

**Stony Brook School of Medicine**  
**Faculty Senate Meeting**  
**November 23, 2004**

Dr. Cedric Priebe (Presiding)  
Dr. Scott Johnson (Recording)  
Attendance: Please see attendance roster

Dr. Priebe called the meeting to order at 5:07.  
Dr. Priebe commented that the last Faculty Senate meeting was quite productive and informative, particularly the Research Foundation presentation.

- I. **Review of minutes of Meeting of 10/26/04:** **Dr. Johnson**
- Minutes approved by all those in attendance
- II. **Report of SOM Dean** **Dr. Edelman**
- The first third of the academic year has been dramatically successful.
  - SOM has been working hard at educational progress, with many structural changes implemented:
    - New people have been recruited to manage the curriculum
    - New initiatives implemented to make an objective-oriented SOM.
  - The LCME visit will be in 2 weeks. Dr. Edelman encouraged all of those involved in the site visit to familiarize themselves with the significant progress and many changes accomplished by the SOM.
  - The new Heart Center has been opened, and ground has been broken for the new Ambulatory Care/Cancer Pavilion.
  - \$300 million, 5 year hospital renovation plan under way
  - There has been a successful recruiting spree involving surgical specialties: oncology, urology, and neurosurgery.
  - In medicine, there have been 3 mid-career faculty additions
    - Dr. Theodore Gabig is the new chief of Hematology/Oncology
    - Dr. David Brown is the new chief of Cardiology
    - Dr. Basil Rigas is a new addition to the GI department
  - Grant expenditures are up 11%
  - CPMP closed its books with its best year ever. Every department is in good shape with the exception of the Radiology department, which appears to be a national phenomenon.
  - Dr. Priebe inquired about the progress of the search for a new dean, commenting that it has taken quite awhile thus far.
  - Dr. Edelman responded that we should not feel uncomfortable with the lack of progress in recruiting a new dean. We have had the luxury of attempting to recruit the very best candidates, as there has been no pressure of filling a vacant dean position. Offers have been made to 2 candidates, both of which were declined. Presently there is one active candidate being pursued-an Anesthesiologist from UCSF.
  - Dr. Priebe expressed concern that the Faculty Senate Executive committee has not been invited to meet with the present dean candidate.
  - Dr. Edelman agreed that the Faculty Senate should be involved and meet with all dean candidates.
  - Dr. Fochtman expressed concern that the President's office may be creating a sense of demoralization amongst the faculty by excluding the faculty and Faculty Senate from the dean search process.

### III. RAAP Committee Preliminary Report:

**Dr. Bahou**

- Dr. Priebe stated that the last RAAP formal report was in 2001 (document available on the faculty senate website), with the new RAAP committee charged to review that report and make recommendations to move the SOM into the future.
- Dr. Wadie Bahou, the RAAP committee chair, gave a preliminary report and presentation to the Senate.
- Dr. Bahou described the history, function, and composition of the RAAP committee.
- RAAP 2004 will function as a strategic planning committee with an educational mission, academic mission, and clinical faculty practice plan.
- Documents which will also be reviewed by the RAAP will include the LCME report 2003, Catalyzing Change 2005-2010, SOM budget, CPMP/Bard Group outside review report 2004, Faculty Survey 2002.
- Dr. Bahou presented a proposed timeline of RAAP activities and goals, with a comprehensive report to be completed by September 2005.
- Concern was expressed as to the accessibility of information from CPMP, University Hospital and the University, as there exists no formal way to obtain this information.
- Dr. Simon commented that the RAAP should be engaged in the dean search process, and hopes that any new dean candidate will engage the RAAP committee with their own goals and objectives for the SOM.
- Dr. Bahou stated that he hopes the RAAP committee's report shall act as a blueprint for the new dean.
- A question was posed as to what exactly were the issues being addressed and how do they insure faculty involvement.
- Dr. Bahou stated that faculty involvement thus far has been vis-à-vis the faculty survey from the Dean's Office. Direct feedback from the faculty as a whole has not yet been addressed. He suggested that maybe an email to the entire faculty soliciting feedback might be a strategy, although it would likely be chaotic and inefficient.
- Dr. Fochtman asked how focus groups would be implemented.
- Dr. Bahou responded that there will be focus groups within the RAAP committee.
- Dr. Edelman stated he would endorse focus groups comprised of membership from the entire faculty, once the RAAP committee has outlined its issues and goals.
- Dr. Fochtman concurred with Dr. Edelman that focus groups should involve the entire faculty, and believes it could be a productive process, much like the CPMP Bard group review focus groups.

### IV. Curriculum Committee

**Dr. Priebe**

- Dr. Priebe gave the second notice of the proposed bylaw changes regarding allowing 2 representatives from the department of Medicine, and adding 2 "at-large" representatives from any department.
- After 2 published statements of the proposed bylaw changes, an email ballot will be distributed for vote. A quorum response of Senators (at least 30 Senators) is required to pass the bylaw change.

- Dr. O’Riordan won the vote for department of Medicine rep taken at last Senate meeting. If bylaw changes pass, Dr. Richman can be the second rep from Medicine.
- Discussion of the proposed bylaw changes ensued; the new structure of the committee will be 5 basic science members, 9 clinical members (an additional medicine rep) and 2 “at-large” members. The systems chair and 4 students also are members of the committee.
- Dr. Stiegbegel expressed concern that the new alignment of the curriculum committee may be too clinically weighted if both “at-large” members are clinical faculty. This may result in disproportionate decision making between clinical and basic science faculty.
- Dr. Fochtman questioned the reasoning behind the proposed bylaw changes.
- Dr. Williams stated that the department of Medicine is a very large department, and given its size and importance to medical student education, an additional member from the Medicine department would be beneficial. He also expressed a desire to have a large, active committee to accomplish an increasingly large workload. The increased faculty interest in the committee is refreshing; this is the only time he can remember where there have been more candidates than vacant positions on any committee.
- Dr. Williams distributed copies of his PowerPoint presentation slides from his presentation on the LCME situation to the SOM department chairs.

#### **V. APT Committee**

**Dr. Priebe**

- Dr. Priebe asked the Senate to approve an optional personal statement by candidates for Associate and full Professor (on tenure tracks). This will allow the candidate to express in writing why they should be considered for promotion.
- Question was posed as to whether there would be any limitation to the size of the personal statement. Dr. Priebe stated that Dr. Nachman suggested it be no more than 2 pages.
- Another question asked why this is needed in addition to the Chair’s letter. Dr. Edelman responded that the Chair’s letter tends to be a flawed process; the letters tend to be pro forma, laudatory and busy. The personal statement would allow candidates to express themselves, which would be helpful in the process of promotion.
- The Faculty Senate members in attendance voted unanimously to approve the optional personal statement.

#### **VI. Academic Standing Committee Report**

**Dr. Susan Larson**

- Dr. Larson distributed her Committee on Academic Standing report to the Senate. Dr. Larson described the mission of the committee; to monitor students’ adherence to professional and academic standards.
- The CAS reviews cases of students who lose good standing; good standing was then defined.
- Dr. Larson described its composition, which includes 12 faculty members (4 Basic Science, 4 Clinical, 4 others) and one student rep from each year, and a rep from the Dean’s office. Only the faculty members can vote.
- Dr. Larson described the policies and procedures of the committee, as well as the academic standards that need to be met in both the preclinical and clinical years. The CAS determines the consequences of failing to meet the academic standards. CAS does not get involved in determining whether a student passes or fails a course- that is the responsibility of the course directors.

- CAS meets monthly, as needed, and operates on a case by case basis. Meetings are closed except for invitees. All student information and all deliberations are confidential.
- Ongoing student performance is tracked by the Dean's office, in particular Dr. Latha Chandran.
- Dr. Kallus asked that when a problem student is identified, would the CAS notify the subsequent course director of the student's previous failure.
- Dr. Larson responded that the CAS does not get involved with individual failures.
- Dr. Williams stated that informing course directors of student's prior performance may prejudice the course director, which may be a self-fulfilling process of marginal performance. He states the literature suggests that notifying the new course directors of students' prior poor performance stigmatizes those students and the faculty will tend to undervalue that students' performance based upon that.

## **VII. Academic Advising Report for students**

**Dr. Latha Chandran**

- Dr. Chandran described the proactive system of core faculty advisors which helps students with time management issues and scheduling issues.
  - Dr. Chandran addresses the students at orientation to describe the services and resources available to them if they need help. She also meets with all of the course directors to inform them that she is available if any problems arise with their students.
  - A psychologist was also hired to interact with and advise students.
  - A reactive system is also in place, which meets with and advises high risk students who have already been to CAS, as well as with students who have failed or scored low pass on any course.
  - Tutors, from the AOA system, are utilized to help problem students.
  - Dr. Priebe asked Dr. Chandran's opinion on whether course directors should be notified of marginal students entering their course. Dr. Chandran replied that this issue was discussed at the last AAMC meeting and remains a controversial issue, the answer to which is still unresolved.
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- The meeting was adjourned at 6:15pm
  - The next Faculty Senate meeting will be on January 25, 2005.