance with information services' policies significantly contributes to the integrity of such data, particularly those policies governing access rights and system modifications. Further, the university registrar

regularly tests the PeopleSoft application system supporting student records, as system updates are applied, to assure continued reliability and integrity.

Since the MSA PRR in 2005, the College has enhanced the security and integrity of its student data through the following:

- Completion of a flexible reporting tool for reporting student data, including a mechanism for generating internal transcripts for groups of students rather than individually. This was distributed to the Deans of all three schools and authorized faculty and staff and is in addition to the online query previously provided.
- On-going training for new users and refresher training for continuing users of these capabilities, including discussion of FERPA requirements. (All users of student data are required to sign a statement that they have read and understand a summary of FERPA prepared by the University Registrar.)
- Development and implementation of a policy and procedures for all three schools that assures no official transcript will be issued with blank grades.
- Completion of Phase 1 of the conversion of medical student records from the old DataEase System to the PeopleSoft system.
- Development and implementation of a customized consolidated transcript that reports the entire student record in straight chronological order. (Prior to Fall 2009, the College had separate official transcripts for each of the three schools.) This new transcript also contains security features to ensure that any tampering will be detected. Further, this new official transcript is in compliance with existing AAMC student record guidelines with respect to accurate reporting of repeated and remediated courses, a student's reduced schedule, etc.
- Implementation of an electronic interface between the application processing system used by the graduate schools (ApplyYourself) and the PeopleSoft student records system. In the past, the application data for an admitted applicant, which are the building blocks for a student's permanent academic record, were manually entered into PeopleSoft, risking inconsistency between the two systems and error.

- Implementation of the Visiting Student Application System (VSAS) run by AAMC which enhances the ability of the Office of Student Affairs to control the processing of visiting students attending NYMC-sponsored fourth-year medical student clerkships/clinical rotations.
- Implementation of a set of procedures to enhance the security of historical records and paper records supplementing the automated student record system.
- (Most recently) commencing an accelerated conversion of SOM student records, necessitated by significant changes to the SOM third and fourth year curriculum that could not be accommodated in the old student records system. This involves converting historical enrollment and grade data for rising third year students from the 2006-2007 through the 2009-2010 academic years and making appropriate adjustments for changes to the curriculum and grading policies over that period. It also involves complete record audits of all affected students who were “out-of-sequence” – i.e., those repeating classes, out on leave, on reduced schedules and others not promoted with their class. Random audits of records will be performed on all other students.

In summary, NYMC policies and procedures related to the accuracy, timeliness and reliability of its administrative and academic data are extensive. They are more representative of much larger institutions. However, because of the breadth of our mission and goals and the activities within the three schools, such policies, procedures and practices are required to comply with all related governing laws and customary standards of business and academic operations.

Recommendations

Regarding administrative data integrity the College should:

- Institute a practice of ongoing, regular communication/reminders about records retention.
- Develop a formal, comprehensive disaster recovery plan in order to assure resumption of operations as quickly as possible after a significant adverse event.
- Undertake a comprehensive review of the utility of its website to both current and prospective members of the university community.

- Identify mechanisms to streamline the purchasing process (at least for hard-dollar only administrative departments) and hold administrators accountable for any excess or violation of university policy.

With regard to student academic records the College should:

- Develop and implement as soon as resources permit, an electronic interface between other third-party application services and PeopleSoft, similar to that between ApplyYourself and PeopleSoft.
- Track visiting medical students, residents, and post-doctoral fellows within the PeopleSoft student record system.
- Improve mechanisms to assure that data are released either by or with the express approval of the university registrar.
- Consider expanding the utility of PeopleSoft for academic advising.

STANDARD 7: INSTITUTIONAL ASSESSMENT

The institution has developed and implemented an assessment process that evaluates its overall effectiveness in achieving its mission and goals and its compliance with accreditation standards.

Several non-academic support programs and services have clearly defined goals and comprehensive assessment processes in place. Results of these assessments inform strategic planning and lead to positive changes. Certain non-academic programs and services, often by virtue of their need to report to external agencies, have developed clear operational goals and objectives and mechanisms by which they evaluate achievement of those goals. Other programs and services, since they may not be required to report to external agencies, do not have formal statements of operational objectives or mechanisms in place by which to evaluate their operation.

Institutional Commitment

Table 7.1 summarizes and Appendix 7.1 provides details on the status of non-academic support programs and services with respect to the fundamental elements of Standard 7. A majority of the offices responsible for these programs and services conduct self-assessments on an individual basis. Where such assessments do occur, there is clear evidence of institutional support in terms of manpower and other resources. This support is illustrated by the following examples:

- The Office of University Registrar meets regularly with the deans of the three schools and works collaboratively with central administrative offices, including Student Affairs, Bursar, Financial Aid, Information Services, and the Admissions Offices of the three schools. Over the past several years, the College committed to the installation and development of the PeopleSoft data management system in support of the Office of the Registrar (and other administrative offices, including Human Resources).
- The Office of Student Financial Aid receives support from the institution with respect to funding external auditors to assist in assessing the operations of this office.

Table 7.1 Survey of Non-Academic Programs / Services per Fundamental Elements of Standard 7

	Criterion	Has goals that guide administration of the program and/or delivery of the service	Undertakes an organized, and sustained assessment process to evaluate and improve the program or service	Assessment is systematic, sustained, and thorough	Assessment has realistic guidelines and timetable	Assessment is supported by institutional resources	Assessment is simple, practical, & detailed	Assessment is periodically evaluated for effectiveness and comprehensiveness	Assessment information is shared with appropriate constituents and is used to improve and gain efficiencies in programs and/or services.
Community Support	Accounting	Y	Y	Y	Y	N/A	N/A	Y	Y
	Security	Y	P	P	N	Y	P	N	P
	Envir Health & Safety	Y	P	Y	Y	Y	Y	P	Y
	Food Service ²	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Facilities	Y	Y	Y	Y	Y	Y	Y	Y
	Library	Y	Y	Y	Y	Y	Y	Y	Y
	Information Services	Y	Y	Y	Y	Y	Y	Y	Y
	Public relations	P	P	N	P	Y	Y	Y	Y
Faculty Support	Legal	Y	Y	Y	Y	P	N/A	Y	Y
	Development	Y	Y	Y	Y	Y	Y	Y	Y
	Human Resources	Y	P	P	P	P	Y	P	P
	Purchasing	P	Y	Y	Y	Y	Y	Y	P
	Research Admin (inc. IRB)	Y	Y	Y	Y	P	Y	Y	Y
	Comparative Medicine	Y	Y	Y	Y	Y	Y	Y	Y
Student Support	Bookstore ^a	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Housing	P	Y	P	Y	Y	Y	Y	Y
	Student Financial Planning	Y	Y	Y	Y	Y	Y	Y	Y
	Bursar	Y	Y	Y	Y	Y	Y	Y	Y
	Health Services	Y	Y	Y	Y	Y	Y	Y	Y
	Mental Health Services	Y	Y	Y	Y	Y	Y	Y	Y
	Registrar	P	Y	Y	Y	Y	Y	Y	P
	Minority Affairs	Y	Y	Y	Y	Y	Y	Y	Y

KEY Y: Meets Standard;
P: Partially meets standard;
N: Does not meet standard;
N/A: Not Applicable

² Service provided by outside contractor

- The Purchasing Department has a Requisition Contract Tracking System developed by information services staff.
- Student Housing received support to participate in and tabulate results of the Educational Benchmarking Institute-Association of College and University Housing Officers-International.
- Office of Campus Security received a substantial grant from the Institution as matching funds to receipt of a Homeland Security grant.

Effectiveness

Student exit surveys and occasional student satisfaction surveys query student opinion on, for example, classrooms, food service, Bursar, etc., but these data are not consistently reported back to relevant administrators. An exception is that results of the AAMC Graduation Questionnaire, which allows comparison among all medical schools, are made available to faculty, administrators, and members of the Board of Trustees. There is little opportunity for students to assess support programs and services during their period of matriculation – when they could benefit from any changes. The Health Sciences Library and the Office of Research Administration have significant direct impact on the College’s achieving its educational mission. The survey of support programs and services confirms that both have an effective assessment process the results of which inform administrative initiatives.

Contribution of Assessment to Planning and Change

Several examples illustrate how assessment results inform strategic planning and ensure our continued compliance with both academic and safety accreditation standards. Over the past three years, the Office of the University Registrar implemented a strategic plan developed from internal assessments. Services initiated under this plan include: a new student transcript that complies with standards of the AAMC and the American Association of Collegiate Registrars and Admissions Officers; the ability to email grades to students; and replacement of paper notices with web-based forms and information.

In July, 2009, the Health Sciences Library implemented a three year strategic plan that sets goals for enhancing resources and services, including increasing electronic book

and journal collections and launching a university-wide liaison system under which librarians are assigned to support specific academic departments. One outgrowth of the liaison effort is the development of a set of College-wide information management competencies that can be incorporated into all curricula. The library also expanded educational programs for students, faculty, and staff in areas as diverse as searching online resources, use of wikis in the classroom, and the use of SurveyMonkey.

The Office of Security used assessment results to support installation of additional security cameras and card access devices to more areas on campus.

The Office of Research Administration (including the Institutional Review board), in response to an assessment process that involved input from ORA staff and staff from each dean's office, is implementing a strategic plan to migrate a majority of paperwork to electronic format. Adoption of electronic notices includes internet-based, targeted funding opportunity notices to individual faculty members. The Institutional Review board (IRB) has replaced most written communication with email. In an effort to improve efficiency, the IRB also implemented "just-in-time procedures" for the review of projects that involve human participants/subjects. Further, this office translated short-form consents into five different languages to facilitate enrollment of non-English speaking subjects.

As of this writing, several non-academic support programs and services do not report having a formal set of goals or a self-assessment process in place. Clearly, each of these offices performs functions that support the day-to-day operation of the College and, in so doing, support achievement of its mission. Goals are implicit in the daily operations of these offices (tasks must be accomplished) as are, at least informally, methods of determining whether the goals are met. Specifically, they routinely determine whether and how well their tasks are being performed. Finally, the continued existence of multiple, fully-accredited academic programs on this campus speaks to the fact that the administrative and ancillary support services function effectively and are responsive to and supportive of the mission of the institution.

Validity

Evidence of the validity of assessments of non-academic programs/services resides in the extent to which the results inform the development and refinement of

policies and procedures that enable the College to achieve its primary mission effectively and efficiently. Unlike academic programs, surveys of alumni, residency directors, and employers do not suffice. The non-academic programs and services that responded to a survey relating to the fundamental elements of Standard 7 report a commitment to engage in continuous improvement of their operations. The policies and procedures summarized above that arose from the assessment process provide *prima facie* support for the validity of the assessments.

Recommendations

The College should:

- Formalize and make explicit the operational goals and processes for ongoing assessment of all non-academic support programs and services.
- Develop a centralized institutional assessment process for non-academic support programs and services that includes mechanisms for feedback to constituencies and implementation of appropriate change.
- Conduct regular, College-wide assessments of non-academic support programs and services with input from students, faculty, staff and administrators.

STANDARD 8: STUDENT ADMISSIONS AND RETENTION

The institution seeks to admit students whose interests, goals, and abilities are congruent with its mission and seeks to retain them through the pursuit of the students' educational goals.

Admissions Policies, Procedures and Criteria

The admission policies of the three schools support the mission of the College by enabling the schools to recruit, admit and retain a qualified and diverse student body with the greatest potential to succeed as students and graduates. Each school has its own admissions office, and recruitment and admissions activities are conducted under the auspices of each school.

Information pertaining to the admissions policies, procedures and criteria for each of the three schools is made available to prospective students through a variety of methods. Table 8.1 provides a summary of admission requirements. All three schools utilize the NYMC website as the primary source for this information. In addition the individual schools use dedicated admissions email accounts, bulletins or view books, on-campus interviews and information sessions, and one-on-one meetings with program representatives, faculty and current students. The information is readily available and assists the prospective student in making informed decisions.

Table 8.1
Summary of NYMC Admissions Requirements

School of Medicine:

- Applicants should have received a baccalaureate degree from an accredited college in the U.S. or Canada. All courses offered in satisfaction of the requirements for admission must be taken at, or accepted as transfer credits (including AP courses taken in high school) by an accredited college in the U.S. or Canada. There is no preference for a major field of undergraduate study, but any college work submitted must include: chemistry, physics, biology and English. Science courses must include substantial laboratory work.
- NYMC is a member of the American Medical College Application Service, and applicant must file his or her application with AMCAS between June 1 and December 15 prior to the year of entry.

Graduate School of Basic Medical Sciences:

- Applicants for the MS and PhD degrees must have obtained a baccalaureate or higher degree, prior to admission, from an accredited U.S. college or university or from a recognized foreign institution. They must submit: official transcripts from all post-secondary schools attended whether or not they received a degree from that institution; valid test scores from one of following depending upon the degree program of choice: Graduate Record Examination (GRE); Medical College Admission Test (MCAT); Dental Admissions Test (DAT); Test of English as a Foreign Language (TOEFL) if necessary; two letters of recommendation from professors or other professionals; and a personal statement explaining the motivation and purpose of undertaking graduate study.

School of Health Sciences and Practice:

- Applicants for the MS in Speech-Language Pathology must have a BS or BA degree from an accredited college. Their academic record should include a balance of course work in the humanities, social sciences, and natural sciences, including competency in English writing and be computer literate. They must also submit: results of the GRE; if applicable; a score on the *TOEFL*; three letters of recommendation; and a typed personal statement of approximately 500 words.
- Applicants for the MPH degree or graduate certificate must hold a baccalaureate degree, or its equivalent, from an accredited college or university. Applicants for the doctor of public health degree must have a master's degree and submit: two letters of recommendation; a personal statement; and, if applicable, a score on the *TOEFL*.
- Applicants for the DPT degree must have a BS or BA degree from an accredited institution. They should have an academic record that includes a balance of course work in humanities, social sciences and natural sciences (specific course are mentioned in catalogue). They must: submit results of the GRE and, if applicable, a score on the *TOEFL*; be computer literate; and provide evidence of at least 50 hours of volunteer or work experience in one or more settings under the direction of a physical therapist and three letters of recommendation.

The specialized graduate programs at NYMC do not require placement or diagnostic testing typically offered at undergraduate institutions. Thus no information is published relating to such testing.

School of Medicine (SOM)

The SOM actively supports the mission of New York Medical College as it seeks to admit a qualified and diverse student body that exemplifies excellence, scholarship, and professionalism.

Candidates for admission to the School of Medicine must have a broad educational background and possess the intelligence, integrity and personal emotional characteristics necessary to become a competent and caring physician. NYMC seeks candidates who demonstrate academic competence to succeed in medical school as evidenced by strong GPA and MCAT scores (See Tables 8.2 and 8.3.)

Table 8.2
School of Medicine
Academic Credentials and Test Scores
Class of 2014

Academic Credentials (Averages)	
Science GPA	3.45
Non-science GPA	3.68
Overall GPA	3.55
MCATs	
Verbal Reasoning	9.6
Physical Sciences	10.2
Biological Sciences	10.7
Total MCAT	30.5

Table 8.3
School of Medicine Acceptance Data
Class of 2014

Applications Received	11, 490
Completed Applications	9,231
Number Interviewed	1,438
Acceptances Offered	695
Percent Accepted	7.5%
Percent Matriculated	28%
Number of Multiple Accepts	56 (29%)
Number in Class	194

Although MCAT scores and undergraduate cumulative and science GPA are considered indicators of academic preparation for medical school, other selection factors are also given serious consideration. These include a commitment to medicine exemplified by related extracurricular, community service, research and work experiences; stellar personal and professional qualities confirmed through letters of evaluation; and a compelling personal statement explaining why the applicant has chosen

to pursue a medical career and the steps he/she has taken to confirm this decision. Within this non-formula-based framework, applicants to NYMC are viewed as individuals and their applications are given a comprehensive holistic review.

Recognizing the critical importance of promoting a diverse student body and educating outstanding health care professionals for the multicultural world of the 21st century, the SOM seeks to admit a student body that reflects a mosaic of racial, ethnic, cultural, economic, and educational diversity. Table 8.4 shows ethnicity.

**Table 8.4
Student Ethnicity
School of Medicine
Fall 2010**

	Native American	Asian	Black	Hispanic	White	No Response	Non Resident Alien	Total
First Year	0	46 (23.7%)	17 (8.8%)	15 (7.7%)	103 (53.1%)	13 (6.7%)	0	194 (100%)
All	1 (.1%)	240 (30.2%)	40 (5%)	26 (3.3%)	422 (53.1%)	60 (7.6%)	5 (.6%)	794 (99.9%)

The admissions criteria, policies and processes in the SOM are developed and implemented with the oversight of the Committee on Admissions, chaired by the senior associate dean for admissions. The Office of Admissions is directed by the senior associate dean who reports directly to the vice dean for medical education. The Committee on Admissions meets twice weekly from October through mid-May and is comprised of more than 50 people including the senior associate dean and the director of admissions, the assistant dean of minority affairs, basic science and clinical faculty, and a select group of fourth-year medical students. At the beginning of each admissions cycle, the senior associate dean conducts a formal orientation-training program for new committee members as well as returning members. Throughout the admissions cycle, the senior associate dean updates the committee on new research findings and other relevant data relating to medical school admissions in general as well as the SOM specifically.

Information about the admissions policies and criteria for the SOM is readily available to assist prospective students in making an informed decision about whether to apply and ultimately matriculate to NYMC. This includes information pertaining to:

application procedures and timetables; candidate selection factors; premedical coursework requirements; interview and decision notification processes; acceptance and matriculation data; student demographics tuition and other matriculation costs; and student life on-campus and off-campus.

In addition to the SOM website, other admission policies and criteria resources available to prospective students include: an admissions email account (mdadmit@nymc.edu); AAMC Medical School Admission Requirements (MSAR) Guide; Interview Day Orientation Packet; and online SOM Bulletin and printed Viewbook.

Matriculated students must certify they have read the bulletin and confirm they are familiar with its contents and agree to abide by the policies and procedures described.

Graduate School of Basic Medical Sciences (GSBMS)

Admissions policies and procedures are designed to enroll students who are best prepared for the educational programs of the GSBMS and who, upon graduation, will hold the best promise of becoming outstanding teachers, researchers, and practitioners of science.

With the institution of the Integrated PhD program (IPP) five years ago, the admissions policies are standard and uniform for all entering PhD students. Applicants for the PhD program are interviewed either in person or by phone. They must possess abilities and skills related to observation, communication, and fine motor skills; the potential for high-level conceptual, integrative and quantitative thinking; and behavioral/social abilities commensurate with the interactive nature of modern science.

In addition to the IPP program the GSBMS offers MS degrees in the seven basic science areas. Each program has its own admissions qualifications and admissions committee. Admission policies vary by program. There is a core online application for all programs and the entire admissions process is overseen and implemented by the assistant dean for admissions and an admissions coordinator. There are formal admission committees for the Integrated PhD and Accelerated Master's Programs. Applications for the other programs are reviewed by program directors. All programs support the overall mission of the institution.

All admission policies and criteria are available on the GSBMS and Association of American Medical Colleges (AAMC) websites in addition to recruitment websites such *Peterson's Guide*. To augment the dissemination of this information, the assistant dean for admissions communicates with pre-health advisers at undergraduate institutions, and is available to counsel individual applicants who contact the GSBMS directly. Prospective students are also referred to program faculty to address specific concerns or questions. Inviting the prospective student to the campus for an informal interview often facilitates this interaction. Acceptance into the Integrated PhD or Accelerated Master's Programs requires a formal interview, either on site or via the phone or Internet. Interviews are not necessary for acceptance into the other six masters programs.

An admissions committee, comprising the assistant dean for admissions and the program advisory committee members, reviews applications for the Accelerated Master's Program. Approximately 250-300 applicants are reviewed each year for 20 slots. About 20% of the applicants are interviewed by phone or in person and offers are made based on interpersonal skill and motivation in addition to demonstrated ability to maintain a high standard of academic excellence. Other qualified applicants who are denied entry into the Accelerated Master's Program due to the space limitation are offered admission into the traditional track program. Students within the Accelerated Master's Program have completed the academic program in the designated timeframe and have achieved excellent placement into medical school programs as a measure of outcomes (see Table 1.1).

The IPP admissions committee, comprising the dean, assistant dean for admissions, 8-10 members of the graduate faculty, and, as staff support, the admissions coordinator, reviews PhD applications. Approximately 25-30% of the applicants are invited to interview either on campus or by phone or videoconference. Additional members of the faculty are enlisted for these interviews and their feedback is factored into the final admissions decision. In the six years (2005 through 2010) that the Integrated PhD Program has been in existence, the number of PhD applications has risen by 39% compared to the preceding six-year period (1999-2004). The acceptance rate has improved from 32% in the pre-IPP period to 23% in the most recent four-year period.

School of Health Sciences and Practice (SHSP)

Admissions policies and procedures are designed to facilitate the recruitment of high quality students and the selection of those with the greatest potential to succeed. Students and faculty provide input to the development and revision of policies and procedures primarily through participation in the school's Curriculum Committee and Student Affairs Committee. All recruitment and admissions activities are conducted under the auspices of the Office of Admissions, which is headed by the assistant dean for admissions (currently vacant).

Admissions policies, procedures and criteria for the SHSP are available to prospective students in a number of ways. Students can access information electronically through several graduate recruitment and specialty websites (including ASHA and APTA); and through the College website, which contains the full SHSP catalog and individual program links. The College's sources provide a description of the programs, and the admissions criteria and process. Students may also obtain hard copies of all of these materials from the SHSP Office of Admissions. A full-time recruiter visits regional colleges and universities to speak with students and faculty advisers about the three major programs of the school. In addition the recruiter organizes campus and online information sessions, and communicates with potential students via email and through applicant visits to campus. Admissions interviews are conducted for selected applicants to the programs in Physical Therapy, Speech-Language Pathology and Doctor of Public Health in Health Policy and Management.

Public Health

Reflecting its mission, the public health program strives to be comprehensive and demographically broad based in its avenues of recruitment by casting a wide net to a large number of highly qualified applicants who will benefit, and make contributions to the degree programs. The school's distance education program also contributes to the mission statement by enabling students who would ordinarily be unable to attend because of geographic boundaries or work requirements to pursue an advanced degree or graduate certificate. Of the applicants who applied for the fall 2010 semester 53% were accepted as matriculated students.

Physical Therapy

The admissions criteria and policies of the program in Physical Therapy are based on three major factors: academic ability, professional readiness and suitability for a problem-based learning curriculum. The program seeks to admit students who have a sensitivity in providing services to others and who have the academic and personal capacity to meet the program goal to prepare competent and caring physical therapists who will be able to practice in a variety of settings, adapt to changes in the health care system, and be capable of critical thinking and autonomous practice. See Tables 8.5 and 8.6 for admissions data.

Table 8.5
School of Health Sciences and Practice
Program in Physical Therapy
Academic Credentials and Test Scores
Class of 2013

Average Prerequisite GPA	3.29
Average Overall GPA	3.36
Average Verbal GRE	450
Average Quantitative GRE	610
Average Analytic GRE	4.0

Table 8.6
School of Health Sciences and Practice
Program in Physical Therapy
Acceptance Data
Class of 2013

Total Applications	249
Reviewable Applications	243
Number Interviewed	88
Acceptances Offered	76
Percent Accepted	31%
Percent Matriculated	39%
Number in Class	30

Speech-Language Pathology

Information about the program is available via brochure, flyer, and on the College website. Successful applicants will show evidence of a rigorous undergraduate academic

program; excellent writing skills; outstanding life experiences and achievements. See Tables 8.7 and 8.8 for admissions data.

Table 8.7
School of Health Sciences and Practice
Program in Speech-Language Pathology
Academic Credentials and Test Scores - Class of 2012

Average GPA	3.5
Average Verbal GRE	456
Average Quantitative GRE	541
Average Analytic GRE	4.1

Table 8.8
School of Health Sciences and Practice
Program in Speech-Language Pathology
Acceptance Data - Class of 2012

Total Applications	102
Reviewable Applications	96
Number Interviewed	59
Acceptances Offered	38
Percent Accepted	40%
Percent Matriculated	23%
Number in Class	22

As with the SOM, the GSBMS and the SHSP recognize the importance of promoting a diverse student body. Tables 8.9 and 8.10 indicate that they have been successful in achieving ethnic diversity in their student bodies.

Table 8.9
Student Ethnicity
Graduate School of Basic Medical Sciences - Fall 2010

	Native American	Asian	Black	Hispanic	White	No Response	Non Resident Alien	Total
New	0	21 (28.8%)	5 (6.8%)	6 (8.2%)	32 (43.8%)	2 (2.7%)	7 (9.6%)	73 (99.9%)
All	1 (.5%)	40 (22%)	13 (7.1%)	9 (4.9%)	77 (42.3%)	7 (3.8%)	35 (19.2%)	182 (99.8%)

Table 8.10
Student Ethnicity
School of Health Sciences and Practice - Fall 2010

	Native American	Asian	Black	Hispanic	White	No Response	Non Resident Alien	Total
<u>New</u>								
PH	0	15 (21.1%)	18 (25.4%)	3 (4.2%)	28 (39.4%)	6 (8.5%)	1 (1.4%)	71 (100%)
PT (Su. 2010)	0	2 (7%)	1 (3.4%)	0	23 (79.3%)	3 (10.3%)	0	29 (100%)
SLP	0	1 (4.5%)	0	2 (9.1%)	19 (86.4%)	0	0	22 (100%)
<u>All</u>								
PH	2 (.5%)	61 (16.7%)	93 (25.5%)	25 (6.8%)	141 (38.6%)	28 (7.7%)	15 (4.1%)	365 (99.9%)
PT	0	8 (9.1%)	2 (2.3%)	10 (11.4%)	62 (70.4%)	6 (6.8%)	0	88 (100%)
SLP	0	1 (2.2%)	1 (2.2%)	3 (6.5%)	38 (82.6%)	2 (4.3%)	1 (2.2%)	46 (100%)

Information about Financial Aid, Scholarships, Grants, Loans and Refunds

The Office of Student Financial Planning provides accurate and comprehensive information about these matters and advice. This office maintains and annually updates a website offering a vast amount of information to prospective and continuing students. The site lists financial aid information regarding students’ rights and responsibilities, credit report information, frequently asked questions, a glossary of terms, types of aid, a sample student budget and information about refunds.

The site also lists many important additional links. Students can search for scholarships, fill out a FAFSA form, and acquire a credit report and credit score. The disbursements section of the website lists by class when student aid is disbursed and the time required to prepare and distribute a refund to students. In addition, the financial planning office makes announcements about any scholarships information it receives, legislative changes, and when to apply for aid. Lastly, to assist students and graduates, the Office of Student Financial Planning website has a special Debt Management Services link addressing post-graduate financial issues. The Office of Student Financial

Planning often continues to advise students on financial aid matters long after they graduated.

Transfer of Credit

Each of the schools has specific policies and procedures relating to transfer of credit. These policies and procedures are available online and/or in the catalog for each school. The resources used to accommodate the requirements of any transfer students do not diminish the resources available to already enrolled students.

School of Medicine

The policies regarding transfers and elective credit are published on the SOM website. Transfers are accepted only into the third year, and the possibility of transfer depends on whether or not there is available space; this is determined by early June. Accepted transfer students are expected to begin classes the last week of June.

In order to be considered as a transfer applicant, a student must be a citizen or permanent resident of the United States. He or she must be currently enrolled, and in good standing, at an LCME-accredited medical school or a foreign medical school listed by the World Health Organization (WHO). Students must have completed all pre-med prerequisites in an accredited college in the United States or Canada.

Potential transfer students must meet all entrance requirements expected of applicants into the first-year class, including having taken the MCAT. Additionally, students desiring to transfer in the third year must have taken and passed USMLE Part I.

Graduate School of Basic Medical Sciences

Policies and procedures about transfer credit are available on the GSBMS website. Up to six credits can be transferred into the master's programs and up to 12 credits can be transferred to the PhD program. Such transfers cannot occur until students have completed at least six credits of course work at NYMC. The type of course credit that may be transferred varies from program to program and students are counseled about such transfers by their program directors upon or before entrance into the program.

School of Health Sciences and Practice

The policies and procedures regarding transfer credit are available in the SHSP online catalog. Matriculated MPH students may be permitted to transfer up to nine credits if they have attained a grade of B in the courses to be transferred, and if the courses taken are applicable to their degree concentration. Matriculated DrPH students may be permitted to transfer up to 12 credits. No transfer credits are accepted into the Physical Therapy or Speech-Language Pathology programs.

Assisting Students to Meet Learning Objectives and Outcomes

Generally all admitted students fully meet the qualifications established by the individual schools. Nevertheless, some students are challenged academically and may have difficulty meeting minimal expectations. These students and all students enrolled at NYMC have access to mentoring, tutoring and faculty support. Each of the three schools has established procedures for addressing these students in need of assistance.

School of Medicine

The academic progress of all students is tracked on an ongoing basis by faculty Committees on Promotions so that more detailed corrective-action strategies can be developed for students who are experiencing significant difficulty in their academic performance.

The progress of students who are experiencing difficulties is tracked through the Office of Student Affairs. Support services include counseling/advice by course directors and other faculty; counseling/advice by the student affairs deans; peer tutoring; and mental health counseling, where applicable. Students who have specifically been unsuccessful with a component step of USMLE (the physician licensing examination) may be referred to an outside organization for a formal board Review and/or Study Skills course. In addition, when necessary, students may be referred for the evaluation of learning disabilities and/or neuro-psychological testing.

Graduate School of Basic Medical Sciences

At the beginning of each semester, program directors must approve classes for all students prior to registration. Once classes have started students who are experiencing difficulties with classes are advised to seek help from a faculty member or student tutor.

School of Health Sciences and Practice

Applicants to the MPH programs may be admitted as non-matriculated students if their cumulative undergraduate GPA is less than 3.0. They are then permitted to take up to nine credits; and if their GPA is 3.0 or better after nine credits, they will be permitted to matriculate. Matriculated students who fall below a 3.0 during the course of their studies may be placed on academic probation.

The faculty advisers and course directors are available to students who marginally meet or do not meet the institution's qualifications or who fail to achieve expected learning goals and outcomes at appropriate points. For example, students who have exhibited writing difficulty have been advised to participate in a writing workshop with faculty or take an ESL class at a local community college. This has been a beneficial solution where needed.

In the Speech-Language Pathology Program, the faculty provides academic counseling and advising, career and job placement advising. All students who are in academic difficulty are assigned a faculty tutor, who meets with the student to develop strategies for study and remedial work.

The director and associate director of clinical education have primary responsibility for advising students with respect to clinical training. They may reduce a student's clinical load and/or make modifications in the amount and type of supervision if needed.

In the Physical Therapy Program, students are assigned to a professional development group and faculty adviser when they first enroll. The role of the group and faculty adviser is to help students optimize their academic performance and professional behavior over the course of the program. Professional development groups meet every semester the students are on campus. Each student completes a *Generic Abilities Self-*

Assessment Form self-assessing his or her academic and professional skills in ten generic abilities. Students discuss their self-assessment within their groups to attain peer review and feedback, and the faculty reviews all student self-assessments to determine whether student counseling is indicated. In addition, the department chair and faculty advisers monitor the academic performance of students throughout the program. Processes are in place for student remediation of deficient academic performance, and for issues related to professional development.

Retention and Related Policies and Procedures

NYMC and its constituent schools/programs utilize a multi-faceted approach for assessment to track and evaluate pertinent quantitative, objective data for the students. Examples include USMLE scores in the School of Medicine, course grades, cumulative grades, and graduation rates in all schools; Praxis Examination scores in Speech-Language Pathology; and scores for the national licensing examination in Physical Therapy. The schools/programs also do ongoing assessments of students with regard to the achievement of specific core competencies.

School of Medicine

Cumulative and science MCAT and GPA scores of accepted applicants are tracked as part of enrollment management. These data are examined retrospectively by the Student Academic Performance Review and the Years 1, 2, 3, and 4 Advancement Committees to assess the correlation between these scores and academic and USMLE Step exam results for matriculated students. As a member of these committees, the senior associate dean of admissions compares these outcomes in the context of admission selection factors.

Assessments of recent USMLE Step exam results and the percentage of students advancing to the next year indicate that the MCAT and GPA admission metrics and the holistic admission methodology currently used by the School of Medicine are highly successful in identifying students who are academically competent to succeed in medical school. The USMLE score data for our students can also be compared to the data for students at other LCME-accredited medical schools.

Student achievement in core competencies is evaluated in each clinical assignment. Information regarding graduate's performance in residency training is solicited from residency program directors.

Of the SOM students who entered between 2002 and 2006, an average of 86% graduated in four years. Of those who entered between 2002 and 2004 an average of 97% graduated in six years.

Graduate School of Basic Medical Sciences

Once matriculated, students' progress and success within their program of choice is carefully monitored by program directors. Each program has a core curriculum and each course specifies objectives and modes of evaluation. All students meet with their program directors at least once each semester to discuss academic performance, course selection, timetables and preparation for qualifying exams/thesis proposals/ thesis defenses/ literature reviews. Matriculated students who do not meet the GSBMS requirements (GPA<3.0) are placed on academic probation and work closely with their program directors or mentors to identify means to improve academic performance. Students who experience academic difficulties may be allowed to repeat courses or decelerate their program of classes and advanced standing students often tutor those with academic difficulties. The requirements for the MS degree must be completed within five years following matriculation. Students matriculating directly into the PhD program must complete within seven years.

Of the PhD students who entered the program between 1996 and 2000, 49% completed their degree requirements in six years. This is consistent with the mean completion percentage of 120 similar programs as reported by the National Research Council's *A Data-Based Assessment of Research-Doctorate Programs in the United States* (2010).

As of this date, of those MS students who entered the program between 2003 and 2008:

- 44% graduated
- 32% are continuing
- 1% transferred to a PhD program
- 22% left without a degree

School of Health Sciences and Practice

Public Health

In the MPH program, student achievement is monitored in several ways. The academic department chairs, program directors, and faculty advisers monitor student grades in individual courses and on a cumulative basis. The program tracks progress that students are making toward completion and self-assessment of skills in the areas of computer skills, oral communication, writing, quantitative, and analytical skills. The school also measures success through the achievement by students of MPH and DrPH core and program competencies. These competencies were developed by the Curriculum Committee with input from faculty, students, and the public health practice community and approved by the Academic Policy Committee. Both learning objectives and competencies are included on all course syllabi. The public health program assesses student perception of skill level at the time of graduation through an exit survey.

As of this date, of those MPH students who entered the program in between 2004 and 2009:

- 58% graduated
- 6% are continuing
- 37% withdrew

A large majority of the students in public health are enrolled on a part-time basis because they are working full-time. In addition, until 2006 all MPH students were required to complete a thesis as their culminating experience. These two factors contributed to a large number of students taking more than five years to complete their degrees.

To address this issue the school has introduced the capstone project as the preferred culminating experience for MPH students – an approach that is consistent with the approach taken by most accredited public health programs and schools. This approach has enhanced the timeliness of degree completions; and has drawn favorable reactions from both faculty and students.

Employment data also indicate that the public health program is admitting, educating and preparing qualified students for public health work. Data from the exit

surveys show that in each of the three years from 2006 to 2008, more than two-thirds of the graduates planning to work had secured full- or part-time employment by the time they graduated.

Speech-Language Pathology

Examples of formative evaluative tools include objective and essay examinations, term papers, and class presentations. Summative evaluations of students' knowledge include interim and final comprehensive examinations and scores on the Praxis examination in speech-language pathology.

Clinical skills are evaluated with respect to students' ability to meet specific competencies. These competencies are enumerated in the *Student Clinical Handbook*. Competencies are evaluated in the context of the amount of clinical experience a student has acquired and are organized under the global areas of Professional–Interpersonal and Professional–Technical. The pertinent competencies are evaluated and the findings shared with students twice during each semester. Historically, student performance on the PRAXIS National Examination exceeds the national average in pass rate (100% for years 2006-2008 compared to a national average of 81.7%) and in median score performance (score of 690-710 compared to 660-680). Of those students who entered the program between 2002 and 2007, an average of 88% graduated within two years, an average of 92% graduated within four years, and 100% of the graduates are employed.

Assessment of the effectiveness of the curriculum continues after the students graduate. Detailed survey instruments are sent to graduates and their employers. Results of these surveys serve as another measure of the extent to which our graduates have achieved the program's mission. The faculty review survey findings with an eye towards modifying the academic and clinical curricula as necessary to ensure consistency between the stated goals and their achievement.

Physical Therapy

Evidence that graduates meet the mission, goals, and expected outcomes of the program is gathered from the following:

- Those graduates and employers of graduates who are invited to the faculty's summer faculty retreat. This allows graduates and employers the opportunity to openly express their perceptions of the strengths and weaknesses of the program and suggest ways the program can be improved. The comments from employers and graduates have provided strong support for the success of graduates in attaining the program's expected outcomes.
- Statistics concerning the overall and practice component performance of graduates on the departmental comprehensive examination and the physical therapy national licensure exam show that graduates are attaining program goals related to clinical competency.
- The number of students who present their doctoral project work at professional meetings.

Of those students who entered the DPT program between 2002 and 2009, an average of 85% graduated within three years and 100% of the graduates are employed.

Recommendation

- The College should develop a survey instrument to assess applicant level of satisfaction with efficacy of current methods to disseminate admissions policies and criteria and the utility of the information.

STANDARD 9: STUDENT SUPPORT SERVICES

The institution provides student support services reasonably necessary to enable each student to achieve the institution's goals for students.

Each of the schools within New York Medical College has a unique student body with its own needs and concerns. However, the College's mission guides the activities by department and program within the three schools in a unifying manner. Student support services advance the mission of the College in a holistic approach to meet the students' academic and non-academic needs. The provision of these services is assessed through surveys, student and faculty committees, and feedback.

Student support services are available to all students, in all programs. Some of the support is provided in College-wide offices, and some provided through the program in which the student is enrolled. Most services are available weekdays from 9:00 a.m. to 5:00 p.m. This means that access to some critical services is less convenient for students who are employed during normal business hours, are involved in full-time clinical education experiences, or are enrolled in distance education programs.

Support services available to students (in alphabetical order) include:

- Bursar
- Computer Lab
- Financial Planning and Aid
- Health Sciences Library
- Health Services
- The International Student and Scholar Advisor
- Office of Minority Affairs
- Office of Student Affairs
- Office of Student Housing
- Office of the University Registrar
- Security

Appropriately trained, qualified individuals head each support service area. In addition each support area has policies and procedures to assure accessibility and delivery of its services. Information about these services and how to access them is available on

the NYMC website, and is provided as part of an orientation program in each of the three schools. In the case of health services and mental health counseling, online access to information and appointment scheduling facilitates both ease of effort and student confidentiality.

Office of Student Affairs

A number of student services are under the auspices of the senior associate dean for student affairs in the School of Medicine. These include the Offices of Student Affairs, Student Activities and Student Financial Planning, Minority Affairs, Mental Health Counseling, Health Services, and Housing. While the Office of Minority Affairs supports the School of Medicine, all of the other services under the senior associate dean are available to students in each of the schools of NYMC.

Members of the Student Affairs staff and faculty advisers may encourage students to avail themselves of this counseling opportunity, or students may self-refer. Financial counseling is available through the associate dean for student affairs and director of student activities and student financial planning, and the staff of the Office of Student Financial Planning. The director and staff speak with potential applicants to discuss financial planning during information sessions, and meet with applicants from all schools who come to campus for an orientation/interview.

The International Student and Scholar Advisor guides and assists international students on U.S. immigration matters such as visa requirements and regulations, travel outside the U.S., etc.

A nurse practitioner is on duty from 9:00 a.m. to 5:00 p.m. for health services. A physician is on duty in two-hour blocks on a variable schedule. Confidential mental health counseling is coordinated by a psychiatrist who either provides direct services or refers students to other resources within or outside the College. In the area of mental health counseling, the school also participates in a confidential Aid to Impaired Medical Students (AIMS) Program. Incoming students attend an orientation session with the psychiatrist who oversees mental health counseling when they first arrive on campus.

NYMC has various housing options on the Valhalla campus for full-time, matriculated students. The Office of Student Housing administers this service. See Appendix 9.1

Advisement is provided by each of the schools. In the School of Medicine, the senior associate dean for student affairs oversees a career selection and advisement program that uses workshops and access to online resources beginning in the preclinical years. Third-year and fourth-year students receive more individualized advisement. Each student is assigned a clinical adviser and a student affairs dean to facilitate career selection and the post-graduate (residency) application process.

The dean, program directors, assistant dean for admissions and other faculty provide career counseling to individual students in the Graduate School of Basic Medical Sciences. The College, through the GSBMS, is a member of the New York Academy of Sciences' (NYAS) Science Alliance for Graduate Students and Post-docs. This alliance, which includes other universities and graduate schools in the New York metropolitan area, provides a range of career and professional development programming and resources. Many of these programs are accessible live online as well as on site and many are archived as e-Briefings, including video or audio recordings of the proceedings, PowerPoint slides, and text reports on the NYAS web site. The GSBMS supports the membership dues for its PhD students and the post-doctoral fellows.

The GSBMS also organizes career and professional development programs on campus, or supports such programs initiated by the school's Graduate Student Association or its fledgling Postdoctoral Association. For example, in this current academic year, the school has hosted a career information event that featured three alumni – one PhD, one MS, one post-doc – who spoke and answered questions about their respective diverse career paths; a seminar on job search strategies, including self-assessment and personal skills and interests inventory tools; and a follow-up workshop on using those self-assessment and inventory tools.

Program advisement for students in GSBMS begins upon acceptance. Students who register for the first time are required to do so in person and are given extensive guidance from their program directors about their schedules. Support is available to students as needed and is provided by program and course directors. Students in the IPP have a personal faculty academic adviser until they enter a specific department program.

In addition to general program advisement, students in both PhD and MS programs also have a thesis adviser who may or may not also be their program director.

In the case of the PhD program, students have four or five additional committee members who also serve as advisers. MS students have a thesis committee member who can provide advice and counsel. Students in the IPP program are assigned an advisory committee for their first year to assist them in selecting rotations and finding a dissertation supervisor.

In the SHSP full-time and part-time faculty provide career advice. Additionally, the administration (department chairs, vice dean, and dean) all has an open door policy when it comes to providing both academic and career advice to students. All programs maintain active relationships with community organizations and practice sites. This extensive campus- community partnership augments student learning and provides pathways to career advice and opportunities.

The school offers a career development workshop at least once a year focusing on resume writing and interviewing skills. In addition the Student Healthcare Executives group and the dean's office sponsor career nights and mentoring sessions.

All public health students are assigned a faculty adviser in their degree area. The students develop a program plan with their faculty adviser that is modified as needed during their enrollment at the school. The students in physical therapy and speech-language pathology maintain a close working relationship with the faculty, including those faculty members who serve as directors of clinical education and oversee the students' clinical placements.

Library Support

The Health Sciences Library (HSL) provides a full spectrum of services to faculty and students that are often tailored to the needs of specific degree programs in all three schools. To facilitate this effort the HSL assigns a liaison to assist students and faculty. Students in the two graduate schools receive support in their efforts to prepare term papers and presentations, problem-based learning classes, dissertations, theses, literature reviews, capstone projects, doctoral projects and practicum reports. Library faculty members provide support through presentations in select graduate courses, through special classes in the library on such topics as Pub Med and scientific writing, and through individual student tutorials. In addition, the Health Science Library prints posters for faculty and students and archives dissertations, theses and posters. Online videotaped

orientation and web-based tutorials are embedded into the Moodle course management system, which is primarily used for distance education students, but accessible to on-campus students as well. A summary of HSL resources is found in Appendix 3.1.

Security

The Security Department is responsible for overall campus security, emergency response, investigations, crime prevention, and administration of the parking permit and identification badge program. The 2010 Annual Security and Fire Safety Report is found in Appendix 9.2

University Registrar

Policies and Procedures

Policies and procedures have been developed and implemented with respect to the safe and secure maintenance of student records. The Office of the University Registrar is responsible for assuring compliance with all such policies.

The registrar retains academic student data as part of the students' permanent records. The faculties of the respective schools determine all the course catalog, course offerings for each term, academic calendar, program requirements, and grading policies. It is generally the responsibility of the registrar, with the assistance of information services, to develop procedures for implementing and tracking these decisions and policies. The registrar assists the deans in monitoring compliance with these policies.

Within this framework, the registrar is responsible for maintaining the integrity of all student records and associated data. Because these data are gathered from and impact many other offices, the registrar coordinates all related processing with these other offices, particularly the deans' offices, the Office of Financial Planning, the Bursar's Office, the admissions offices, security, the HSL, the bookstore, etc. The registrar maintains an extensive office policy and procedure manual, reflecting not only individual school and university-wide policies, but also student records policies and guidelines prescribed by federal and state law (e.g., FERPA), accrediting bodies (particularly LCME), and the American Association of Collegiate Registrars and Admissions Officers. In addition, the registrar's compliance with information services' policies significantly

contributes to the integrity of such data, particularly those policies governing access rights and system modifications. Further, the registrar regularly tests the PeopleSoft application system supporting student records, as system updates are applied, to assure continued reliability and integrity.

Finally, the registrar is responsible for federal IPEDS and NYS HEDS reporting as well as internal and other external reporting of student records data. Toward this end, “frozen files” in the form of Excel pivot tables and consisting principally of demographic data on all enrolled students are generated and stored for each term. Additionally, entering and graduating student cohort data is accumulated (created and updated) each term for subsequent analysis, as needed.

It is the policy of New York Medical College to protect privacy of information contained in student records from unauthorized disclosures and to comply in all respects with the provisions of the Family Educational Rights and Privacy Act of 1974 and regulations there under. This act specifically provides that a school may disclose what is termed “directory information” about students to third parties without a student’s consent.

The types of such directory information include the student’s name, address, telephone number, email address, pager number, major field or program of study, name of school in which the student is enrolled, dates of attendance, year of expected graduation, and other similar information. A student who wishes any or all of his/her information to remain confidential may so inform the Registrar in writing. In addition, the Family Educational Rights and Privacy Act guarantees all students access to their own education records. Additional specific information regarding privacy of students’ records can be obtained by medical students at the Office of Student Affairs and by all students at the Office of the University Registrar.

The Family Educational Rights and Privacy Act of 1974, as amended, prohibits the release of educational records by institutions without specific consent of the student or a graduate.

A New York Medical College transcript will be mailed at the request of a student or graduate to an accredited hospital, educational institution or other recognized organization in support of his or her application for a position or promotion or for further education. All transcripts are marked confidential and carry the instruction that they are

not to be turned over to the student or graduate. The purpose of this regulation is to avoid possible loss and fraudulent use of an official College document.

Grievance Procedures

Each school of the College maintains well-documented procedures for addressing student complaints and grievances. Such are reasonable and widely disseminated through school catalogs and student handbooks, and are available on the College website.

For non-academic grievances, such as those involving sexual harassment, discrimination, or hate/bias related crime, the College has formalized grievance procedure documents that adhere to state and federal regulations. Policy and procedure documents are available in the following areas:

- Campus Security Program (complies with Crime Awareness and Campus Security Act 1990; New York State Amendments to Section 6450 of Education Law;
- Record Confidentiality Family Educational Rights and Privacy Act (FERPA);
- Hate/Bias Related Crime Prevention Statement (New York State Hate Crimes Prevention Act 2000);
- Identity Theft Prevention Program Red Flag Rules (Federal Trade Commission's Red Flag Rules; Section 114 of the Fair and Accurate Credit Transactions Act 2003);
- Policy on Reporting Student Incidents;
- Sexual Harassment Policy;
- Statement on Non-Discrimination (complies with the Education Practices Act of New York as well as applicable state and federal civil rights laws, specifically including Title IX of the Education Amendments Act of 1972, and with Section 504 of the Rehabilitation Act of 1973).

School of Medicine

Any student with a complaint or grievance can discuss the matter with a course director or a student affairs dean. Students can also channel complaints/grievances through pertinent committees such as the Education and Curriculum Committee, Student-Faculty Liaison Committee or Student Senate. In addition, New York Medical College

has explicit policies and procedures regarding complaints and grievances involving potential violations of the *Student Code of Academic Integrity and Professionalism*, possible unprofessional conduct in student-student or teacher-student situations, and other types of serious incidents. More extensive details may be found in the current *School of Medicine 2010-2011 Bulletin*: <http://www.nymc.edu/Medical/Bulletin/>

These policies and procedures are discussed with the student body by one of the deans periodically at class meetings. In addition, the vice dean for medical education has an open-door policy for students, and students may raise such issues of concern at this level.

Records of formal academic review are maintained in the minutes of academic performance review committees. Grievances related to College-wide policies are maintained within the office responsible for the policy in question

A committee has been developed to review complaints of unprofessional student behavior, brought by either students or faculty. This committee emphasizes the importance of professionalism and professional conduct involving students in the School of Medicine. A procedure to appeal academic promotion decisions is described in the Bulletin.

Graduate School of Basic Medical Sciences

During orientation students are informed that complaints and grievances should be directed to the Dean of the GSBMS, and are given a copy of the *Student Rights and Responsibilities* document. Grievances involving harassment or discrimination are directed to the Human Resources Department. The dean may appoint an ad hoc committee to review a complaint or grievance if it cannot be resolved directly.

There are procedures for appeal of grades that rise through a succession of mechanisms (course director, program director, department chair and dean) to facilitate an equitable resolution. The final stage is a hearing before the Academic Standards Committee, which makes the final decision.

Appeals of academic dismissal or suspension or certain other actions may be made to the Graduate School Appeals Board, which includes faculty and students. The

board first decides whether or not to hear the appeal, and, if it does, makes a recommendation for action to the dean.

Alleged violations of the *Student Code of Academic Integrity and Professionalism* must be reported to the dean. If minor in nature, they may be resolved at the course or program level or by direct action of the dean. If more serious in nature, the alleged violation is reviewed by the GSBMS Committee on Academic Integrity, composed on both faculty and students, which adjudicates the charge and makes recommendations for action to the dean.

If a complaint or grievance results in a formal hearing by an appeals committee, the Academic Standards Committee or some other constituted group, proceedings of those actions are kept within the dean's office. The dean also keeps a record of allegations of violations of the *Student Code of Academic Integrity and Professionalism* and their disposition, with names removed, for the purpose of tracking overall compliance with the policy.

School of Health Sciences and Practice

A student who believes that he or she has not received equitable treatment by a member of the faculty may register a formal grievance. Grievances concerning course grades are appropriate only when they believe the grade to be the result of a pattern of inequitable treatment. In all cases course instructors have final responsibility for assigning course grades.

A grievance will usually be submitted in writing to the appropriate department chair. If the department chair is the source of the grievance, the student will submit the grievance in writing to the vice dean. In either case, the written grievance must include the relevant facts surrounding the grievance and any supporting materials. If the department chair is not the subject of the grievance, he or she will take all steps necessary to investigate details of the grievance. If the department chair is the subject of the grievance, the vice dean will take all steps necessary to investigate details of the grievance. Such steps may include, but are not limited to, interviewing the student and faculty member, reviewing supporting documentation, and soliciting external, blinded review of materials by individuals with appropriate expertise. Within 30 days of receipt

of the written grievance, and after consideration of all available and relevant facts surrounding the grievance, the department chair or vice dean will propose a resolution to the grievance. The student may either accept the proffered resolution or appeal the decision.

If the initial review was conducted by the department chair, the appeal will be made to an ad hoc committee consisting of the vice dean as chair and two members of the faculty of the school. If the initial review was conducted by the vice dean, the appeal will be made to an ad-hoc committee consisting of three members drawn from the senior faculty and administration, appointed by the dean.

Records of complaints and grievances managed at the department level remain in a departmental file for an unspecified period of time. Records of complaints and grievances that advance to the level of the dean's office and all appeals proceedings are maintained in the dean's office.

Ongoing Assessment of Student Support Services

There is an ongoing assessment of student support services within each of the schools. Comprehensive surveys, as well as student committee involvement are utilized to gauge student satisfaction, provide feedback to administration, and bring about improvements to services.

The Health Sciences Library conducts periodic satisfaction surveys of all users (students, faculty and staff). In addition the Office of Student Housing administers the Educational Benchmarking Institute (Association of College and University Housing Officers-International) Apartment Assessment in order to obtain information regarding the satisfaction of all residents with accommodations and services.

School of Medicine

There are mechanisms in place for student feedback regarding support services:

- The Student Senate represents the student body at all levels and meets monthly. The deans and various other members of the administration routinely attend these meetings and maintain a dialogue with the students regarding

pertinent student services issues. The president of the Student Senate meets monthly with the dean.

- There is student representation on all College committees charged to review and oversee aspects of student support services.
- The Graduate Questionnaire (GQ) is a comprehensive survey prepared by the Association of American Medical Colleges (AAMC), to be completed by all senior/graduating medical students at LCME-accredited medical schools. It contains questions relating to academics, support services and other areas.

Examples of the school's responsiveness to the feedback/analysis process are reflected in the formulation of a new committee to deal with issues of student professional conduct; the planned re-organization for the Office of Student Affairs to include the development of electronic portfolios for each student; and the recruitment of an additional associate dean to further enhance the advisory process.

Graduate School of Basic Medical Sciences

Assessment of student support services is ongoing through student feedback, and exit and alumni surveys. The administrator for the GSBMS acts as an ombudsman to ensure that students receive the necessary support.

School of Health Sciences and Practice

The school periodically administers a satisfaction survey to all currently enrolled students. The survey measures student satisfaction in terms of a number of academic variables; and it asks students to rate the NYMC library services, computer lab services, the bookstore, and the physical environment. An exit survey is also administered to graduating students each year. Additional feedback from students is obtained through their committee participation.

Recommendations

The College should:

- Consider offering extended hours for non-academic support services on a routine basis, or make them available by appointment.

- Explore options for enhancing career advisement services, particularly for the two graduate schools.

STANDARD 10: FACULTY

The institution's instructional, research, and service programs are devised, developed, monitored, and supported by qualified professionals.

Organization of the Faculty

Basic medical scientists and clinicians constitute the faculty of the School of Medicine (SOM). All appointments originate with the department chair. Appointments and promotions above the level of assistant professor require review and recommendation to the SOM dean by the Tenure, Appointments and Promotions (TAP) Committee. Some members of the SOM faculty may also receive appointments to the faculty of the Graduate School of Basic Medical Sciences (GSBMS); however their titles and promotions are the responsibility of the SOM.

The School of Health Sciences and Practice (SHSP) appoints faculty independently of the SOM, although joint appointments between SOM and SHSP are not unusual. The Committee on Appointments and Promotions (CAP) in the SHSP recommends to the SHSP dean action on faculty appointments and promotions originated by department chairs.

In all schools, faculty appointments above the level of assistant professor require approval by the Board of Trustees.

Table 10.1 is a summary of the SOM faculty by primary departmental appointments and status. A detailed breakdown by specific departments and ranks is found in Appendix 10.1.

Table 10.1
Summary of SOM Faculty by Department and Appointment Status

Department (Primary)	Appointment Status			
	Full-Time	Part-Time	Voluntary	Total
Basic Science Departments	121	5	56	182
Clinical Departments	1169	115	1217	2501
Total	1290	120	1273	2683

Table 10.2 is a detailed breakdown of the SHSP faculty by rank and status. The part-time faculty includes 31 members who hold appointments in the SOM as well as other expert clinicians and public health professionals who teach core courses and electives. In addition to the full-time and part-time faculty, the program in Speech-Language Pathology has a pool of over 400 clinical preceptors, and the program in Physical Therapy has a pool of over 500 clinical preceptors who supervise student clinical training. The access to highly qualified part-time faculty ensures the programs in the school are taught in a contemporary and relevant manner.

Table 10.2
SHSP Faculty by Rank and Appointment Status

Rank	Status		
	Full-Time	Part-Time	Total
Professor	6	15*	21
Associate Professor	8	7*	15
Assistant Professor	29	9*	38
Instructor	1	55	56
Distinguished Lecturer	0	10	10
Visiting Lecturer	0	23	23
Senior Lecturer	0	24	24
Lecturer	0	50	50
Total	44	193	237

* These faculty members hold appointments in the SOM

Faculty Governance

Faculty of the SOM participates in academic governance via the Faculty Senate and its standing committees, as chartered by the faculty constitution and by-laws. The Faculty Senate and its committees counsel the administration and participate in executing the mission of the College. The full Faculty Senate meets at least twice a year. Its executive committee, which meets more frequently, is in regular communication with the dean to represent the interests of the faculty regarding major academic and personnel issues affecting the faculty. The executive committee serves as the coordinating body for recommendations or concerns received from the Faculty Senate, faculty committees,

faculty at a given teaching affiliate, or member(s) of a particular academic department. The committee also submits preferred lists of names from which the dean selects members of the committees of the faculty.

Faculty governance in the GSBMS is enacted through the Graduate Faculty Council. This body consists of the dean and three representatives from each department in the school who are elected annually by the respective departments. The council acts as the executive board of the faculty and is responsible for the establishment of academic policies, such as admission requirements, academic standards and degree requirements. The council recommends to the Board of Trustees all candidates for degrees.

Faculty governance in the SHSP is enacted through the Academic Policy Committee (APC). The APC consists of department chairs, center directors and representatives from the full-time and part-time faculty. This committee meets at least four times a year to consider issues of major importance to the school, including, but not limited to, review of existing and proposal of new academic policies, curriculum development, evaluation and outcomes assessment, and recommendations of standards for student admission and graduation. Faculty members also chair and participate in other standing and ad hoc committees in the school, such as Appointments and Promotions, Curriculum, Research, Student Affairs, and Evaluation.

Teaching Professionals: Adequately Qualified, Supervised and Evaluated

To ensure high caliber educational experiences for students, the College recruits highly qualified faculty. The department chair, who appraises candidates' credentials and invites them to campus to give a presentation to other faculty, spearheads the recruitment process. A recommendation to hire is made by the department chair to the dean.

After faculty members have been hired, teaching opportunities for them are developed in collaboration with the chair and course directors. Many of the courses in the SOM have multiple instructors, and faculty members teach in the area of their expertise. However, when this is not possible, faculty members are given time to achieve competence in their assigned topic. The course directors play a key role in this process of faculty development prior to the new faculty member's initial lecture.

First-year and second-year SOM course directors typically attend each of their course lectures, which enables them to provide high quality feedback to their teachers.

Lecture content is monitored and often compared to guidelines published by specialist societies such as the American Physiological Society and the American Association of Clinical Anatomists. Written examinations and other assessment tools are usually developed by the teaching faculty with the facilitation of the course director. This helps ensure that the less experienced teachers have adequate guidance in this important process.

All SOM courses are evaluated at their conclusion. The evaluation is anonymous and a requirement of the course and the response rate is most often upwards of 90%. Evaluation results are sent to course/clerkship directors and chairs within a few days of the closing of the DCDB site. The chair of the Evaluation, Outcomes, and Quality Assurance (EOQA) Committee also reviews these evaluations and highlights areas of concern. Evaluations for first-year and second-year courses list specific faculty to be evaluated. The results of these evaluations, sometimes with recommendations, are sent to the course directors and department chairs, who then give them to the specific faculty members and discuss with them ways in which their performance may be improved.

Evaluations for the clinical clerkships and electives do not mention any faculty member specifically. However, attending physicians are evaluated by the students regarding the students' perceptions of whether they are treated respectfully; whether they receive appropriate supervision; overall feedback and feedback on chart notes. Students may name specific attending physicians in the comments section of the questionnaire.

Information is also obtained about faculty teaching performance at each clinical site through questions referring to the objectives of the clerkship, lectures taking place as planned, curricular themes and weekly exams. At the end of each semester, the EOQA Committee reviews the clerkship evaluations and sends letters identifying strengths and areas for review to the clerkship director and the chair of the department with a request for response to the areas for review.

Residents anonymously evaluate supervising faculty after each rotation, and these are reviewed by department chairs. Students, residents and faculty may freely give their input to the department chair regarding faculty competence and teaching skills. Voluntary faculty members who are not fulfilling their duties as teachers are not reappointed.

Faculty members demonstrating excellence in teaching are recognized with awards given by students and residents.

In the GSBMS, as in the SOM, students online evaluate each course and instructor. The Course Evaluation Committee and the dean review these evaluations. Areas of concern are communicated through the course director to the lecturers and appropriate corrections are initiated. In rare cases, a senior departmental colleague may be asked to review a faculty member's lectures to provide feedback and evaluation. Advanced courses are periodically reviewed within the departments.

In the SHSP, department chairs formally evaluate faculty members. The evaluation begins with a written self-assessment that includes the faculty members' assessment of their own performance, including a response to student evaluations of strengths and weaknesses; professional development; scholarly accomplishments; contributions to the College, and community and professional service. Teaching performance is further evaluated by the department chair using student evaluations, direct observation and in-depth review of the course content and techniques used. A summative evaluation is then prepared by the department chair and reviewed with the faculty member. Students evaluate clinical faculty in the SLP and PT programs at the end of each semester. The directors of clinical education review these evaluations and make appropriate recommendations to improve clinical training.

Faculty Activities Are Adequately Staffed

Teaching Activities

Faculty members in the SOM/GSBMS are responsible for teaching and supervising the four-year medical school curriculum, and for teaching and supervising medical residents and graduate students for MS and PhD levels. They also supervise MS literature reviews, research theses and doctoral dissertations.

Over the past five years, enrollment of medical students has remained constant at just under 200 students in each class, while the number of PhD and MS basic medical science students has increased by about 30%. The increase in master's students can be attributed to the establishment of an Accelerated Masters Program, which has also had a

positive impact on enrollment in the other master's programs. These increases have not required significant additions to faculty.

In fact, over this period, the number of basic science faculty has slightly decreased (123 to 121 full-time, and 191 to 182 total). The number of full-time faculty members in the clinical departments increased from 1036 in 2004 to 1169 in 2009; while the total number of clinical faculty decreased from 2571 in 2004 to 2501 in 2009. Thus, more clinical faculty became full-time over this period.

Since 1967 the average age of all medical school faculty in the United States increased from 42 to 48 years, while that of basic science faculty increased from 44 to 52 years. At NYMC in 2009, 76% of full-time basic science faculty members and 55% of the full-time clinical faculty were above the age of 50.

While this trend implies that highly experienced faculty members dominate the teaching activities at the College, it will be necessary to recruit junior basic science faculty to extend the retirement horizon. Even though significant recruitment of junior faculty has not yet taken place, recent steps have been taken to prepare for anticipated key retirements by promoting several experienced, mid-career faculty into SOM basic science course directorships prior to the retirement of the previous directors. This will help ensure the continued excellence in the teaching of these courses.

The SOM has excellent affiliates for third-year and fourth-year clinical rotations, but like many teaching hospitals in the United States, these institutions are under serious financial stress.

Along with the financial pressure on hospitals, there is a growing pressure on clinical faculty to produce income from practice, and consequently they have less time for teaching medical students. The SOM has more than adequate numbers of clinical faculty, but in the future funding must be identified to allow for an appropriate amount of teaching time. There is a need for a major fund raising emphasis to develop additional endowed chairs and professorships.

Faculty of the SHSP is divided into five departments that are responsible for the curricula of the clinical and public health degree programs. The faculty has grown over the past five years to accommodate enrollment growth and the criteria of the school's

three accrediting bodies. Approximately 45% of the faculty members are over the age of 50.

The school utilizes a large number of part-time faculty to ensure the most relevant training for its students. Critical to the success of this approach is access to excellent adjunct faculty in the New York area who are employed full-time at academic medical centers, pharmaceutical and biotechnology firms, public health departments and law firms. Clinical preceptors in the SLP program work at more than 150 schools, clinics, hospitals, rehabilitation facilities and private practice offices, in New York, New Jersey, and Connecticut.

Research Activities

Many of the College's faculty members are actively engaged in research. This helps the College to realize a major institutional goal: to "advance health care through cutting-edge basic, clinical and population-based research leading to improved scientific knowledge."

The Health Sciences Library documents and promotes authorship achievements of the academic community. Its records indicate that the number of faculty publications increased from 764 in the 2003-04 academic year to 901 in the 2008-09 academic year.

As shown in Table 10.3, faculty members are successful in obtaining extramural funding for research programs. Based on National Institutes of Health (NIH) funding data, the College ranked 95th out of 123 U.S. medical schools and received \$16.8M (30 awards) in FY 2009. This is a decline since 2004 when NYMC ranked 88th on this list and received \$22.4M from NIH. The decline reflects the departure of a few well-funded basic science investigators and also reflects the loss of funding by some current faculty given the current highly constricted funding environment. In spite of this, it is noteworthy that two-long standing NIH program project grants in the Departments of Physiology and Pharmacology were renewed over the last five years.

The launch of the integrated PhD program improved the caliber of doctoral students. Its continued success is contingent upon sufficiently funded research laboratories.

In order to achieve the College's goals, it will be important to both replace and expand the faculty ranks with funded investigators. It will also be important to enhance the support for current faculty to enable them to better compete for national funding. The majority of research awards are to basic science faculty members. The expansion of both basic science and clinical research represents an area in which institutional development is clearly needed, as has been recognized in the strategic plan. Indeed, the plan enumerates six ambitious recommendations and initiatives to expand research activities at the College.

A critical step in enacting these initiatives will be the resolution of sponsor transfer to Touro College. Statements by Touro leadership indicate their intent to engage in research development at NYMC. However, until the sponsorship transfer is completed in mid-2011, recruitment of new faculty members remains a challenge.

Institutional Steps Taken and Plans to Increase Faculty Diversity

As noted in the *Strategic Plan 2009-2014*, "NYMC's commitment to diversity among its students and faculty parallels its pursuit of excellence, scholarship and professionalism."

Faculty diversity is shown in Table 10.3 for the SOM and Table 10.4 for the SHSP.

Since diversity of the faculty serves to demonstrate the College's commitment to educating healthcare professionals for a multicultural world, further recruitment of women and minority faculty is a priority. A recommendation in the strategic plan is to "develop an institution-wide focus on faculty diversity, especially in the basic science departments, by continuing to recruit faculty from diverse racial and ethnic backgrounds." To achieve this aim, recruiting efforts are coordinated among department chairs, administrative leadership, the Department of Human Resources and the Office of Minority Affairs. In addition, the dean of the SOM has created the position of associate dean for diversity and inclusion at the College. The new associate dean represents the College on the Association of American Medical Colleges (AAMC) group on diversity and inclusion, and heads a College-wide task force to monitor progress in meeting institutional goals on diversity.

Table 10.3
School of Medicine Faculty by Appointment Status, Ethnicity & Gender

Ethnicity	Gender	Appointment Status			
		Full-Time	Part-Time	Voluntary	Total
American Indian	Female	1			1
	Male	4		3	7
American Indian Total		5		3	8
Asian	Female	136	9	84	229
	Male	201	14	125	340
Asian Total		337	23	209	569
Black	Female	29	2	18	49
	Male	35	1	27	63
Black Total		64	3	45	112
Hispanic	Female	29	2	17	48
	Male	43	2	22	67
Hispanic Total		72	4	39	115
White	Female	268	37	253	558
	Male	550	72	775	1397
White Total		818	109	1028	1955
Not Specified	Female	28	3	31	62
	Male	53	3	89	145
Not Specified Total		81	6	120	207
Total		1377	145	1444	2966

Table 10.4
School of Health Sciences and Practice Faculty by Appointment Status, Ethnicity & Gender

Ethnicity	Gender	Appointment Status		
		Full-Time	Part-Time	Total
African American	Female	2	4	6
	Male		3	3
African American Total		2	7	9
Asian	Female	4	5	9
	Male	3	4	7
Asian Total		7	9	16
Hispanic/Latino	Female		4	4
	Male	1	3	4
Hispanic/Latino Total		1	7	8
White	Female	23	86	109
	Male	11	78	89
White Total		34	164	198
Not Specified	Female		2	2
	Male		4	4
Not Specified Total			6	6
Total		44	193	237

Mentoring of Junior Faculty and Professional Development of All Faculty

The SOM does not have an “up or out” tenure system and the SHSP does not have tenure; thus, tenure decisions and promotions can be tailored to the individual.

Faculty development is important at the College. For example, in the clinical departments of the SOM, junior faculty members are mentored by senior faculty to improve clinical and didactic teaching. The College provides funding for selected faculty to attend national and regional workshops such as the *Primary Care Faculty*

Development Fellowship Program at Michigan State and the Teaching for Tomorrow at the University of Massachusetts. Internally, the Office of Undergraduate Medical Education provides regular workshops on such topics as: Developing Interactive Lecture Skills; Clinical Teaching; Incorporating Evidence Based Medicine into Medical Education: A Workshop for Clerkship and Site Directors and Residents as Teachers and Evaluators of Medical Students.

In the basic science departments, senior faculty members often work closely with junior faculty and encourage their attendance at national meetings to present their work and to enhance professional skills. Beyond the scientific content, these meetings (e.g., American Physiological Society; Society for Neuroscience) have strong professional development programs for junior faculty.

In the SHSP, faculty members are encouraged to attend and present the results of research and other scholarship at professional and scientific meetings in their disciplines. In addition, topics relevant to the teaching skills are often incorporated into the semi-annual meetings of all full-time and part-time members of the faculty.

Appointment and Review of Adjunct and Voluntary Faculty

Policies relating to this topic are clearly described for all schools in their respective sections of the Faculty Handbook. The policies apply to regular, research, adjunct and visiting faculty and are consistent across the recognized faculty tracks (academic, clinical and voluntary in the SOM and academic, clinical and professional in the SHSP).

As noted in the handbook for the SOM

“The TAP Committee reviews all proposed appointments or promotions to the rank of professor, professor of clinical, research professor, clinical professor, associate professor, associate professor of clinical, research associate professor and clinical associate professor and makes recommendations to the Dean. If a faculty member feels that the department chairman has not proposed him or her for consideration of promotion or tenure in a timely and reasonable fashion, an alternative pathway mechanism may be employed as described in the Faculty Constitution and By-laws.”

The procedures for faculty evaluation and re-appointment in the SHSP are described earlier in this section and in the Faculty Handbook. These procedures apply to

all faculty members to insure the consistency of policies applied to both full-time and part-time faculty.

Appointment, Promotion, Tenure and Compensation

Policies regarding promotion and tenure are clearly explained to new faculty members of the SOM and routinely reinforced to department chairs through regular meetings between the dean and the chairs, through the Faculty Senate, and through scheduled meetings of the TAP Committee. These guidelines are also clearly described in the Faculty Handbook. Both senior and junior faculty members receive continuous feedback from their peers and department chairs. The reappointment process enables each faculty member to update his or her curriculum vitae and to discuss promotion opportunities with their respective chairs and the dean. The 2007 LCME self-study noted that the College's lack of an "up or out" policy, combined with an equal emphasis on all areas of academics – including research, teaching ability, curriculum development, curriculum management and patient care (in the clinical departments) – was a particular strength. However, concerns remained that some faculty remained in rank for too long when they might otherwise be eligible for promotion.

As noted earlier in this section, the results of teaching evaluations can have an important impact on the reappointment process for faculty. Reappointment of voluntary clinical faculty in the SOM is conducted every three years. The department chairs review the credentials of each physician (from all sites) and make recommendations to the dean, who also reviews the candidates. Clinical faculty must also fulfill ACGME requirements for each specialty and subspecialty. Moreover, in the SOM, the Tenure, Appointments and Promotions Committee employs evaluation criteria that includes teaching abilities.

Faculty compensation is negotiated by the department chairs with the administration. Since the guidelines for merit raises within rank need to be clarified and formalized, a subcommittee of the Benefits and Compensation Committee is addressing these issues.

The College's basic science faculty are compensated on average more than 10% lower than basic science faculty in the northeast across rank and department (based on AAMC numbers; range -5% to -21%); and this gap has widened in just one year. The College's Strategic Plan 2009-2014 recognizes that clarification of guidelines and

policies will help in recruiting talented new faculty and retaining the best of our current faculty.

Faculty members in the SHSP receive renewable contracts; there is no system of tenure. Full-time faculty members are appointed for a specified term, with appointments renewable subject to satisfactory performance. Unless terminated at the end of their initial appointment, faculty members are appointed to an additional two-to-three year term. Extension beyond this renewal is contingent upon favorable review of faculty performance in accordance with the school's faculty evaluation procedures, with such review being conducted in the second year of the faculty member's renewal term. The SHSP has fully developed procedures for faculty promotion and for credentialing of clinical faculty.

Faculty Involvement in Curriculum Development and Assessment

The processes for curriculum development and review and the assessment of the curriculum and teaching performance are described in the self-study sections relating to Standards 11 and 14. It is important to note that the processes in all three schools of NYMC are led and carried out by members of the faculty.

Support and Cultivation of Faculty Research

The critical infrastructure necessary to conduct research at the College is in place, supported by the administration, and working effectively. This infrastructure includes the offices of Grants Accounting, Research Administration, Information Technology and Comparative Medicine. These offices, all of which have highly competent staff, enable the research enterprise to function smoothly, including the support of necessary institutional review boards for both human (IRB) and animal research (IACUC). The Office of Research Administration includes a Division of Technology Development and Industry Sponsored Research, which initiates, negotiates, and manages research relationships with industry and the transfer of research results to commercial application.

The College promotes scholarly activity. Under the auspices of the Health Sciences Library, the College celebrates faculty authors each year with an award ceremony. The SOM also chooses a distinguished researcher each year for the Dean's Research Award and Lecture. Further, the SOM also supports the communication of

research findings by sponsoring departmental research forums, an annual graduate student research forum, an annual medical student research forum, public health grand rounds and dean's lectures, and multiple doctoral student research colloquia. These activities highlight the excellent scholarly work conducted at the College, provide opportunities to bring distinguished scholars from other institutions to campus, foster collegiality and enhance cross-discipline collaboration.

Another component of the College's effort to foster research is the Intramural Research Support Program. This program provides up to \$10,000 for one year to full-time faculty without current funding. It is designed to help newly independent investigators develop preliminary data in order to secure extramural support for research, and to assist established investigators who are without current extramural support. The intramural grants can provide critical initial or interim support. A goal of the Strategic Plan 2009-2014 is to expand this type of funding.

Research goals within the strategic plan include expanding the research faculty by recruiting new and established researchers in targeted areas of excellence with competitive start-up packages; expanding the usable space for conducting research; developing senior leadership to coordinate research across traditional fields; retaining high caliber research faculty; enhancing translational research through collaborative centers, and developing public health and medical outcomes research.

Promotion of Inter-disciplinary Scholarship and Institutional Service

The College promotes inter-disciplinary education and research. As noted in the section on Educational Offerings, this is manifested in part by the joint degree programs at the College – the MD/PhD, MD/MPH, and DPT/MPH.

The College has also promoted cross-disciplinary research by forming the following Centers and Institutes:

- Bioethics Institute
- Brander Cancer Research Institute
- Center for Pediatric Hypotension
- Center for Long Term Care Research and Policy
- Center for Disability and Health
- Center for Disaster Medicine

- Center for Medical Outcomes Research
- Translational Center for Cardiovascular Stem Cell Research
- Translational Center for Pulmonary Hypertension
- WAKF Renewal Research Institute

Faculty Furthers Mission and Enhances Development

As recognized in the *Standards of Excellence*, faculty participates in key academic governance roles via the Faculty Senate (SOM/GSBMS), the Academic Policy Committee (SHSP), and various standing committees (both College-wide and within each school).

The College’s leadership has also effectively engaged the faculty in institutional planning, and the president and provost consult with the executive committee of the SOM Faculty Senate on a regular basis. As NYMC has conducted discussions with Touro College as an institutional sponsor, the leadership engaged the faculty and other College stakeholders in regular meetings with the Board of Trustees, consultants and Touro representatives. This has promoted frank dialog about concerns and facilitated communication between the board and the faculty.

Another way in which administration has engaged the SOM faculty is by inviting their participation in the AAMC *Faculty Forward Medical School Satisfaction Survey*. According to the AAMC, “Faculty Forward strives to strengthen participant schools’ capacity to identify and implement changes that will improve faculty satisfaction, retention and vitality, and, ultimately, to enhance institutional culture.” This is an important tool to address critical issues related to academic culture, clinical practice, collaboration and mentoring, compensation and benefits, governance and operations, nature of work, promotion, recruitment and retention. To assure the relevance of the findings, the data are being be reanalyzed, excluding results data from hospitals no longer affiliated with NYMC (e.g. St. Vincent’s). Results will be presented to the dean, the faculty, and the Board of Trustees.

Currently the talents of the faculty have not been fully utilized in the College’s development and fund raising efforts. Mechanisms for greater faculty involvement need to be explored.

Recommendations

- Recruit junior faculty in the basic medical sciences to continue to meet the demands of the College's teaching and research missions.
- Consistent with the strategic plan, enhance research support and infrastructure, including more competitive startup packages for new faculty; bridge funding for established research; better institutional support for clinical faculty to develop research programs; and mechanisms for supporting new faculty-initiated research programs.
- Explore the possibility of SHSP faculty representation on the SOM Faculty Senate (or establish a College-wide representative body of the faculty).
- Develop salary benchmarks for rank and merit raises.
- Engage faculty more fully in fund raising efforts.

STANDARD 11: EDUCATIONAL OFFERINGS

The institution’s educational offerings display academic content, rigor, and coherence appropriate to its higher education mission. The institution identifies student learning goals and objectives, including knowledge and skills, for its educational offerings.

As indicated under Standard 1, the mission of NYMC is to educate students en route to becoming physicians, scientists, public health specialists, and other health care professionals. As summarized in Table 11.1, NYMC offers degrees in medicine, basic medical sciences, public health, physical therapy, and speech-language pathology. Where appropriate, programs are also accredited by independent agencies—Liaison Committee on Medical Education (LCME), Accreditation Council for Graduate Medical Education (ACGME), Accreditation Council for Continuing Medical Education (ACCME), Council on Education for Public Health (CEPH), Commission on Accreditation in Physical Therapy Education (CAPTE), and Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA).

Table 11.1. Degree Programs at NYMC

	Degree	Discipline
School of Medicine	Doctor of Medicine	
Graduate School of Basic Medical Sciences	Master of Science, Doctor of Philosophy	Biochemistry and Molecular Biology
		Cell Biology
		Experimental Pathology
		Microbiology and Immunology
		Pharmacology
	Physiology	
	Master of Science	Basic Medical Sciences
School of Health Sciences & Practice	Master of Science	Speech-Language Pathology
		Biostatistics
	Doctor of Physical Therapy	
	Master of Public Health, Doctor of Public Health	Epidemiology
		Health Policy and Management
	Master of Public Health	Behavioral Sciences and Health Promotion
		Environmental Health Sciences
		Health Policy and Management
		International Health
Maternal and Child Health		
Dual Degrees	MD/PhD; MD/MPH; DPT/MPH	

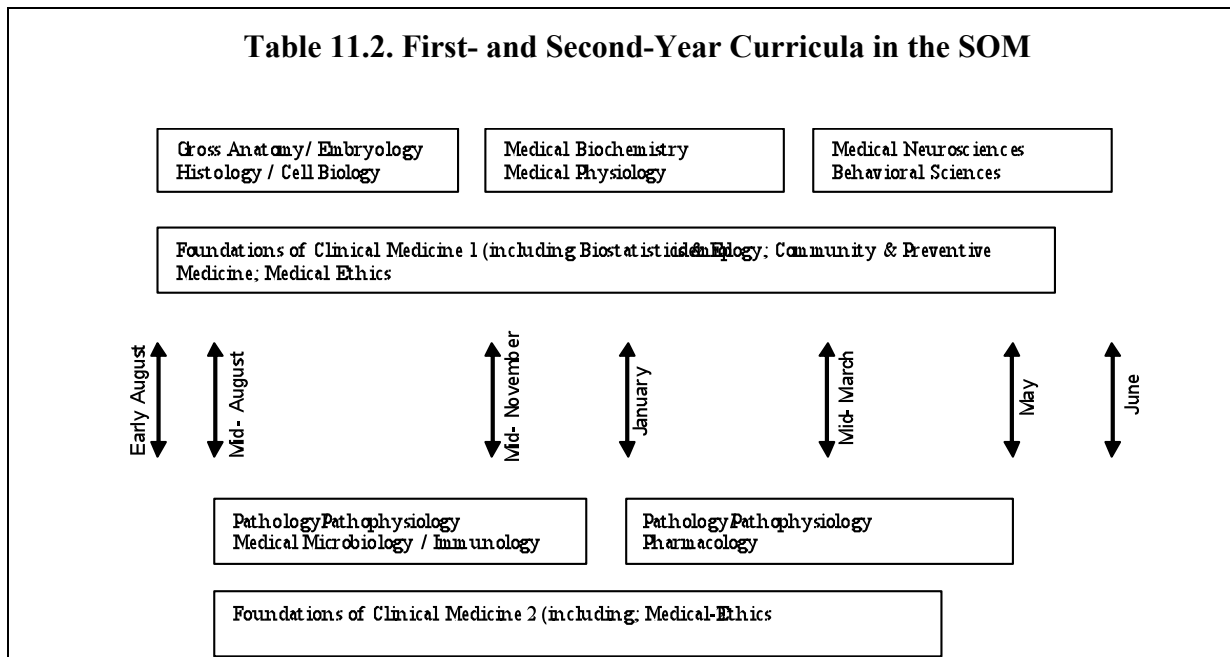
Educational Programs

Educational programs in the School of Medicine (SOM), Graduate School of Basic Medical Sciences (GSBMS) and School of Health Sciences and Practice (SHSP) are structured to meet the learning objectives (identified below) of each discipline. Strengths of each of the educational programs reside in the horizontal and vertical integration of curricula within each school and among the three schools and in the interface with local communities.

School of Medicine

The SOM curriculum emphasizes the basic sciences in the first two years and clinical medicine in the last two years. This model interfaces well with National board of Medical Examiners (NBME) objectives. Over the last several years, a growing sentiment among medical educators favors a hybrid curriculum that teaches the basic sciences so as to highlight clinical implications and provides clinical experiences that reinforce the scientific bases of disease. The curriculum fosters a strong foundation in basic and clinical science knowledge and skills by promoting integration between the two areas, between the clinical education program and the practice environment, and between the College and the community.

Table 11.2. First- and Second-Year Curricula in the SOM



The first-year and second-year curricula for the SOM are shown in Table 11-2. The first-year curriculum emphasizes “discipline-named” courses (gross anatomy/embryology, histology/cell biology, biochemistry, physiology, neurosciences). During the first year, students are also required to take Foundations of Clinical Medicine 1, which exposes them to primary care doctors. The gross anatomy and physiology course instructors include basic medical scientists and clinicians. Clinical members of the Departments of Neurosurgery, Neurology, Otolaryngology and Radiology teach almost one-third of the didactic lectures in neurosciences. Biostatistics/epidemiology is taught by faculty from the SHSP.

During the second year (pre-clerkship curriculum) additional emphasis is placed on foundational sciences linked to clinical diagnoses and treatments. The pathology/pathophysiology course uses a systems-oriented approach to link the preclinical and clinical years and includes faculty from basic science and clinical departments. The course spans the entire second year of the medical school curriculum and coordinates with microbiology, pharmacology, and Foundations of Clinical Medicine 2. Foundations of Clinical Medicine 1 and Foundations of Clinical Medicine 2 are coordinated horizontally to allow students to conduct histories and physical examinations under the auspices of preceptors at a variety of office- or hospital-based sites.

Following a recent curriculum review, students in the third and fourth years are now required to complete a translational research selective that reinforces the use of basic science principles to advance medical practice. In addition, fourth-year students who desire to enter orthopedics, radiology or pathology have the opportunity to develop their teaching skills by participating in an elective rotation in which they help to teach the first-year students in the gross anatomy, embryology and histology and cell biology courses. The medical microbiology course utilizes fourth-year students to lead laboratories and conferences. This allows students with advanced standing an opportunity to teach and to reinforce the importance of foundational science to the clinical years.

The Education and Curriculum Committee coordinates the horizontal and vertical integration of the curriculum. Course and clerkship directors meet regularly to identify and reinforce areas of integration across disciplinary content areas.

Graduate School of Basic Medical Sciences (GSBMS)

Each of the six basic science departments (Biochemistry and Molecular Biology, Cell Biology and Anatomy, Microbiology and Immunology, Pathology, Pharmacology and Physiology) offers a Master of Science (MS) degree program. In addition, there is a cross-disciplinary master's program. This latter program contains two tracks: a two-year interdisciplinary program and a one-year accelerated program. Students in both programs are exposed to a core curriculum comprised of courses in several of the basic medical science disciplines.

Although each of the six basic science departments sets its own curricular requirements, the overall curriculum is governed and approved by the Graduate Faculty Council, following recommendations of its curriculum committee. This committee and council approval ensures that uniform policies are enforced and that academic standards are comparable across all programs. To this end, each MS program shares a common structure – similar number of required credits, a mixture of required and elective courses, and the choice of a thesis or literature review capstone document. Most students elect to finish their degree requirements with a comprehensive, scholarly review of the scientific literature (the Master's Literature Review) on a topic of scientific interest in their discipline of study. Some students elect instead to conduct original bench research in the

laboratory of one of the graduate faculty, producing a master's thesis that reports the design, results and implications of that research. To reflect this effort, these students may substitute a limited number of "research credits" for course credits towards their degree requirements.

Students in the Accelerated Master's Program complete the requirements for the MS degree within one year by taking four of the six first-year medical school courses (medical histology/cell biology, medical physiology, medical biochemistry, and medical neural sciences) and writing a Master's Literature Review. Because enrollment in the program is limited, students in this track attend lectures, labs and conferences with the medical students. In addition, they take the same quizzes and exams as the medical students. The program design allows us to integrate programs across the SOM and GSBMS.

The GSBMS offers the PhD degree in six basic medical science disciplines (biochemistry and molecular biology, cell biology and anatomy, microbiology and immunology, experimental pathology, pharmacology, and physiology). There are three modes of entry. Most students enter by way of the Integrated PhD Program (IPP). Students admitted into this program take core coursework during the first year in biochemistry, cell biology, cell physiology, and research ethics. Students also have the opportunity to rotate through several laboratories throughout GSBMS in order to identify a research area and sponsor that suits his or her academic interests.

To allow for maximal diversity, students must perform research rotations in different departments. During their second year, students choose a home department and sponsor and take courses related to the chosen discipline. An advisory committee comprising faculty from different departments guides them throughout the first two years. Students who have already earned a master's degree from the GSBMS may enter the PhD program directly into the discipline of their MS degree or a closely related one. They may apply all their Master's courses towards the PhD course requirements. This option reduces the number of additional courses that must be taken.

Finally, exceptional students previously accepted into the College's medical school may apply for admission into the MD/PhD program during their second year of medical school. In view of their extensive pre-clinical course work, the graduate course

requirements for these students are significantly reduced. All PhD students, by whatever entry route, must pass a comprehensive doctoral qualifying exam, undertake an extensive and original dissertation research project, and produce and successfully defend a scholarly doctoral dissertation.

School of Health Sciences and Practice (SHSP)

The SHSP offers accredited academic programs in three areas: public health, physical therapy and speech-language pathology. These are housed in three public health departments – Environmental Health Science, Epidemiology and Community Health, Health Policy and Management and in two clinical departments – Physical Therapy and Speech-Language Pathology. In addition, the SHSP houses the Institute of Public Health, which includes the Center on Disability and Health, the Center for Disaster Medicine, the Center for Medical Outcomes Research, The Center for Long-term Care Research and Policy, and the Partnership for a Healthy Population.

All master of public health (MPH) students choose a degree concentration in one of four areas: Behavioral Sciences and Health Promotion, Environmental Health Science, Epidemiology, or Health Policy and Management. Regardless of their areas of concentration, all MPH students must complete courses in the five core areas of public health: behavioral and social sciences, biostatistics, environmental health, epidemiology, and health services management. Members of the basic science and clinical departments of the SOM regularly teach courses in public health; and a number of clinical faculty members have pursued the MPH degree in health policy and management or epidemiology.

Students in physical therapy complete didactic courses in their discipline and clinical rotations in five different care settings. In addition, they complete courses in the basic sciences, public health and medicine. The basic science courses, taught by faculty members from SOM and GSBMS, are Human Anatomy and Histology, Neuroscience and Human Physiology. These courses are not taught in isolation, but are integrated with the physical therapy courses. For example, the body regions being dissected in the anatomy course are coordinated with the muscles, joints, and body regions discussed in the physical therapy course in kinesiology to integrate body structure and function.

The medical course, Clinical Medicine in Physical Therapy, taught by clinical faculty from the SOM, integrates principles of pathology, pharmacology and clinical medicine. Public health faculty in the SHSP teaches the public health courses, Introduction to Biostatistics, Health Care in the United States and Public Health and Physical Therapy.

Students in the medically oriented speech-language pathology program complete didactic courses in their discipline and clinical rotations at a number of sites, including Westchester Medical Center and the Westchester Institute for Human Development. They also complete Advanced Anatomy of the Speech and Hearing Mechanisms, taught by basic science faculty, and Seminar in Public Health, taught by public health faculty.

In addition, these students have the opportunity to participate in the Leadership Education and Neurodevelopmental Disabilities (LEND) program, housed in the Westchester Institute for Human Development. The federal Maternal and Child Health Bureau funds this program with the goal of improving the health of children with disabilities by preparing trainees from diverse professional disciplines to assume leadership roles in their respective fields. Speech-language pathology students in this program interact with students and graduates from psychology, nursing, social work, medicine and genetic counseling.

Dual Degrees

MD/PhD

The MD/PhD program provides an opportunity for current medical students to pursue training in a research laboratory en route to becoming a research physician. The program is designed to integrate the medical school curriculum with that of the IPP. Students who have been admitted to the SOM are not formally admitted to the PhD program until completion of preclinical coursework and Part I of the USMLE. Once admitted, students follow the same path as doctoral students; however, students in the MD/PhD program may request that portions of their preclinical courses be used to satisfy specific didactic course requirements for the PhD degree.

Independent of the MD/PhD program, doctoral students play an important role in the education of medical students by acting as teaching assistants, tutors and research

collaborators. During summer research projects and during the research portion of the MD/PhD program, PhD students work side-by-side with medical students, teaching them specific laboratory techniques and collaborating on scientific projects that often result in joint authorship on scientific publications. The teaching contributions of the PhD students to the formal coursework in the first- and second-year SOM curriculum vary by department, but include: teaching in the laboratory/discussion sections of either gross anatomy and embryology, histology and cell biology, or neural sciences; serving as tutors in pathology; and serving as teaching assistants in the medical microbiology course given to second-year medical students.

MD/MPH

NYMC medical students have the option of pursuing the MPH degree at the same time that they pursue their MD degree. These students must complete the full 46 credits required to attain the MPH degree. MD/MPH students are generally expected to complete the requirements for both degrees within four years. However, students have a maximum of five years to complete their degrees. Combining the two degrees, medicine and public health, fosters an appreciation of the interplay between community factors and individual behaviors on the health status of patients; enhances understanding of the basis of treatment and treatment outcomes for individual patients; and improves understanding of the delivery of health services, including their economic and legal aspects.

DPT/MPH

SHSP students in the Physical Therapy program have the opportunity to earn an MPH in Health Policy and Management. This dual degree program, initiated in June 2007, requires completion of 151 credits. This opportunity enhances the mission of the Physical Therapy program to prepare physical therapists for roles in promoting the health and wellness of members of society, in addition to the more traditional roles of addressing the needs of clients and patients with pathologies, impairments, functional limitation and disabilities. The joint degree also addresses the fact that physical therapists are increasingly taking on management responsibilities and becoming involved in programs that promote health and wellness in children and adults.

Identification, Implementation and Assessment of Outcomes in Curricular Development

The competencies promulgated for students in each of the three schools are found in Appendix 11.1. Committees in each school have responsibility for ensuring that educational outcomes are identified, implemented, assessed and utilized in ongoing curricular development.

School of Medicine (SOM)

The structure of medical education follows a set of standard objectives identified by the Liaison Committee on Medical Education (LCME). These objectives address the visibility of educational goals, the implementation and assessment of standards across institutional academic sites, and the horizontal and vertical development of a curriculum that provides educational experiences that meet the needs of a physician practicing in the new millennium. The educational objectives for the SOM are published by the LCME in the 2010 *Functions and Structure of a Medical School: Standards for Accreditation of Medical Education Programs Leading to the MD Degree*.

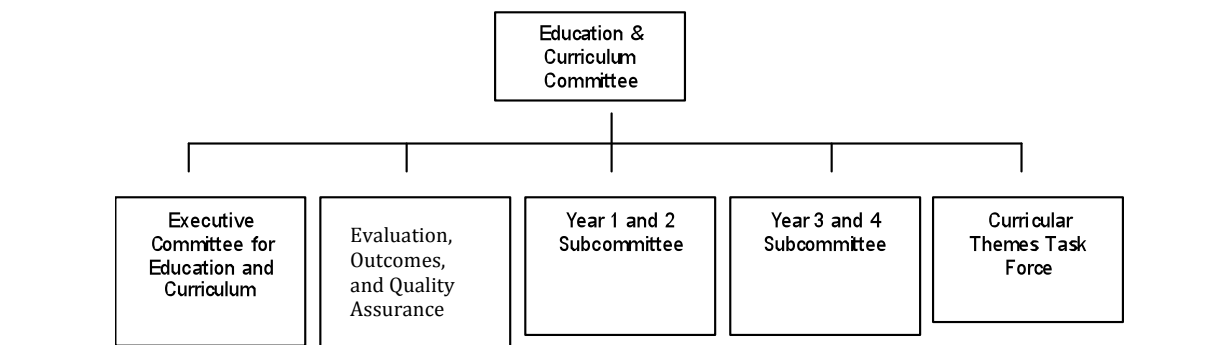
A major goal of the SOM is to ensure that the objectives for each course and the entire program are identified, assessed, reviewed and, if necessary, revised. The objectives reflect the five competencies (learning outcomes) expected of medical graduates. These competencies include the following:

- ***Competency in obtaining and reporting clinical information.*** The graduate must demonstrate competency in obtaining a history, performing the physical exam, and the recording and reporting of clinical information.
- ***Competency as a professional caregiver.*** The graduate must demonstrate responsibility, respect, honesty, and ethical behavior and have the capacity to recognize and accept personal limitation.
- ***Competency as a lifelong learner.*** The graduate must demonstrate the ability for self-directed learning, must seek and improve with feedback, and have the ability to educate others.

- **Competency in providing clinical care.** The graduate must acquire an appropriate knowledge base and competency in applying scientific data to evaluation, management and treatment of patients.
- **Competency in communication with patients, families and colleagues.** The graduate must demonstrate the ability to communicate with patients and families of all backgrounds, beliefs and values, and establish respectful working relationships with health care colleagues.

The list of *Competencies and Objectives for Undergraduate Medical Education* is published on a regular basis and is available to students online in the SOM Bulletin. In addition, medical students are given hard copies of the objectives during their first and third year orientations. The educational objectives are distributed to all members of the Education and Curriculum Committee and its various subcommittees (see Table 11.3); the academic chairs; the deans; all course and clerkship directors; residency program directors; members of school- and hospital-based graduate medical education (GME) committees; and house-staff-council presidents. The SOM Office of Graduate Medical Education queries residents about their familiarity with the overall education objectives and the clerkship specific objectives for their specialty.

Table 11.3: Education Committee Structure In the School of Medicine



Educational outcomes are identified for each course, serve to create a template for developing curricula, and are reassessed frequently. Each course posts its objectives on

the DCDB, which allows students to review the information expected of them. Curriculum coordination and management occur through the Office of Undergraduate Medical Education (OME), which is responsible for all course and clerkship reviews, faculty development, and oversight of the first and second year medical courses. The Office works in concert with a 13-member Executive Curriculum Committee to provide leadership and direction for the undergraduate medical education.

The SOM conducts periodic assessments of the curriculum, including course-specific reviews that occur every three years. The subcommittees of the Education and Curriculum Committee also conduct regular assessments. For example, the curriculum for respiratory medicine was reviewed for the first- and second- year courses and then horizontally throughout the clinical years to ensure that students were provided with adequate knowledge and skills to enter the clinical years. Other examples of program assessment include the national board shelf examination, course and clerkship student evaluations, and feedback from quarterly meetings of student representatives, clerkship directors and the deans.

Faculty development programs are scheduled annually. Moreover, faculty members are encouraged to attend national meetings in their specialty and to infuse new ideas about content and teaching methods that are gleaned from these meetings into the curriculum.

Three areas were identified within the last few years as areas that needed increased coverage: evidence-based medicine, medical genetics and human sexuality (specifically relating to gay and lesbian health care issues). Task forces were formed to address these areas, with the goal of increasing content coverage of these important areas. Faculty development sessions geared toward key clinical faculty were held in the first two areas: evidence-based medicine and medical genetics. Parts of those sessions were devoted to training faculty to incorporate these topics into their discussions about patient care. Other curricula innovations have been introduced in the areas of cultural competency, nutrition and obesity prevention, professionalism, behavioral change, delivering bad news, dealing with challenging patients, and the care of chronic illness.

In the 2006 Graduation Questionnaire (GQ), several areas were identified as requiring more coverage, including health policy, the financial and legal aspects of

medicine, and public health. More than 50% of the graduating students felt that their training in areas such as health policy, health services financing, global health, practice management and law and medicine was inadequate. Although inadequate training in these areas was cited for all medical schools on the GQ, it was determined that this training must be enhanced at NYMC. Recognizing that not all students will pursue the MD/MPH option or an advanced certificate in the School of Health Sciences and Practice, an elective course, Transition to Residency, was introduced for fourth-year students in 2009 to introduce some of these topics prior to graduation.

Graduate School of Basic Medical Sciences (GSBMS)

A major goal of the GSBMS is to ensure that the objectives for each course and for the entire program are identified, assessed and reviewed. The competencies (learning outcomes) expected of GSBMS graduates are:

- A broad overview of modern biomedical science;
- An in-depth knowledge and expertise in one specialized area, as defined by the dissertation research topic or literature review;
- Hands-on expertise in state-of-the-art research methodologies in the area of the dissertation topic (doctoral candidates);
- An ability to critically evaluate the scientific literature in the program's discipline;
- An understanding of the scientific method of approaching and answering questions;
- Effective communication skills; and
- Understanding and appreciation of the principles governing the responsible conduct of research.

The six basic science departments offer MS and PhD degrees to prepare students for careers in research, technical and supervisory positions in scientific laboratories in academia, industry, government and health care. The GSBMS, as indicated in Table 11.1, offers PhD and MS degrees in six disciplinary areas (biochemistry and molecular biology, cell biology and anatomy, microbiology and immunology, experimental pathology, pharmacology, and physiology) and an interdisciplinary program of study leading to the MS degree in Basic Medical Sciences. The latter program contains two

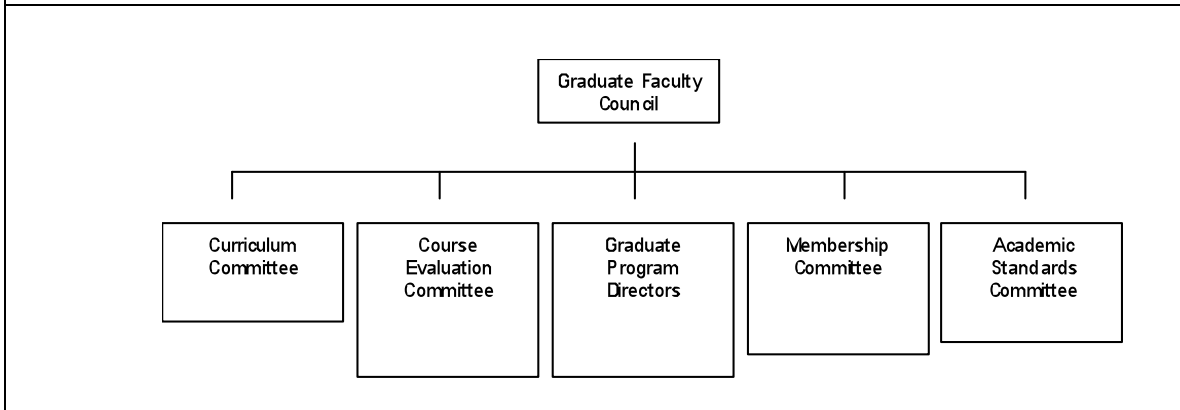
separate tracks, a two-year traditional track and a one-year accelerated track (see above under Educational Offerings: GSBMS).

Students in the Integrated PhD Program (IPP) follow a core curriculum during their pre-dissertation years, but select advanced courses identified by the department where they will pursue their dissertation research. Formative feedback with respect to knowledge, skills, and professionalism is given throughout the entire program.

The Graduate Faculty Council is the executive committee of GSBMS responsible for implementing curricular changes and establishing new academic programs. Established subcommittees (shown in Table 11.4) provide recommendations to the council. The Curriculum Committee is responsible for all curriculum matters of the GSBMS. This committee is charged with:

- Reviewing proposals for new programs or major revisions in existing programs to insure that the program's goals and objectives are compatible with the GSBMS mission, that the proposed curriculum can be delivered by the GSBMS faculty, that appropriate resources are identified and available, and that students in the program will be subject to equitable treatment under existing GSBMS rules;
- Reviewing proposals for new courses or major revisions to existing courses to insure that they merit appropriate graduate credit, and that uniform standards with regard to content, rigor and student evaluation prevail throughout the school;
- Continually assessing the curricula in each degree program for the MS and PhD studies. These assessments include: evaluation of how the curricula are implemented, the sequence of course offerings, allocation of time for completion of core courses and scheduling of courses across departmental lines;
- Reviewing the credit evaluation of each course and program so that uniform standards prevail throughout the GSBMS; and
- Making recommendations to the Graduate Faculty Council regarding improvements in existing curricula and any curricula.

Table 11.4 Education Committee Structure in the Graduate School of Basic Medical Sciences



Examples of recent Curriculum Committee activities are:

- In 2000-01, the GSBMS underwent a substantial self-study using the PhD program assessment instrument developed by the AAMC-GREAT (Association of American Medical Colleges-Graduate Research Education and Training) group.
- In 2006-07, the PhD program and faculty participated in the National Research Council's Assessment of Research Doctorate Programs.
- In 2007-08, the Curriculum Committee reviewed a proposal for the Accelerated Master's track of the Basic Medical Sciences Program. Because the proposal listed medical school courses as part of the curriculum, the SOM Executive Curriculum Committee worked in concert with that of the GSBMS. The College piloted this program in the 2007/08 academic calendar year and inaugurated the program with a full complement of students in the 2008/09 academic calendar year.

Other modes of curriculum and student assessment include course evaluations and the student's culminating experience. In addition, brief evaluation questionnaires are administered at the conclusion of all didactic courses with the results provided to the dean, departmental chairs and graduate program directors. A Course Evaluation Committee appointed by the dean and the Graduate Faculty Council, consisting of both faculty and students, oversees the evaluation process. Either the dean or the Academic Standards Committee responds to evaluation results requiring action to improve or

correct course problems. Where informal resolution is not possible, the matter is referred, with supporting documentation, to the Graduate Faculty Council.

School of Health Sciences and Practice

Competencies are established for each of the degree programs in the School of Health Sciences and Practice. These serve as the basis for curriculum development and assessment. They also serve as the basis for the specific learning objectives associated with each course.

In the public health area, core competencies were developed for both the MPH and DrPH degrees. These competencies cover the five core areas of public health (behavioral and social sciences, biostatistics, environmental health, epidemiology and health services) that, as noted previously, are also the areas covered by the required core MPH courses. The clinical programs developed discipline-specific competencies. Each degree program maintains a set of program competencies that students are expected to demonstrate upon graduation.

All public health core and program competencies are listed in the school catalog, and the core competencies are reviewed as part of the orientation of new students. Additionally, each course syllabus specifies the competencies addressed within the course.

The Physical Therapy program established outcomes that are expressed as goals in several broad areas:

- Advocate for the health and wellness of all members of society, with special sensitivity to traditionally underserved populations;
- Demonstrate that physical therapy is an integral component of preventative health and wellness;
- Foster the understanding that professionalism involves commitment and service to others, even when no direct benefits are received in return;
- Educate and promote the professional development of physical therapy students to meet the expectations and needs of the profession of physical therapy and evaluate and promote the physical health and wellness of members of society;

- Foster student participation, responsibility and independence in finding and assessing information, in problem solving and decision making, and in discriminating between clinically-assumed and evidence-based approaches of client/patient intervention;
- Foster the ongoing professional development of faculty in areas of scholarship, teaching, service and clinical practice;
- Conduct high quality clinical research in collaboration with health institution partners to contribute to the knowledge base and evidence upon which physical therapy is based;
- Serve as an educational, research and service-related resource center for professionals, health care institutions and individuals in the region.

In the Speech-Language Pathology program, outcomes are expressed as goals in the following areas:

- Understand and apply the natural, medical and behavioral sciences to reason logically, diagnosis clinical problems, implement appropriate interventions and assess the efficacy of interventions;
- Independently locate, evaluate and use electronic and conventional information technologies and critically evaluate and apply scientific information;
- Draw on an appreciation of diverse cultures to understand speech and language disabilities in the context of the individual, the family and the community;
- Demonstrate a commitment to ethical practice and professional development.

Curriculum review and development in the SHSP is under the auspices of the Curriculum Committee, comprising at least one student representative and faculty representatives of each department. It reviews proposals for changes in the curriculum, including proposals for new or revised courses that are initiated by each department, often as an outgrowth of faculty meetings and periodic retreats. Recommendations regarding the curriculum are made to the SHSP Academic Policy Committee for final approval.

The public health faculty draws upon the expertise of the school's Public Health Practice Council, which comprises all the local public health commissioners and directors

in the region, as well as other professional bodies, to ensure that the curriculum is current and relevant. The physical therapy and speech-language pathology faculty also draw upon various professional sources.

Closed- and open-ended questions of student course evaluations are conducted at the conclusion of each course. Department chairs review the results with course instructors to reinforce the positive and to correct any problems that are reflected in the evaluations. Corrective actions may result in changes to course syllabi. Other evaluations include the exit surveys conducted at the time of graduation, alumni surveys and employer surveys.

The accrediting unit of the American Speech-Language Hearing Association (ASHA) requires that Speech-Language Pathology students complete the Knowledge and Skills Assessment tool (KASA). This instrument encompasses a review of coursework and clinical practica and its application to clearly defined “knowledge and skills” for practice in speech-language pathology.

The Physical Therapy and Speech-Language Pathology programs also assess students’ clinical experience through feedback from clinical faculty and the students. For example, in both programs, students and clinical instructors at each affiliation are contacted by a faculty member twice (by phone or in person) to discuss student performance, appropriateness of the site and quality of the student’s academic preparation. Written feedback materials are submitted by both the student and the clinical instructor to the Director of Clinical Education (DCE) to evaluate the quality and appropriateness of the site and the student’s academic preparation. Focus panels coordinated by the DCE involving clinical instructors and center coordinators of clinical education provide another means to evaluate student preparation for the clinical environment.

Ongoing curriculum assessment in Physical Therapy has resulted in a number of changes, including development of new or revised courses, altering the sequence of courses within the curriculum, and the development of new options, such as the dual DPT/MPH program. Ongoing curriculum assessment in Speech-Language Pathology has resulted in a change in the redistribution of specific course content in focused modules offered over several semesters (rather than in a traditional, one-semester course) and the

combination of content from two courses (Management of Medical Patients and Cleft Lip/Palate and Cranio-Facial Anomalies) into one enhanced course under the Management of Medical Patients title. All changes were reviewed and approved by the Curriculum Committee and approved by the Academic Policy Committee.

Optimization of Educational Experiences Across All Learning Venues

School of Medicine

The School of Medicine recognizes that consistency of educational quality and student evaluation is an ongoing concern across multiple clinical affiliates and more than 300 community-based preceptors. Courses and clerkships that take place at multiple sites have clear and explicit systems in place for monitoring consistency. Site visits are made by one of the course directors to all new primary-care preceptor sites. These visits provide an opportunity for the preceptor at each site to become familiar with the objectives and requirements of the course. Additionally, faculty development and orientation workshops are held annually on multiple dates and at varied locations to facilitate participation by all faculty members.

Current competencies and objectives are sent to residency program directors for distribution to residents who teach medical students, and GME Committee members and House Staff Council Presidents. The SOM GME Office queries residents about their familiarity with and understanding of the overall educational objectives, as well as the clerkship-specific objectives for their specialty. The competencies and objectives serve as the basis for the student clerkship evaluation form, which is used to evaluate students for their clinical grade in all clerkships and fourth-year rotations. First-year and second-year students also use a version of this form during their Foundation of Clinical Medicine courses. The revised form is useful and effective, both in evaluating students and in ensuring that they have a clear understanding of the faculty's expectations.

Clerkship directors maintain ongoing communication and meet quarterly with site directors to discuss grading standards, objectives, curriculum and feedback on the clerkship. The clerkship rotations are evaluated by the Evaluation, Outcomes and Quality Assurance Subcommittee of the Curriculum Committee using data provided by students via the online clerkship evaluation system. The students have noted that this is an

important tool for them to provide needed, timely feedback. Benefits of the new system include immediate availability of feedback to clerkship directors and ease of creating reports that facilitate comparisons across sites.

Various methodologies are used to ensure that medical students receive adequate supervision during their required clinical experiences. Clerkship and site directors provide guidance to attending physicians and residents concerning clerkship objectives, expectations and evaluation methods. There are centralized standards for all clerkships for the supervision of students, including the required observed history and physical examination. A standardized form created by the Third and Fourth Year Subcommittee of the Education and Curriculum Committee is used for all clerkships at all sites. Students generate a report from the database to use at the mid-clerkship feedback session with clerkship faculty to monitor their progress toward completion of required numbers and types of patient encounters. At these sessions, students receive guidance from faculty to plan the balance of their clerkship experience in a manner that will assure attainment of expectations concerning numbers and types of patient. Clerkship directors use data from the patient log database to track accomplishment of requirements across sites and over the course of the year. In this way, clerkship directors are able to easily identify sites or times of year when there is a challenge in meeting consistency in course requirements.

There is also a centralized process for credentialing clinical procedure skills, which ensures that all students have the appropriate supervision for each of the required procedures for which they must demonstrate competency prior to graduation. Additionally, the College continually monitors student feedback concerning the level of supervision for each clerkship site via the online student evaluation. Both numerical ratings and written comments are reviewed and, if any concerns are noted, a formal letter detailing them is sent to the clerkship director and department chair. Furthermore, student feedback on the level of supervision is monitored at the quarterly meetings of the Student Liaison Committee, and via meetings of the associate deans with students at affiliated hospital sites.

The newly designed curriculum for the clerkship training, which is effective in the 2010/2011 academic year, enforces a formalized curricular structure adapted by all clerkships. During third-year and fourth-year clerkships, students are required to

complete online curricular modules with weekly themes. Each theme is supported by explicit learning objectives, reading assignments, clinical vignettes/case studies, web-links and quizzes. These curricular modules are posted on the DCDB and implemented at all clinical sites to assure consistency of content. The use of electronic patient log systems, and the increasing use of web-supported programs to enhance critical thinking and problem-solving, such as the WISE-MD (surgery), CLIPP (pediatric) and FMCases (Family Medicine) clinical cases in all clerkships also helps to maintain consistency within a clerkship.

Systems are in place to insure that a standardized, well-integrated curriculum are anchored by an associate dean appointed at each of the hospital teaching sites to supervise the overall educational programs at each hospital and communicate with the vice dean for medical education at scheduled monthly intervals. A Student Liaison Committee has been formed to enhance ongoing communication between clerkship students and administration and to address site-specific issues in real time. In addition, the National board of Medical Examiners (NBME) subject exam to be used for each clerkship counts for 20-25% of the final grade, and requires students to achieve a passing score relative to the national cohort.

Graduate School of Basic Medical Sciences

All programs in the Graduate School of Basic Medical Sciences are organized within the six basic science departments. Administrative oversight of each program is the responsibility of a graduate program director who is appointed by the GSBMS dean in consultation with the department chair. In most cases, the program director is the primary academic adviser for new master's students throughout their tenure at NYMC and for PhD students once they choose a discipline in which to specialize. Even after the student chooses a dissertation sponsor, the program director continues to advise the student with regard to completion of program and degree requirements. The program director coordinates the academic course offerings of each program, including the rotation schedule for courses not offered each semester. The graduate program directors for each of the departmental PhD programs are also members of the steering committee for the Integrated PhD Program, as is the dean.

In 2005, the GSBMS inaugurated its Integrated PhD Program (IPP), which feeds students into the PhD tracks within the six basic science disciplines. Students admitted to the IPP undertake a common core curriculum during their first year of study, plus an elective course each term chosen to supplement their academic background or to advance their academic interest. Core courses include General Biochemistry (part 1), Fundamentals of Cell Physiology, Cell Biology, Research Ethics (Responsible Conduct of Research), Biostatistics, and Life in Biomedical Research. Thus, the core curriculum contains elements of molecular, cellular and systems biology, statistical analysis, professionalism and career development.

Students also rotate through three research labs in the GSBMS during this first year. Each rotation lasts approximately four months and is intended primarily to enable each student to find an appealing laboratory environment and a faculty investigator willing to undertake sponsorship and guidance of the student's dissertation research project. At the end of their first academic year, the students declare their choice of major and dissertation sponsor, with the consent and approval of that department and sponsor. Students within the PhD program also participate in ancillary activities such as an annual research forum and colloquium sessions that are led by senior graduate students. Students are eligible to enter doctoral candidacy after successful completion of at least 30 didactic credits including the entire core and other required courses, both parts of a qualifying exam, and the recommendation of the program faculty.

The Academic Standards Committee reviews the academic record of each candidate for graduation to ensure that all requirements have been met, or to approve waivers or substitutions for the stated degree program.

School of Health Sciences and Practice

An important characteristic of all academic programs in the School of Health Sciences and Practice is the inclusion of both didactic and practical educational experiences. This structure requires close coordination between academic programs and practicum sites. In addition, public health students may participate through distance education experiences.

Public health practicum sites are identified by drawing upon the advice of the Public Health Practice Council and the Community Advisory Board of the SHSP, as well as the expertise and broad professional and community networks of both full- and part-time faculty members and alumni. In addition, the director of public health education has leveraged the Partnership for a Healthy Population, contained in the school's Institute of Public Health, to match students to community-based projects that will provide a meaningful practicum experience and address a community need. The practicum database contains information about approximately 80 sites, including information about past student and site supervisor evaluations.

At the conclusion of the practicum experience, a student uses the Student Evaluation Form to rate the experience with respect to access to the site supervisor/preceptor, the level of guidance and support provided, access to agency resources, access to faculty adviser, and the extent to which competencies have been successfully addressed. At the same time, the site supervisor/preceptor uses the Site Supervisor Evaluation Form to assess how well the student was matched to the site, whether the student met the supervisor's expectations, and whether the school provided the necessary and expected support. The supervisor also uses the form to suggest any improvements in the program.

As described in the section on Standard 13, the SHSP offers the MPH degrees in Health Policy and Management and Environmental Health Science, and the advanced graduate certificates in emergency preparedness, industrial hygiene and global health in a distance education (online) mode. All standards, competencies, semester schedules and grading are the same for both distance education and on-campus programs. Faculty members teach the same course on campus and for distance education. The course evaluation form that is used for on-campus courses is used, but has been expanded for the distance education courses.

In addition to didactic coursework, speech-language pathology students participate in five semesters of a clinical practicum across multiple sites for a total of at least 400 patient-contact hours. Their clinical experiences, coordinated by the DCE, occur in hospitals, rehabilitation centers, clinics and schools throughout the metropolitan New York region. Students are provided with a range of inpatient and outpatient clinical

experiences involving diagnostic and treatment activities and processes related to patient care (e.g., writing session plans, analyzing sessions, collecting data, documenting progress, etc.). Further, they are made aware of resources they can use for clinical decision-making and problem solving, as well as exposure to hospital bedside evaluations and inpatient treatment. In all clinical settings, clinical educators and clinical supervisors are viewed as an integral part of program. Many of them are adjunct faculty in the department. Clinical Educator Handbooks are published annually and contain policies and procedures relevant to administration of the practicum experience.

Clinical affiliations/contracts are in place with over 110 health care and education facilities in the area. All clinical preceptors are NYS/NJS licensed and ASHA Certified (CCC-SLP) speech-language pathologists. Students are evaluated at mid-semester and at the end of each semester. The supervisor/supervisee meeting is documented, strengths and weaknesses are identified, and goals for further development are constructed. Documentation is sent to the DCE, a full-time faculty member. All faculty members are involved in the clinical assignments for externships.

In the Physical Therapy program, the DCE is responsible for overseeing the administration of the clinical education program; however, all core faculty are involved in such issues as the placement of clinical education in the curriculum, length of clinical education experience, the degree to which practice in clinical education sites meets program practice expectations, the adequacy of the number and variety of clinical education sites for currently enrolled students, and the practice areas in need of additional sites. When a decision is made to modify the clinical education curriculum, the DCE is responsible for developing tactics by which the modifications may be achieved. Follow-up reports are presented to the full academic faculty.

Optimization of educational experiences across all learning venues is facilitated by:

- Use of an online course management system to supply course materials, provide reference links, conduct asynchronous discussions, and post grades;
- Publication of a Clinical Education Manual with information including program goals and expected clinical education outcomes, policies and procedures, behavioral objectives for clinical education experiences, all

processes related to scheduling and assigning students, and mechanisms for students providing feedback on the strengths and weaknesses of their experiences;

- Communication via direct contact, mailings or newsletters;
- Clinical Site Information Form (CSIF) containing clinical faculty credentials and the learning experiences available at each site. Data regarding actual student experiences are gathered from the APTA Physical Therapist Student Evaluation, Clinical Experience and Clinical Instruction (PT Student Evaluation), and from check in-calls and mid-term conferences;
- Clinical instructors who supervise the same student for at least 160 hours in a given academic year are surveyed during each student experience regarding their academic preparation, specialty certification, area of expertise, clinical instructor credentials and professional memberships;
- Check-in calls and mid-term conferences with students and clinical education faculty are used to assess if the clinical education faculty are meeting the needs of the program;
- Completed Physical Therapist Clinical Performance Instruments[®] (CPI) are inspected for quality of performance evaluation and consistency of VAS rating with associated comments.

If, based upon a comprehensive review of available evidence, a clinical education site and/or faculty member is not meeting the needs of the program, an improvement plan is developed, implemented and monitored.

Development of Life and Learning Skills and Information Literacy

School of Medicine

In the spring of 2006, the School of Medicine reorganized learning objectives to match the five competencies described earlier, and included objectives to prepare students to be lifelong learners. As stated on the NYMC website, a graduate from the SOM must:

- Recognize and accept limitations in one's knowledge and clinical skills, and demonstrate a commitment to continuously improve one's knowledge and ability;
- Recognize the importance of the scientific foundations upon which medicine is based and of the need for lifelong learning and the scholarly practice of medicine.

There are many places within the curriculum that allow students to acquire lifelong learning skills. For example:

- Self-directed learning accounts for approximately 40% of the second year pathology/pathophysiology course hours. The course also fosters self-directed learning by expecting students to independently read and prepare for interactive problem solving activities, which occur in faculty-supervised groups of ten students.
- During clerkship orientation, students become familiar with high-quality clinical information sources that they will use for study during the clinical years and beyond. Beginning in the 2010-2011 academic year all clerkships are required to post on the DCDB weekly online assignments/readings that will be used as self-study tools.
- Students in the family medicine clerkship develop a learning contract that requires them to reflect on their strengths, weaknesses and goals for the clerkship. Progress toward meeting goals is assessed in mid-clerkship feedback and in the final evaluation of the course. This learning contract approach is a model that will be utilized during other clerkships.
- The ob-gyn clerkship requires students to complete an evidence-based exercise that involves retrieval of information to answer questions about a patient; the medicine clerkship requires students to demonstrate evidence-based medicine during an interactive case study on seminar day.

A SOM graduate must demonstrate the ability for self-directed learning, must seek and improve with feedback, and must be able to educate others.

Graduate School of Basic Medical Sciences

The intent of the master's and doctoral programs in the Graduate School of Basic Medical Sciences is to educate students to become independent biomedical scientists and experimentalists. From the start of the first year, students learn the importance of critically weighing evidence when approaching a scientific issue and begin to use self-directed independent study. The goal of all programs is that students learn to interpret primary literature and to critically evaluate its importance in a given discipline.

Students must demonstrate their ability to comprehend research literature through various scholarly activities, including term papers, critiques, presentations and exams. A requirement common to all students in the GSBMS is the submission of a comprehensive scholarly document (research thesis or literature review). In either case, students are expected to review literature of a specified field and to critically evaluate the impact of studies performed by others on past, current, and future directions of a given field. The staff of the Health Sciences Library sponsors workshops on literature review and thesis preparation.

All students in a PhD program and in some master's programs are required to participate in a departmental journal club in which they present and critically discuss research results from current literature in a seminar format. All doctoral candidates must make an oral presentation of their own research and include that of others in the field.

An important annual event in the GSBMS is the school-wide research forum. Preparing for this event introduces students to the art and science of formal scientific presentations, including the art of preparing oral and poster presentations to a larger audience than is typical of a department or course. The 24th Annual Graduate Student Research Forum was held in April 2010. Students in the PhD programs are also encouraged to attend meetings in their disciplines.

School of Health Sciences and Practice

All clinical and public health programs in the School of Health Sciences and Practice stress the importance of developing lifelong learning skills in a number of ways. For example, most clinical courses in the Speech-Language Pathology and Physical

Therapy programs use problem-based or case-based learning strategies. Problem-based learning provides an opportunity for students to take responsibility for their learning and to integrate basic and clinical science, clinical reasoning and critical analysis of a clinical problem. In addition, at most of their clinical externship sites speech-language pathology students are required to conduct a professional presentation on a topic related to their clinical experience. They are also encouraged to join the National Student Speech-Language-Hearing Association (NSSLHA) and attend the annual meeting of the American Speech-Language-Hearing Association (ASHA) and to attend and present at the annual meeting of the New York State Speech-Language-Hearing Association (NYSSLHA).

As noted above, the physical therapy program promotes the development of lifelong learning skills through a problem-based learning curriculum for clinical courses. Learning is accomplished through a combination of small tutorial groups, lectures and well-structured laboratories. In addition, students participate in role-playing and group projects. It is expected that graduates will be able to integrate scientific inquiry, clinical reasoning, technical skill and social responsibility into the practice of physical therapy and to be prepared for a lifetime of self-directed learning and professional development. Throughout the program, students are expected to participate in self-assessment and peer-assessment exercises and to consistently:

- Apply current knowledge, theory and professional judgment while considering the patient/client perspective in patient/client management;
- Use information technology to access sources of information to support clinical decisions;
- Critically evaluate sources of information related to physical therapy practice, research and education, and apply knowledge from these sources in a scientific manner and to appropriate populations; and
- Integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client.

Exposure to Local, National and Global Issues

School of Medicine

The curriculum of the School of Medicine reflects the importance of developing the knowledge, skills, and values that foster understanding of the impact of socio-cultural and socio-economic factors on appropriate care of patients of diverse backgrounds and beliefs.

Skills for this outcome are covered in the Foundations of Clinical Medicine 1 course, in which students are taught exemplary communication skills, practice these skills in supervised role-play, and implement the skills in their preceptors' clinical settings. The course includes exploration of cultural diversity and how to respond constructively to differences in health beliefs; incorporation of the "social context review of systems" into history-taking so as to take into account important issues such as literacy level, immigration status and recent life stressors; and discussion of the impact of poverty on health and health behaviors.

In the summer prior to their second year, students have the opportunity to participate in a service learning experience through the Department of Family and Community Medicine. The goal of this experience is to engage students in improving the health of a population of patients who attend a local community health center. Students learn the common barriers to effective health care, gain experiential knowledge on how poverty affects health, and develop community outreach and communication skills. Curricular innovations include delivering bad news; dealing with challenging patients; care needs of gay/lesbian/bisexual/transgender (GLBT) patients; and chronic illness care.

The needs and the demands of society relating to health care are also studied in the two-year medical ethics course. Students' discussions focus on ethical principles involved in the physician-patient relationship. During the third-year family medicine clerkship, all students participate in a cross-cultural simulation.

One of the objectives promulgated by the Liaison Committee on Medical Education (ED-20) is that "the curriculum must prepare students for their role in addressing the medical consequences of common societal problems, for example, providing instruction in the diagnosis, prevention, appropriate reporting and treatment of violence and abuse."

In accordance with this objective, both the preclinical and clinical curricula address such issues as family violence and abuse; results of at-risk behavior including alcohol and substance abuse; and risky sexual behavior.

There are 18 weeks of electives that medical students can take at either NYMC or another institution. About 10 percent of students enroll in international electives each year. The College maintains student exchange programs with four foreign medical schools: Tokai University School of Medicine in Japan, the Catholic University of Korea in Seoul, Semmelweis University in Hungary, and the Hebrew University, Hadassah School of Medicine in Israel.

A community-based clinic, La Casita de la Salud, operates in La Clinica del Barrio, a satellite clinic of Metropolitan Hospital Center in New York City. On Saturday mornings, volunteer medical students and physicians who staff the clinic have a unique opportunity for hands-on experience in clinical skills, public health and clinic administration for the students. With cultural competence a priority at La Casita de la Salud, there is a paid Spanish-speaking professional medical interpreter on site at all times. Clinical care teams consisting of medical students and at least one volunteer attending physician are responsible for patient histories, physical exams, diagnoses and treatment plans. A patient education team made up of medical student volunteers educates patients about health issues important to the East Harlem community served by the clinic, such as asthma, diabetes, obesity, cancer and heart disease. The medical student social service team refers patients to other community organizations for more specialized support and care when necessary and evaluates patient eligibility for insurance programs.

Graduate School of Basic Medical Sciences

Scientific questions/concerns at the local, national and global levels are built into the curriculum of the Graduate School of Basic Medical Sciences. Research conducted by faculty is built upon data from colleagues in all disciplines: clinical, basic, and epidemiological. Students are apprised of local, national and global health care and research advances and issues in courses, research seminars and research forums, and regional organizations. For example, in Responsible Conduct in Research students are

introduced to fundamental national and local regulations, local policy regarding intellectual property and ownership, international standards for authorship, governmental, state and international regulations, and policies governing the use of animals and human subjects in research. Students attend some didactic lectures, but mostly discuss seminal documents and case studies that influence research practices.

The GSBMS enrolls every PhD student and new post-doctoral fellow in the New York Academy of Sciences (NYAS) Science Alliance for Graduate Students and Post-Docs. The Academy, an organization with members in 140 countries, offers many scientific activities and events that expose students to national and international issues. For example, on May 24, 2010, the Academy hosted a symposium on “Emerging Infectious Diseases and Microbiology,” focusing on the H1N1 swine influenza pandemic.

Departmental seminars provide a platform for speakers to discuss issues with global impacts including, but not limited to, influenza vaccines, Lyme disease, cancer prevention and therapy, and cardiovascular disease. All doctoral students are encouraged to attend national and international meetings; interacting with scientists throughout the world. A number of PhD and MD/PhD students have also served as judges in regional (Westchester-Rockland) Junior Science and Humanities Symposia.

School of Health Sciences and Practice

The public health curriculum in the School of Health Sciences and Practice is enriched through the advice of the Public Health Practice Council, which is composed of local health officers in the region, and the Community Advisory board, which is composed of leaders of community organizations. Students have the opportunity to serve and collaborate with the community, including at local health departments within the region and other health-related organizations through:

- Active projects with local health departments and community agencies in the form of contracts, service agreements and collaborative grant projects;
- Co-sponsorship of educational conferences on public health topics with community organizations and other interested parties;
- Student practicum placements in local health departments and community organizations, and agencies of the United Nations; and

- Collaboration with the NYMC community through provision of consulting services and support to clinical and basic science faculty, and service contracts with clinical departments in the School of Medicine;

A 12-credit advanced graduate certificate in global health is offered as part of the public health curriculum.

During their first year, physical therapy students conduct two service-learning projects. The first is a group community service project that addresses a need within the local community. In collaboration with a community agency or organization, students identify a need, develop a program, provide necessary instruction and follow-up, and evaluate their results. The goal is for students to develop skills relating to project planning, initiation and execution. In addition, they learn the importance of meeting a professional goal of providing pro bono service to the community. The second service-learning project is the annual Race for Rehab. Since 1996, this has been an annual community service fund raising project for the Achilles Track Club, an international sports organization founded in New York City for people with disabilities. In 2009, students also participated in two campus-wide service projects: *A Body Mechanics Class for Employees of the New York Medical College Facilities Department* and *Posture and Ergonomic Screening*.

Discussions, both formal and informal, are woven throughout both the speech-language pathology and physical therapy curricula, dealing with such topics as fiduciary responsibility, health and wellness of the public and cultural sensitivity.

Academic and Technology Support of the Curriculum

Appendix 3.1 provides detailed descriptions of teaching space available on the campus, the Health Sciences Library, Educational Media, Information Services, the animal facility and the Department of Environmental Health and Safety.

Recommendations

To continue to ensure that the educational experiences are optimized across learning venues the College ought to:

- Form a teaching academy to mentor and support education, curriculum development, research, and faculty advancement.

- Develop online surveys for employers of graduates to gain insight of the actual performance of graduates at their first workplace.
- Enhance standardized patient training at the College and implement a plan to build an on-site clinical skills lab for student learning.
- Implement a plan to build an on-site disaster preparedness training laboratory.
- Continue to develop new affiliate teaching sites for all clinical programs.
- Offer formalized guidance in preparation of a master's literature review, thesis or dissertations. The focus will be on developing skills required to critically evaluate scientific literature, understand the scientific method, and to communicate through a scholarly written (and oral) communication.
- Continue to develop an institution-wide focus on student and faculty diversity.

STANDARD 12: GENERAL EDUCATION

The institution's curricula are designed so that students acquire and demonstrate college-level proficiency in general education and essential skills, including at least oral and written communication, scientific and quantitative reasoning, critical analysis and reasoning, and technological competency.

New York Medical College, as a graduate level institution, does not include general education components as a formal part of the curriculum. Therefore, this standard is not applicable.

STANDARD 13: RELATED EDUCATIONAL ACTIVITIES

The institution's programs or activities that are characterized by particular content, focus, location, mode of delivery, or sponsorship meet appropriate standards.

The related educational activities of the College include Graduate Medical Education and Continuing Medical Education in the School of Medicine; post-doctoral education in the Graduate School of Basic Medical Sciences; and distance education and graduate certificate programs in the School of Health Sciences and Practice.

Graduate Medical Education

The Accreditation Council for Graduate Medical Education (ACGME) accredits the Graduate Medical Education program. The Office of GME oversees the program. For the academic year 2010-2011 the College sponsors 53 residency and fellowship programs with 850 residents and fellows at 6 affiliated hospitals.

The Office of Graduate Medical Education is directed by the vice dean for GME and affiliations, who has the authority and responsibility for its oversight and administration. In addition, there is a chief academic officer located in each of the major affiliated hospitals. Depending upon the level of affiliation, that person is designated as a vice dean, senior associate dean or associate dean of NYMC and supports the academic programs at that site. These individuals are members of the Provost Council.

The College has established a centralized GME committee that serves as the formal oversight body for sponsored residency programs of the College and its affiliated hospitals. The committee ensures standardized, high quality graduate medical education programs across all clinical locations. It is governed by an executive committee chaired by the vice dean for GME and affiliations, and comprises representatives of each local GME committee at the College's academic medical center and other teaching hospital affiliates.

Continuing Medical Education

The Accreditation Council for Continuing Medical Education (ACCME) reaccredited the Continuing Medical Education program for four years in November 2010.

Each academic year the Office of Continuing Medical Education sponsors approximately two major conferences and 25 regularly scheduled conferences (Grand Rounds). During the 2009-2010 academic year the grand rounds drew almost 24,000 attendees. Medical students have the opportunity to augment their education by attending the conferences.

The CME program reflects the College's commitment to the promotion of lifelong learning that will serve the medical students as they mature in their careers.

Post-Doctoral Fellows

Basic science departments employ post-doctoral fellows in their laboratories. As noted in the section on Standard 11, the GSBMS enrolls all PhD students and all new post-doctoral fellows in the New York Academy of Sciences' Science Alliance for Graduate Students and Post-Docs. The GSBMS does not have a formalized post-doctoral program to oversee the educational experiences of post-doctoral fellows. This is an area that is currently being addressed through plans for a "post-doctoral research forum" and a "postdoctoral fellows association."

Distance Education

The SHSP offers MPH degrees in health policy and management and environmental health science; and graduate certificates in emergency preparedness, global health and industrial hygiene in a distance education (online) mode. The intent of the distance education program is to extend degree and certificate offerings in public health to students who are unable to participate in on-campus courses.

Faculty members teach the same courses on-campus and online. All standards, competencies and academic semesters are the same for both distance education and on-campus programs. The culminating experience for distance students is a proctored comprehensive examination. This requires distance students to take one additional three-credit elective course to replace the three credits assigned to either capstone or thesis.

The course evaluation form that is used for on-campus courses has been expanded for the distance education courses. In addition to specific questions about the quality of each course, it asks questions relating to technology, course management, quality of communication by faculty, and student satisfaction with the distance education experience. A formal evaluation program has been designed to facilitate faculty feedback on tools and teaching methods.

The school has selected Moodle software as the Learning Management System (LMS). It is an open-source software package for producing internet-based courses and websites, and is hosted on off-site redundant servers through Moodlerooms, Inc.; and its Lecture Capture System is supported by Panopto, Inc. User support for the LMS is provided on a 24/7 basis by the vendor, AE Learn. The school has assigned two full-time employees to manage its distance education program: the director of distance education and continuing education and the operations manager for distance education. All faculty members teaching courses in distance education mode are required to complete two Moodle education courses. These courses, taught by certified Moodle trainers, require faculty to construct and use all features of a course.

A virtual orientation, conducted via a web-based meetings service, is required for new students. It covers the same agenda and materials that are used in the on-campus orientation programs. On-campus students have the option of participating in the virtual orientation or attending one held on campus.

Students receive mailed instructions with specific access information after registering for the course. An *Orientation to Distance Education* course is provided free of charge on the learning management website. It is required for all distance education students prior to beginning their course work. This course covers:

- Computing requirements: personal skills assessment, software and hardware requirements, tips and advice;
- How to learn online: tips for online learning, how to use the course management tool, how to access help, where to learn more;
- Important College and departmental information and contacts, including how to use the College library online, advisement, registration, student affairs, student organizations and policies on academic integrity, copyright and electronic communications; and
- Feedback and answers to questions.

Semester schedules and grading are handled in the same way as for on-campus students. Advisement is offered to distance education students primarily via phone, email or SKYPE; on-campus appointments are also available. In addition to adviser contact, the school has developed a student retention program that is a direct communication program designed to enhance the connection between the distance education students and the school.

Graduate Certificates

Graduate certificate programs are offered by the SHSP in emergency preparedness, global health, health education, industrial hygiene and public health. Each of the certificates is credit bearing, and the credits may be applied to degree programs. A few students (<10) pursue a certificate only, and are considered to be non-matriculated. Most students pursue a certificate as part of their degree programs by applying elective credits to meet certificate requirements.

Recommendations

- The School of Health Sciences and Practice should proceed with a formal evaluation of the distance education program in which faculty provide feedback on tools and teaching methods.
- The College should formalize the post-doctoral program within the Graduate School of Basic Medical Sciences to provide oversight of the policies and educational experiences for post-doctoral fellows.

STANDARD 14: ASSESSMENT OF STUDENT LEARNING

Assessment of student learning demonstrates that, at graduation or other appropriate points, the institution's students have knowledge, skills, and competencies consistent with institutional and appropriate higher education goals.

The College assesses its academic programs and moves systematically, yet quickly, to implement necessary changes that lead to improvement of these programs. Over the last 10 years, New York Medical College matured in defining competencies, goals and outcomes for its academic programs, in linking them to mission statements, and in integrating these components into the respective curricula. Evidence of this maturation is reflected in the revitalization of the SOM Curriculum Committee; refined and enhanced assessment strategies for academic programs in the SHSP; and rapid progress by the GSBMS in developing its assessment procedures. In sum, the multi-faceted approach employed in all three schools allows the College to engage in a process of triangulation in evaluating the success in achieving program outcomes.

The process by which the College assesses learning outcomes can be traced to the outcomes-based orientation of the last MSCHE self-study (Feb. 2000). The outcomes assessment process matured over the past decade within the context of the independent accreditation enjoyed by a majority of the academic programs. By virtue of undergoing review for accreditation by their respective governing bodies, these programs (medicine, public health, physical therapy, and speech-language pathology) articulated learning outcomes and competencies that derive from program and College mission statements. Learning outcomes and competencies are, in turn, linked to clearly stated and measurable learning objectives within academic courses and other educational experiences (clinical and non-clinical practica, clerkships, capstone projects). The assessment process has a history of re-evaluation and refinement and evidence of external validity.

Institutional Commitment

The Institutional commitment to and support of ongoing assessment is evidenced, as noted above, by the central role of outcomes assessment in the February 2000 self-study. More recently, a university-wide task force, assisted by several subcommittees

whose members represented various constituencies in the institution, released the *Strategic Plan 2009-2014*. At the heart of the new strategic plan were new mission and vision statements for the institution. Crafting this statement involved input from the broad academic community. The Strategic Plan 2009-2014 contains recommendations and initiatives that lead to measurable outcomes. Finally, the focus of the current MSCHE self study on evaluating “how effectively” we assess versus “whether and what we assess” represents the next logical stage in the evolution of the institutional commitment to and support of meaningful assessment. Table 14.1 summarizes the status of academic programs with respect to the fundamental elements of Standard 14.

Table 14.1 Response to Survey regarding Standard 14

Fundamental Element	SOM¹	GSBMS			SHSP		
	MD	MS	PhD	MPH	DrPH	DPT	SLP
Clearly articulated statements of expected student learning outcomes for the program	C	C	C	C	C	C	C
Outcomes integrated with one another	C	C	C	C	C	C	C
Consonant with the institution’s mission	C	C	C	C	C	C	C
Consonant with standards of higher education	C	C	C	C	C	C	C
Documented and organized process	C	C	C	C	C	C	C
Systematic and sustained	C	C	C	C	C	C	C
Uses qualitative and quantitative measures	C	C	C	C	C	C	C
Has faculty and administrative support	C	C	C	C	C	C	C
Clear, realistic guidelines and timetable	C	C	C	C	C	C	C
Is simple, practical, and detailed	C	C	C	C	C	C	C
Periodically evaluated for effectiveness and comprehensiveness	C	C	C	C	P	C	C
Results provide sufficient evidence that students are achieving key learning outcomes	C	C	C	C	C	C	C
Assessment information is shared and discussed with appropriate constituents	C	C	C	C	C	C	C
Is used to improve teaching and learning	C	C	C	C	C	C	C
Used as part of institutional assessment	C	C	C	C	C	C	C

Legend: C – Compliant; P – Partial compliance; N – Non-compliance

Over the past decade, administration and faculty at the program level have worked to refine the assessment process by clarifying the desired learning outcomes. (See Appendix 11.1) Much of this effort has been guided by program-specific accreditation or re-accreditation self-studies. In 2006, administration and faculty in the School of Medicine updated and ratified a list of *Competencies and Objectives for Undergraduate Medical Education*. A similar effort by administrators and faculty of the Graduate School of Basic Medical Sciences and School of Health Sciences and Practice has led to the development of competencies that derive from each school's mission statement. In the case of the SHSP, core and program-specific public health competencies are explicitly linked within course syllabi and learning objectives. Faculty in the Physical Therapy and Speech-Language Pathology programs also promulgated detailed goals and outcomes for their curricula.

With respect to implementation of assessments, the institution provides clerical and other resources (academic computing, statistical, etc.) to administer, evaluate, and report the results of assessments. For example, Academic Computing supports SOM course evaluations online through the Digital Curriculum Data Base (DCDB) implemented on the College's network. Thus, learning outcomes exist within each academic program, are relevant to their educational objectives, and are periodically reviewed by faculty to ensure continued relevance.

Effectiveness

From a practical standpoint, the assessment mechanisms currently in place in the three schools are effective and practical. For example, course evaluations using DCDB within the SOM not only allow systematic data collection and analysis, but also permit repeated assessment of courses on the same criteria (both quantitative and qualitative) over repeated course offerings. This practice permits both short-term and long-term assessment of effectiveness in achieving course objectives, taking into consideration differences in teaching styles, faculty and course materials. DCDB is also used by both the SOM and SLP programs for online tracking of students' progress toward completion of required types (diagnoses) of patient encounters. Both systems are linked to their respective, nationally accepted "required categories of patient encounters."

All programs require submission of exit surveys or interviews as part of the student “check-out” process prior to graduation. Exit surveys have been administered online in the SHSP (using Survey Monkey[®]) to improve convenience and efficiency; but this has not improved response rates. All recipients of the PhD degree from the GSBMS complete the national *Survey of Earned Doctorates*. Data from this survey and the GSBMS information data sheet are maintained and assessed by the Dean’s Office for feedback to Program Directors. The GSBMS also compiles data on student retention in the PhD program and tracks the Master’s students matriculating in programs each academic semester to assess student retention.

Beyond course, student, alumni and employer surveys, faculty in all three schools convenes on a regular basis to conduct thorough reviews of their respective curricula and to make changes as appropriate.

In the SOM, primary responsibility for review of the curriculum is held by the Executive Curriculum Committee, which oversees of the Education and Curriculum Committee (see Standard 11). Regular meetings provide a forum for self-evaluation and adoption of curricular changes that are responsive to feedback from various sources. The Executive Curriculum Committee draws upon the work of review committees that regularly review each course and clerkship. A faculty member from the Curriculum Committee chairs these ad hoc committees, and additional faculty members are recruited to participate in the review of a particular course. Content is reviewed to ensure that material is integrated without undue redundancy and to identify areas that need to be covered in greater depth across the curriculum.

The Curriculum Committee of the Graduate Faculty Council in the GSBMS and the Curriculum Committee in the SHSP are responsible for review and approval of all new courses, as well as review of program requirements in their respective schools. All new courses must undergo a formal review process to confirm the appropriateness of the material for the course objectives; the qualifications of the faculty course director and lecturers/instructors; the level of instruction for the program; the evaluation of student learning and the credit value for workload. These committees are also responsible for review of any change in course directorship or significant change in the syllabus. In the SHSP, the Curriculum Committee makes recommendations to the Academic Policy

Committee for final adoption or rejection of proposed courses or course/curriculum revisions.

The suitability of the assessment process derives from the use of multiple indicators to ascertain the achievement of mission and goals. For example, information from exit surveys regarding a student's academic experience is combined with data from alumni, residency directors and employer surveys to characterize the impact of the academic experience on subsequent employment, from the perspectives of both the employee and the employer. To the extent that all three instruments are consonant in reflecting a positive experience and outcome, we can infer that the mission was served and the goals were attained. Discrepancies among these instruments indicate a need to review the academic experience. The variety of assessment instruments used also speaks to the suitability of the process. For example, programs that require clinical practica (SOM, PT, and SLP) use assessments that are specific to the clinical training experience, while programs that require non-clinical practica (Public Health) use assessments specific to that experience.

The impact of the assessment process at the institutional level is reflected in the *Strategic Plan 2009-2014*. Recommendations and initiatives enumerated in this document arose from a thoughtful assessment of the College's strengths and challenges.

At the program level the impact is seen in curriculum changes that are responsive to the multiple indicators noted above. For example, results from student surveys and course evaluations prompted the SLP faculty to undertake a revision of the academic curriculum that transformed several one-semester courses into teaching modules spread over several semesters in which content is better integrated into the general curriculum.

As another example, data collected in the 2000 analysis of student retention in the GSBMS showed a 50% attrition rate among PhD students; roughly half of these students left for academic reasons. Based on these findings, the faculty revised admissions criteria, the admissions process, and the overall structure of programs with the goal of improving student retention. A subsequent analysis in 2010 showed a 15% attrition rate. Review of the GSBMS PhD program revealed that many competitive students were not matriculating after receiving acceptances. This prompted development of an Integrated PhD Program (IPP) with the goal of accepting and matriculating the most competitive

applicants possible. Over the last six years, the program has been highly selective (admitting approximately 25% of applicants) and successful in matriculating more than 55% of the accepted applicants, including many of the pool's top candidates, from an average yearly pool of about 86.

In a similar manner, the MS program in the Basic Medical Sciences (targeted toward students attempting to improve their competitiveness for medical school admissions) introduced a new one-year track in order to matriculate some very competitive applicants, and re-evaluated the traditional, two-year MS programs and core curriculum to better help students attain their goal of attending medical school. A major feature of the Accelerated Master's Program (AMP) is that students are placed into many of the first-year medical school courses. This provides an opportunity for a reliable evaluation of their academic ability at the medical school level.

As a result of the ongoing review of graduation data (retention and time to graduation) and faculty discussions with students, the decision was made to introduce the capstone in place of the thesis as a preferred culminating experience for the MPH degree. The capstone is a more structured academic experience that is at least as rigorous as the master's thesis. It enables students to gain an in-depth understanding of current and emerging areas of public health practice; and requires students to work in groups that simulate the public health work environment and encourage the sharing of expertise and knowledge.

Validity

Meaningful evidence of the overall validity of institutional assessment is the extent to which results inform the development and maintenance of curricula that enable its graduates to succeed. Such evidence comes from alumni, employer, and residency director surveys; successful matching of SOM graduates in residency programs of their choice and subsequent attainment of specialty board certifications; placement of PT and SLP graduates in prestigious clinics and hospitals, and placement of GSBMS PhD graduates into excellent post-doctoral positions. The validity of assessment results at the program level is manifested in the continuing accreditation of those programs by their respective accrediting agencies. For example, in response to the most recent self-study

submitted by the SLP program, its accrediting body (Council on Academic Accreditation in Speech-Language Pathology and Audiology) stated the following:

The program is commended on their commitment to continuous quality improvement. The variety of mechanisms and sources employed to assess program effectiveness, and the resulting *timely* improvements noted in this and the previous annual report demonstrate a dedication to achieving its mission and goals and to excellence. (*Letter dated May 13, 2010*).

Since 2007, the SOM, in addition to being accredited by the Liaison Committee on Medical Education (LCME), has invited an outside expert from another area medical school for consultations on content and evaluation strategies. Independent review of the SOM objectives and assessments allows the school to benchmark the curriculum against other area medical schools.

Additional evidence of the validity of institutional assessment of academic programs comes in the form of student performance on externally administered examinations. Students in the SOM and in the SLP and PT programs consistently score at or above regional and national averages on their respective national examinations. In addition, over the first two years (2008/2009) of the newly created AMP track in the GSBMS, 82% of the students who applied were admitted to medical school.

In the recently concluded *Data-Based Assessment of Research-Doctorate Programs in the United States*, conducted by the National Research Council of the National Academies, the GSBMS Integrated PhD Program was measured against 120 other programs in the “Integrated Biomedical Sciences” field. Using a complex statistical analysis based on 20 key variables that assess program quality, faculty productivity, program effectiveness, student support and outcomes, and faculty and student diversity, the GSBMS program generally ranked in the second quartile. This performance suggests that many of the school’s efforts over the last 10 years to improve the PhD program, including the implementation of the Integrated PhD Program, have been successful.

Recommendation

- The College should consider conducting student satisfaction surveys on an ongoing basis, not only on or after student departure from the College (exit interviews and alumni surveys). These surveys should include an assessment of non-academic support programs and services.

CONCLUSION

The self-study shows that the state of the College is strong. The recommendations developed by the study address the challenges that the College faces in the future and encourage the continuation of planning and assessment efforts that are already underway. While all of the recommendations are important, 12 are particularly noteworthy.

1. The Board of Trustees should expand its monitoring system, providing it with regular reporting of outcome assessments conducted in administrative and clinical departments, including follow-up on recognized challenges.
2. Consistent with the recommendation in the strategic plan, the College should conduct a critical assessment of the board's and president's responsibilities with respect to the establishment and achievement of specific fund raising goals.
3. The College should formalize and make explicit the operational goals and processes for ongoing assessment of all non-academic support programs and services.
4. The College should recruit junior faculty in the basic medical sciences to continue to meet the demands of the College's teaching and research missions.
5. Consistent with the strategic plan, there is a need to enhance research support and infrastructure, including more competitive startup packages for new faculty; bridge funding for established research; better institutional support for clinical faculty to develop research programs; and mechanisms for supporting new faculty-initiated research programs.
6. Faculty should be more fully involved in fund raising efforts.
7. The College should enhance standardized patient training and implement a plan to build an on-site clinical skills lab for student learning.
8. The College should implement a plan to build an on-site disaster preparedness training laboratory.
9. The College should continue to develop new affiliate teaching sites for all clinical programs.
10. The College should continue to develop an institution-wide focus on student and faculty diversity.

11. The School of Health Sciences and Practice should proceed with a formal evaluation of the distance education program in which faculty provide feedback on tools and teaching methods.
12. The College should consider conducting student satisfaction surveys on an ongoing basis, not only on or after student departure from the College (exit interviews and alumni surveys). These surveys should include an assessment of non-academic support programs and services.