The City College of New York

OFFICE OF THE SENIOR VICE PRESIDENT
FOR ACADEMIC AFFAIRS AND PROVOST

Wille Administration Building, Room 305
160 Convent Avenue
New York, NY 10031

TEL: 212.650.6638
FAX: 212.650.5068

July 2, 2020

Executive Vice Chancellor José Luis Cruz
President Vincent Boudreau
City University and City College of New York

Dear Vice Chancellor Cruz and President Boudreau,

On behalf of the Task Force for the CUNY School of Medicine at City College, which you charged on October 30, 2019, I am pleased to enclose with this letter the final report, including four appendices.

The Task Force's work was interrupted near its completion by COVID-19 and the closing of our campuses. This both delayed the completion of the report and presented the Task Force with a serious dilemma: whether to write a report based on the pre-COVID work we've done, with the understanding that the world has changed since, or to somehow reassess our conclusions as a result of the crisis. Ultimately, we chose the former course because there is no way to predict the long-term impact of the current crisis, and we are confident that the understanding of the financial picture of CSOM that was developed in the course of our work will be valuable to the University, whatever the future may hold.

With that understanding, we hereby submit our report. We stand ready to answer any questions you may have.

Best regards,

Tony M. Liss, PhD
Provost & Senior Vice President for Academic Affairs
The City College of New York
Chair, Task Force for CSOM

Version 1.2
July 1, 2020

Report of the Chancellor's Task Force for the CUNY School of Medicine at City College

Introduction

The Working Group to Evaluate the CUNY School of Medicine at City College (CSOM) was convened and charged by CCNY President Vincent Boudreau and CUNY Senior Vice Chancellor and University Provost José Luis Cruz. The membership of the Working Group is as follows:

Cathy Abata, CUNY Executive Budget Director
Lisa Auerbach, Assistant Dean for Clinical Curriculum, CSOM
Erica Friedman, Interim Dean, CSOM
Marthe Gold, CSOM Advisory Board Chair
Felix Lam, Vice President for Finance, CCNY
Maria Lima, Associate Dean for Research, CSOM
Tony Liss, Provost and Working Group Chair
David Lohman, Associate Professor of Biology, CCNY
Eva Medina, Director of Budget, CCNY
Ayman El-Mohandes, Dean, CUNY School of Public Health
Dee Dee Mozeleski, senior advisor to the CCNY President and Executive Director of the Foundation for City College.
John Palmer, Greater Harlem Chamber of Commerce

The charge to the committee was given in an October 30 e-mail from President Boudreau and Provost Cruz, which stated

There are several kinds of questions that we would like this group to examine. The first and most basic is whether the medical school, as currently configured and as it will develop into its fully mature form over the next several years, is financially sustainable. To answer the question, we will need to project expenses and revenues into the future, and perhaps evaluate and validate the projections that have, so far, guided the medical school itself.

Second, we need to think about the positioning of the CUNY School of Medicine's business model in an evolving environment for medical education in New York. When the school was conceptualized and established, it was the least expensive medical school in New York State. In the years since then, NYU, Columbia and most recently Cornell have established large programs for no-cost medical education. Are we still confident that our school will attract sufficient numbers of tuition paying students in this new environment, and is it reasonable to expect our students to pay close to $40,000 a year in tuition? Under the circumstances, how stable a financial basis is this for our school, and how well does it accord with our mission to diversify the medical profession?

A third consideration is linked to this first. For accreditation, we understand that the LCME accreditation body would like tuition revenue to constitute less than 50% of a school's budget. We could

hit this mark by reducing tuition and expanding state or other support—but at the moment, tuition dollars exceeds state investment in the 4 year medical program at a rate of about 3 to 1.

Finally, we must evaluate the likelihood that the state will be willing to expand support for the CUNY school of medicine, or that some other non-tuition streams of support may be developed to stabilize the school in ways acceptable to our accreditors.

The first meeting of the Working Group was on December 3, 2019, and was attended by President Boudreau to formally charge the Working Group and answer questions. The meeting included an overview and history of CSOM presented by Interim Dean Erica Friedman (slides included as Appendix 1 to this report). Subsequent meetings took place on January 23, 2020 and March 11, 2020. The first two meetings focused primarily on budget projections, while the March meeting focused primarily on revenue generation. A final meeting was held on June 15, 2020 to review this report and its recommendations. Formal minutes were not taken and approved. Notes from the first three meetings appear in Appendix 2.

The Sophie Davis School of Biomedical Education & CSOM

The Sophie Davis School of Biomedical Education, hereafter "Sophie Davis", was established in 1973 to increase the number of doctors from underrepresented minority groups by removing barriers to entry into medical school, in particular the MCAT exam, that filter out so many candidates from underrepresented groups who might otherwise succeed. The mission of Sophie Davis, now the mission of CSOM, is

"*…to produce broadly-educated, highly-skilled medical practitioners to provide quality health services to communities historically underserved by primary care practitioners. The School will recruit and educate a diverse, talented pool of students to the MD and Physician Assistant programs, expanding access to medical education to individuals from underserved communities, of limited financial resources, and of racial/ethnic backgrounds historically underrepresented in the medical profession."*

The program combined the BS degree with the first two years of medical school, the didactic years, followed by cooperating medical schools admitting the Sophie Davis students for the last two years of clinical training. Over time the partnership with cooperating medical schools began to fray. The cooperating schools devalued primary care and a shortage of clinical training spots for Sophie Davis students developed as a result of an increase in the number of medical schools and class sizes to address the overall shortage of physicians. The fact that offshore medical schools were able to pay for clinical placement for their students further exacerbated the problem. To continue to deliver on the mission of Sophie Davis, the CUNY School of Medicine was born as a full-fledged medical school. Students are accepted into the undergraduate Sophie Davis program, receive their B.S. degree after 3 years and then begin four years of medical school. CSOM is a 7-year program in which students enter as freshman undergraduates and as long as they remain in good academic standing they progress to an MD degree with no further admissions testing.

Sophie Davis, and now CSOM, serve an important role in producing primary care doctors. In New York State, 30% of the physician workforce practices primary care, but only about one-third of them are US medical school graduates. In contrast, 39% of Sophie Davis graduates went into primary care.[1] Those students who did not go into primary care, and who went through the Sophie Davis program before the

[1] Data from 2014.

creation of CSOM, pay the School a $75,000 "commitment fee" in the years after graduation. The commitment fee is no longer assessed now that CSOM students pay medical school tuition of $41,600 per year. Commitment fee funds and their use will be discussed in the budget section. Of the entire New York State physician workforce, 14% work in Health Professional Shortage Areas ((HPSAs), whereas 26% of Sophie Davis graduates work in HPSAs.[2]

In June 2015 the Liaison Committee on Medical Education (LCME) gave preliminary accreditation to CSOM, allowing the school to take its first two classes of medical students. In June 2018 CSOM advanced to provisional accreditation allowing students to advance to years three and four of medical education.

On January 26, 2019, the founding Dean of CSOM, wrote to the LCME to notify them of "critical events that have transpired at the CUNY School of Medicine subsequent to attaining provisional accreditation". In the letter the Dean cited fiscal concerns and a lack of fiscal authority over the School's budget, and stated that he would resign, effective February 1. On January 28, 2019, the Dean submitted his letter of resignation, effective February 1, 2019, to the City College President. The letter precipitated a 'fact-finding' visit from the LCME that occurred on March 18, 2019. These events resulted in the LCME placing CSOM 'on warning', an action that was communicated to President Boudreau in a June 26, 2019 letter. Quoting from the letter, *"warning is an action that may be taken based on identification of one or more areas of noncompliance with standards that are of recent origin that will, if not corrected promptly (within 12-24 months), compromise the ability of the school to conduct the educational program."* No response was required from CSOM, instead the survey team already scheduled to visit at the end of October was directed to carefully review the programs performance on the relevant accreditation standards.

In October 2019, the LCME made its full accreditation visit. In January the LCME wrote to Interim Dean Friedman explaining that the report of the October 2019 visit would be delayed until June, 2020 because of the increased number of schools being visited, resulting in an increased number of documents to review, the loss of 2 weeks because of holidays, and the need to allow adequate time for review of each school. The letter also explained that this was not an obstacle to CSOM graduating its first class in Spring 2020.

The specifics of the accreditation status were not discussed in any detail by the Working Group, which instead focused directly on the financial health of CSOM.

Financial Review of CSOM

1. Context

When the CUNY School of Medicine was founded, tuition was set at essentially the same as the SUNY medical schools, and is now $41,600. CSOM identified a need of $2.8 million of additional funding for each new cohort of 70 students, or a total of $11.2 million over four years. In the first year in which the School enrolled medical students, CUNY added $2.8M to the CSOM budget, leaving an apparent long-term need for an additional $8.4M. CSOM had a budget surplus in the first years after its inception because first and second year students are less expensive to educate than the third and fourth year students who require clinical training. The budget surplus has been used by CUNY and CCNY to fill an annual

[2] Data from 2017 : https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx.

budget gap at the College, with $3.8M of the surplus slated to be used for this purpose in FY20, bringing the total to $11.2M since FY18. This has created a number of serious problems for CSOM, as described below.

2. CSOM Budget Projection

The Working Group spent considerable time discussing the financial outlook for CSOM, using the five-year budget projection provided by CSOM as the basis for the discussion. The budget projection was revised twice as a result of discussions with the Working Group, including several private discussions between members of the Working Group and the CSOM budget director. The five-year budget projection is included with this report as a separate Excel spreadsheet.

Unlike other units of City College, CSOM directly collects 100% of tuition dollars paid by medical students (the undergraduate Sophie Davis tuition is collected as part of the City College tuition target). This, plus State appropriations (including funding from CUNY) make up CSOM's $26M tax-levy allocation. The University provides additional State support beyond this level for fringe benefit and energy costs. Additional revenue comes from the so-called Commitment Fund which comes from alumni of Sophie Davis prior to the inception of CSOM who pay $75,000 to the School if they elect not to serve at least two years in primary care in New York State. Commitment Fund amounts are estimates and the Fund will gradually decline as expenses charged to the fund exceed revenue from the fund, because the statutory period covers fewer and fewer graduates, eventually expiring in 2032 for the last cohort (2013) covered by the old Sophie Davis School model. Other sources of revenue include funded release time from grants and philanthropy. The flat release-time amount is a conservative assumption, given that the research portfolio of CSOM is just now being built up and one can reasonable expect the amount of funded release-time dollars to significantly increase over the five-year period. These funds are re-directed back to the research effort on line 48. Funds raised from philanthropy will be discussed below.

Personnel comprise the dominant category of expenses, eventually reaching two-thirds of the total. The CSOM hiring plan was submitted as part of its accreditation procedure in the `Data Collection Instrument' (DCI), attached as Appendix 3. The budget shows about $2.5M in new hiring in FY21 and FY22 combined, before CSOM reaches its planned fully-staffed level. Faculty startup costs are listed on line 45, which together with scholarship funds on line 44 account for the assume $1M from the Commitment Fund.

After personnel, the next single largest expense is the clerkship contracts that are required for student clinical training. The amount is larger in FY20 than in the out-years because the FY19 clerkship contract was paid in FY20.

For the past several years the full City College budget (combining the seven academic divisions and all campus operations, the so-called 'main campus', with CSOM) has been balanced by transferring unspent revenue from CSOM to the main campus budget. This is shown on line 62.

3. Accreditation Issues

Two accreditation issues are directly related to the CSOM budget. The first is that LCME requires that less than 50% of a medical school's operating budget come from tuition dollars. This is satisfied with projected tuition collection at under $12M out of total campus-based revenues of almost $28M.

The second concerns the amount of reserve funds in the CSOM budget. The LCME requires that a medical school have sufficient reserve funds, though "sufficient" is not defined. Data from 2016 collected by AAMC shows that the mean of medical school reserves corresponds to about 109 days of operating funds, while the bottom 20% of reserve balances correspond to 68 days or less of operating funds. Considering only personnel expenses, a reserve balance of $4M would put CSOM just above the bottom 20%. Given that CSOM does not support a hospital, we consider $4M in reserve a reasonable, but not a hard, number.

4. Budget Challenges and Commentary

The CSOM budget projection shows a deficit beginning in FY22 and growing to almost a half-million dollars by FY24. These are relatively small numbers given the total revenues of almost $28M, but they assume a constant budget level plus increases for inflationary and contractual increases. On the main campus, budget reductions have been addressed through tuition increases and staffing cutbacks. With tuition already at $41,600 per year, while several other NYC medical schools have begun offering free tuition, CSOM does not recommend increasing tuition to cover the budget deficit because the additional revenue would not make a significant difference and would be a significant increased burden on the students. Reducing CSOM staff to balance the budget may create accreditation problems, but there may be some savings that can be taken by trimming staff that can be done without endangering accreditation. The School should look carefully at the nearly $2.5M in new hires planned for FY21 and FY22.

The use of CSOM surpluses to balance the overall City College budget present an additional challenge to CSOM financial stability. If the $3.3M transfer in FY20 is the last transfer from CSOM to the main campus, then the CSOM reserves are projected to almost reach the $4M benchmark at the end of FY21. However, in subsequent years CSOM runs a budget deficit that draws down the reserve fund which is projected to dip below $3M by FY24. Any additional transfers to the main campus obviously make this situation worse.

One thing that is clear from the budget projection is that any need for additional funding to balance the budget is not at the level of $8.4M originally identified. Also clear is that outright budget cuts, or unfunded inflationary and contractual cost increases, will make the medical school's situation more precarious and the School therefore needs to find both operational efficiencies and additional sources of revenue to put it on more stable financial footing.

In terms of efficiencies, CSOM has established a structure parallel to the College for administrative functions such as registration, human resources, bursar, and finance. While some of these are required for accreditation, or necessary because of unique needs of medical students, faculty and staff, CSOM and CCNY should study if merging some of these functions with the main campus can yield efficiencies that could be beneficial to both.

In the next section we discuss avenues for increasing CSOM revenue.

Generating Revenue for CSOM

1. Philanthropy

The most obvious avenue for revenue generation for CSOM is through philanthropy. The school was founded without any philanthropy and the modest philanthropy generated to date is projected to provide only about $0.5M per year. The School has recently hired a Director of Institutional Advancement who will need to coordinate closely with the College's Office of Institutional Advancement. The Director's performance at a minimum should be measured against his or her salary, with the understanding that development does not happen overnight. The lack of a hospital is a drawback for CSOM fundraising because gifts to medical schools are often given by grateful recovered patients. But CSOM has a unique mission and a unique place in the City and the State and should be able to play both to its advantage.

The Working Group discussed the prospects for a large naming gift for CSOM. The Working Group felt that a significant naming gift was the best opportunity for providing the kind of additional operating revenue that the School needs in order to be fiscally sound. While the School does not have a large wealthy alumni base, nor a hospital with grateful former patients, it does have a mission and a place in the City that can attract a certain kind of donor. The gift would need to be well above the standard CUNY minimum for the naming of a school. The effort to generate such a gift must be a priority and involve coordination between CSOM, the Foundation for City College, and the University's fundraising arm.

2. Non-philanthropic Revenue Sources

The College and CSOM together should continue to pursue additional public funding. Although the City does not fund the Senior Colleges, CSOM plays a special role in the City by placing primary care physicians into underserved areas. The case should be made that a progressive City government should care about this. Efforts to secure additional funding from the State should also continue apace, building on the President's breakfast meeting last year with State and City leaders that was organized by Congressman Espaillat. While the original motivation for lobbying the State for additional funding was to secure the same level of support for CSOM as the SUNY medical schools get, it is now understood that this level of additional funding is no longer needed. At the Espaillat breakfast the need was reframed by President Boudreau as additional funding to reduce the tuition burden on CSOM students, and we recommend that this avenue continue to be pursued, with the understanding that *all* additional funding cannot be directed to tuition reduction or the overall financial picture of the school will not change. The Working Group discussed the need to make the case at the State level that CSOM is a resource for the entire state, but at the same time to stay away from direct competition with SUNY. The CSOM External Advisory Board (EAB), together with CSOM leadership are pursing explorations with upstate health care delivery systems to see if and how the CSOM could contribute to training doctors for highly underserved rural regions of New York State that are not served by the SUNY system. Extending training to serve additional upstate areas has been posited by the EAB to be a means to attract broader legislative financial support for the institution.

The question of whether the CSOM tuition would be an obstacle to full enrollment given the new model of zero tuition at private medical schools in the City was discussed by the Working Group. CSOM is confident that this will not be the case. This confidence stems from the advantage provided by having students enter as a freshman with a well-defined seven-year path to the MD with no MCAT and no other barrier to completion other than to remain in good standing. In addition, since other NYC medical schools

have become tuition free, CSOM has not seen a decrease in the numbers or strength of applicants to the school nor in the overall acceptance rate. Thus, the need to lobby for public funding to reduce the tuition burden is needed not to compete for students in the local environment, but simply to reduce the debt burden of the CSOM student body.

As the School increases its research profile, the amount of indirect cost returns (IDC) generated will also increase. Suggestions were made during the Working Group discussions that it was not uncommon in medical schools for 100% of the IDC generated to be returned to the school. Currently CCNY returns a small portion of the IDC directly to the investigators, but does not return any to the administration of the investigator's College unit. A model in which all of the IDC that the College receives from CSOM investigator grants is returned to CSOM is possible, but would have to be accompanied by the College charging CSOM for services provided that are currently covered by IDC recovery, such as power, heat and air conditioning, maintenance of laboratory spaces and equipment, etc. In the end it could be a mechanism for increasing the amount of non-tuition dollars in the CSOM budget, but it is unlikely to make a substantial impact on the budget's bottom line. However, it would allow CSOM to use the IDC it generates for its own purposes, such as to incentivize research and additional grant applications by returning it to investigators.

The Commitment Fund, for the time being, provides a consistent source of revenue, and annual income from the fund is projected to exceed the $1M annual expenditure that is currently used in the budget projection. While contributions to the Fund will eventually drop to zero, that is not projected to happen for at least another 10 years. However, use of the revenue in the Commitment Fund has been restricted by a reinterpretation of the Fund as tax-levy tuition dollars. To many on the Working Group, this seemed an arbitrary and unnecessary decision that should be revisited. Classifying the Commitment Fund dollars as soft money would give the school much needed flexibility.

Conclusions and Recommendations

Addressing the charge from the City College President and the University Provost, the Working Group has completed a thorough review of the financial stability of the CUNY School of Medicine at City College and the positioning of the School in the City's changing medical school environment. The Working Group finds CSOM to be on better financial footing than was previously understood. However, the School does face financial challenges in its long-term outlook. The challenges result from budget deficits that begin to appear in FY22, and from the assumption built into the five-year budget projection that the revenue will be flat. Additional revenue for CSOM will be required, both to stabilize the budget and to reduce tuition and thereby the debt burden on CSOM students.

To achieve these goals, the Working Group has the following specific recommendations:

- A major gift to CSOM, at the level of a naming gift for the School, is the most direct path to financial security. To be successful this must be a University priority, and the University and the College must coordinate efforts to find a donor.
- Efforts to secure additional public funding need to continue with a focus on reducing the debt burden of CSOM graduates. CSOMs contributions to New York City and New York State need to be highlighted. CSOMs contribution upstate, in areas not covered by SUNY, should also be highlighted.

- The issue of the reserve balance of the school needs to be conclusively addressed. Tension has been caused by use of the reserves to balance the overall City College budget ("Transfer to City" on the budget sheet). The College has committed to no transfer in FY21 and subsequent years. But even without future transfers the reserves are marginal and seem insufficient to weather any significant budget shortfall.
- In the absence of additional revenues, CSOM should evaluate what economies, consistent with LCME accreditation requirements may be found in the $2.5M currently anticipated for new hires in FY21 and FY22.
- CSOM and the College should jointly investigate efficiencies that may be afforded by combining some administrative offices.
- The issue of keeping tuition at less than 50% of the total revenue of CSOM, as required by LCME, has been resolved by including all sources of CSOM revenue in the budget. However, the margin is not large and while tuition dollars should be stable, other revenue sources may not be. This needs to be watched closely and provides additional impetus to bolster CSOMs finances and to reduce the tuition burden on students through the mechanisms described above.
- The College should develop and implement a model for charging CSOM for use of campus laboratory space and other space and facilities. In exchange, CSOM should receive all of the IDC it generates that is returned to the College, so that the funds can be used to incentivize further research.

CUNY School of Medicine

Erica Friedman, Maria Lima, Lisa Auerbach

December 3, 2019

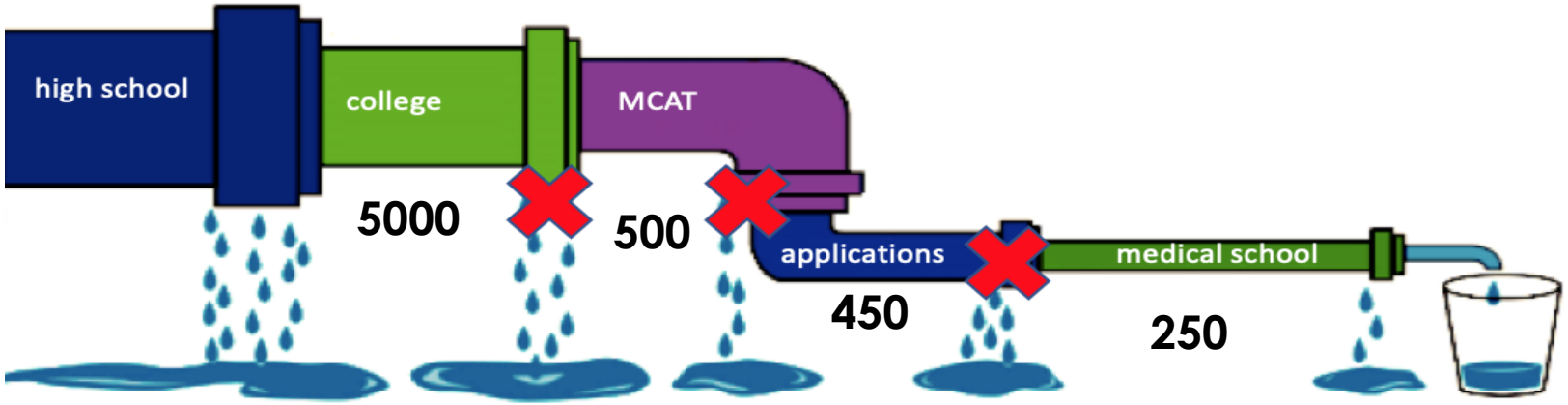
Mission

- To produce broadly-educated, highly-skilled medical practitioners to provide quality health services to communities historically underserved by primary care practitioners.

- The school will recruit and educate a diverse, talented pool of students to the MD and Physician Assistant programs, expanding access to medical education to individuals from underserved communities, of limited financial resources, and of racial/ethnic backgrounds historically underrepresented in the medical profession.

Sophie Davis
School of Biomedical Education

- Established in 1973 to recruit URIM from high school into medicine avoiding medical school entry hurdles
- BS degree with first two years of medical school courses
- Required cooperating medical schools accepting students transferring for last 2 years of clinical training

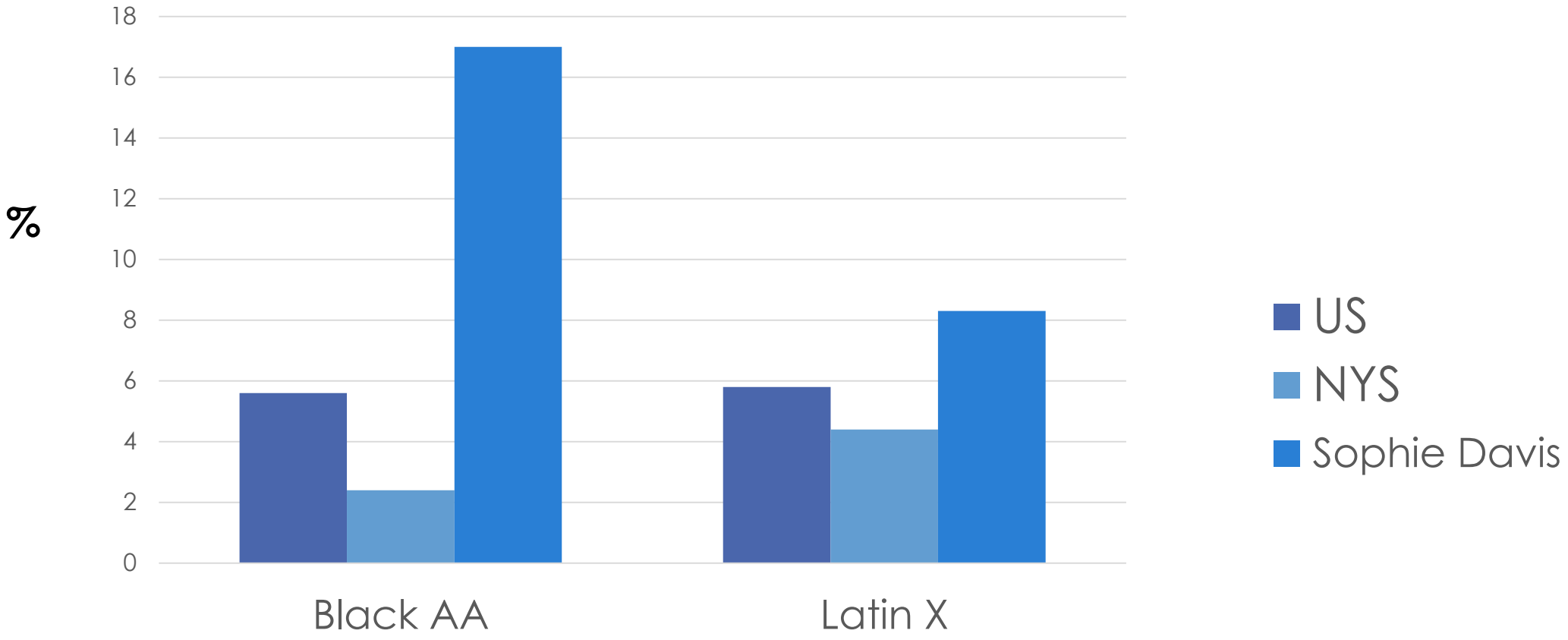


Contributions of Sophie Davis to local and national concerns in medicine

- The NYS and US physician work force does not represent the demographics of the patients it serves
- There are 50 more medical schools now then when Sophie Davis began in the 1970
- The absolute number of black men in medical schools in 2014 the US was lower than in 1978

Association of American Medical Colleges. Altering the course: Black males in medicine. Washington, DC: Association of American Medical Colleges; 2015.

Diversity of Sophie Davis graduates vs NYS and US



National problem and our successes

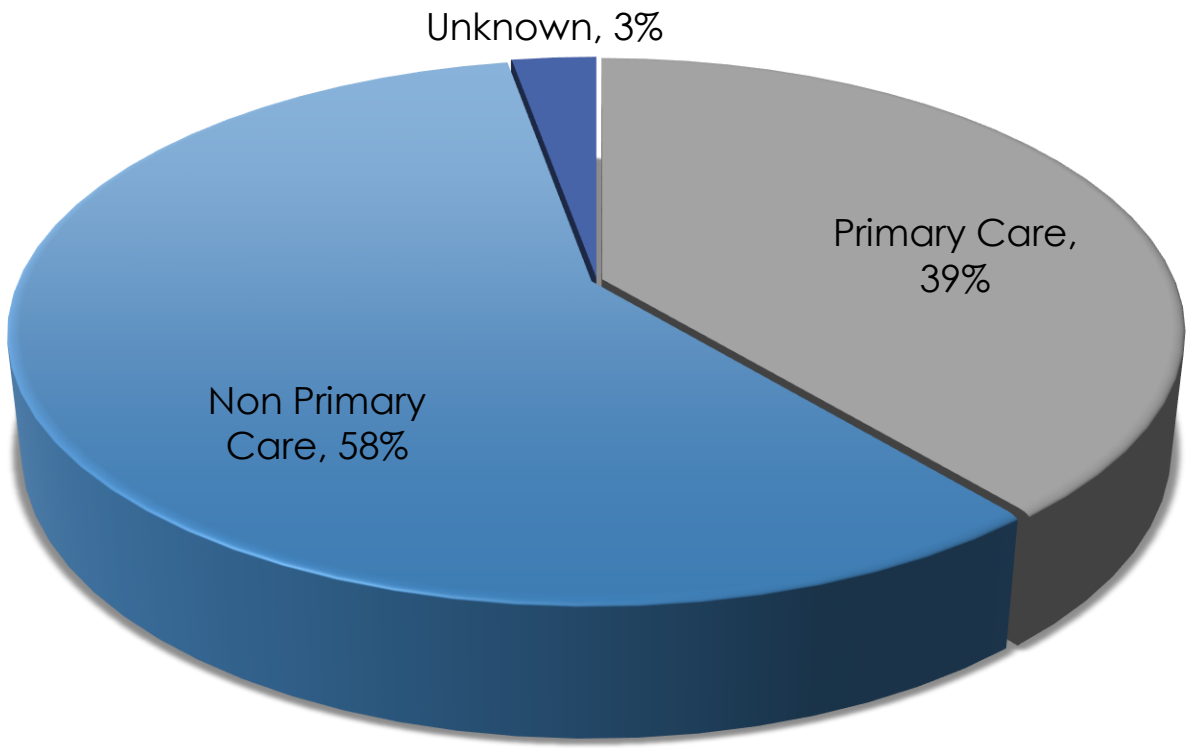
- There are not enough primary care doctors to serve the public

  https://www.aamc.org/news-insights/press-releases/new-findings-confirm-predictions-physician-shortage

- 30% of NYS physician work force practice primary care but only 6-10% are US MD/DO graduates
- 39% of Sophie Davis graduates practice primary care

  NY physician workforce profile, 2014

Sophie Davis Graduates



Graduation years 2000-2010

Our successes serving the underserved in Health Professional Shortage Areas

- NYS physician work force 14% work in HPSA
- Sophie Davis graduates 26% work in HPSA

*Division of Shortage Designation, Health Resources and Services Administration, U.S. Department of Health and Human Services: https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx. Accessed April 14, 2017.

2015 LCME preliminarily accredits the new CUNY School of Medicine

- New school with the same mission
- Why make the change?

Change was needed

- Cooperating schools diluted our mission by devaluing primary care
- Inadequate availability of clinical training spots for medical students
  - Physician shortage resulting in new medical schools and increases in class size
  - Offshore international schools paying for student clinical placements
- Curriculum evolution resulting in variability in each medical school's curricula prior to clinical experiences

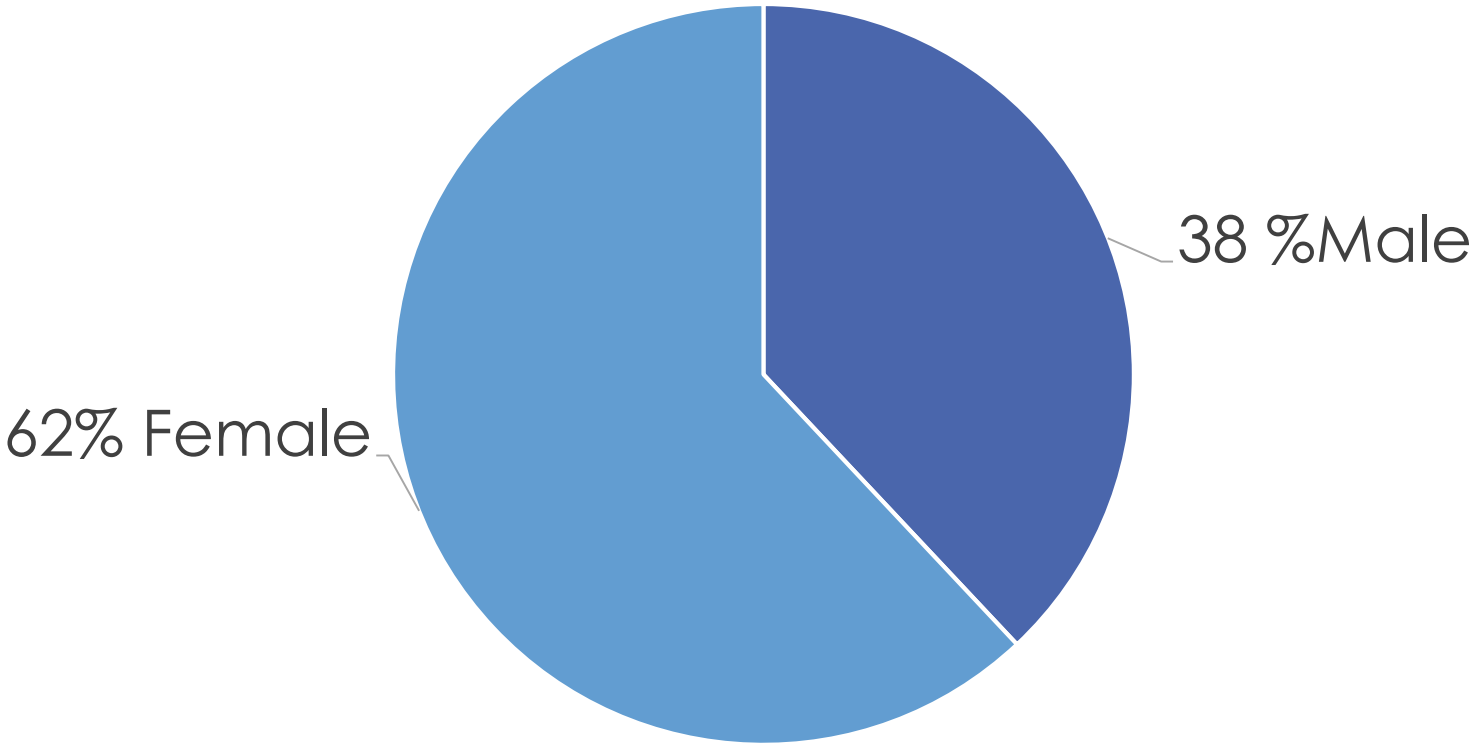
How do we do it?
Holistic Admissions

Applicants (~1200/year) are first screened for meeting the minimum academic qualifications

Reviewed for commitment to the mission, volunteer work, leadership, research, employment

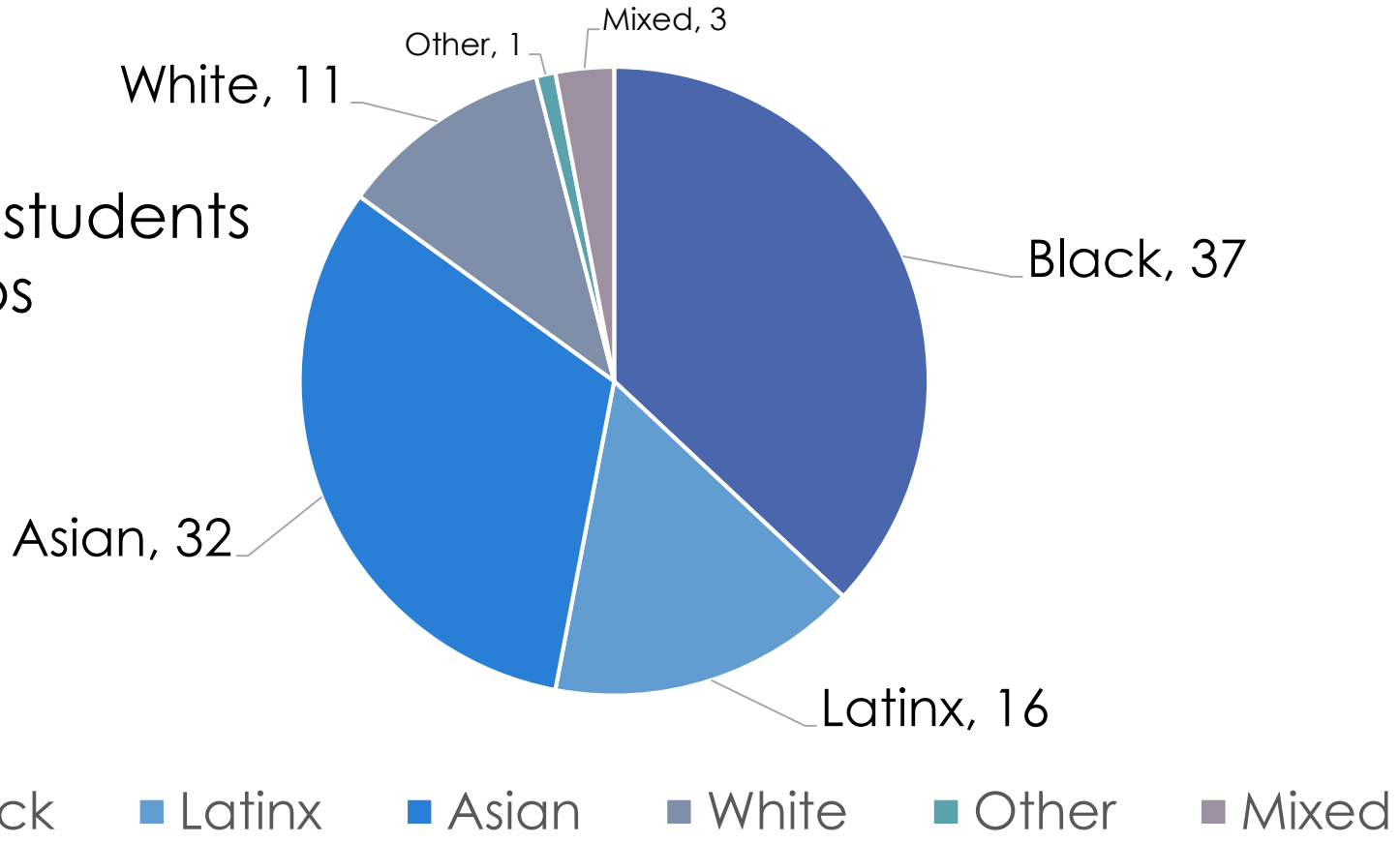
250 students are interviewed by 2 faculty and 1 student

Demographics have remained steady



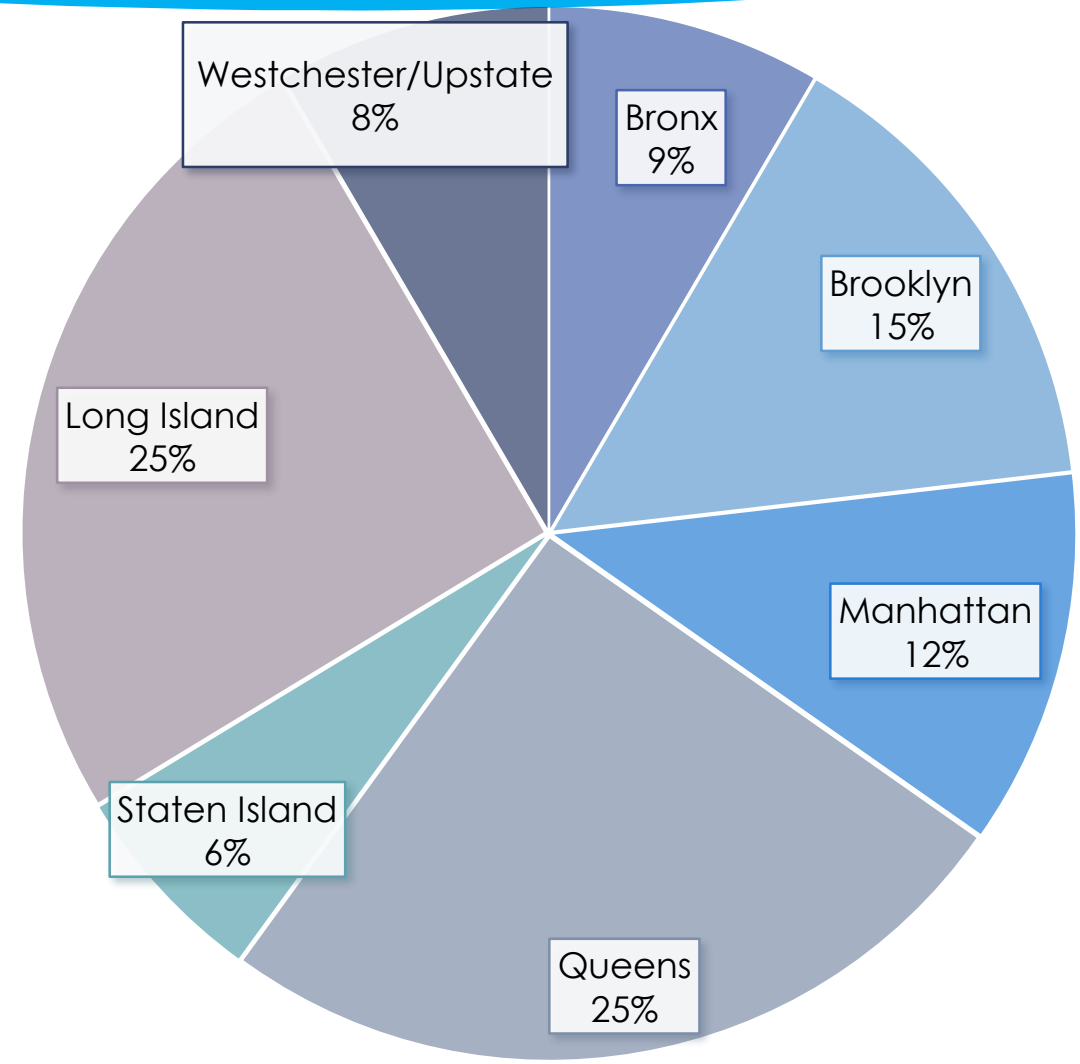
Diversity of CUNY School of Medicine Students

55% of enrolled students from UIM groups



Our students come from New York

- 70 percent immigrants or first generation college students
- Small number (4) DACA



And stay in New York

- 45 % of graduates of NYS medical schools practice in NYS
- 65% of graduates of Sophie Davis practice in NYS

Overview of BS/MD Program
Undergrad Years 1-3 (U1-U3)

YEAR	Science Courses	Clinical Courses	Population Health courses
U1	Biology Chemistry Physics	Narrative Medicine	Social determinants of health
U2	Bio-organic Chemistry Molecules to Cells part 1 Medical genetics	Course on how lifestyle impacts health	Epidemiology and Biostatistics Population health and Community Health Assessment Evaluations in Healthcare Settings
U3	Molecules to Cells part 2 Anatomy Fundamentals	Biomedical ethics Health coaching Longitudinal clinical experience Early communications skills	US Healthcare System

Overview of MD Program
M1 through M4

Year	Basic Science	Clinical Science	Population Health
M1	Organ Systems (CV, Pulmonary, GI, Endocrine and Renal)	Practice of Medicine (history taking and physical exams)	EBM Research selectives
M2	Organ Systems (Heme-Onc, Reproductive; Neuroscience and Neuropsychology	Practice of Medicine (history taking, physical exam, note writing and oral presentation)	EBM
M3		Clerkships- IM, FM, Peds and Psych/Neuro 8 weeks each; Surgery and OB 6 weeks	
M4		Subinternship 4 wks; Critical care 4 wks Emergency Medicine 4 wks; Introduction to Internship Bootcamp- 2 wks- Electives	

Longitudinal Clinical Experience
Undergraduate Year 3 and Medical School Years 1 And 2

URBAN HEALTH PLAN
ST. BARNABAS HOSPITAL
UNION COMMUNITY HEALTH CENTER
RYAN
CHARLES B WANG
HARLEM HOSPITAL
GETWELL CLINIC
BRONX CARE HEALTH SYSTEM
RALPH LAUREN CENTER AT MEMORIAL SLOANE KETTERING
CHILDREN'S VILLAGE

Current Clinical Affiliates for Clerkships

SPECIALTY	CLINICAL SITE
INTERNAL MEDICINE	SBH AND STATEN ISLAND UNIVERSITY HOSPITAL (SIUH)
PEDIATRICS	SBH AND SIUH
SURGERY	SBH AND SIUH
OB/GYN	SBH, SIUH, FOREST HILLS, HARLEM
PSYCHIATRY/NEUROLOGY	SBH AND SIUH
FAMILY MEDICINE	PHELPS, UNION, IFH 3 SITES, GLENCOVE, SOUTHSIDE
SUBINTERNSHIP AND CRITICAL CARE	SBH AND SIUH
EMERGENCY MEDICINE	SBH, SIUH, HARLEM
INTERNAL MEDICINE	SBH AND STATEN ISLAND UNIVERSITY HOSPITAL (SIUH)

Supporting Student Retention and Success

- Academic monitoring
- Wellness and counseling
- Learning Resource Center
- Bias training
- Recruiting and retaining a diverse faculty and administration
- Supporting student affinity groups- Black Male Initiative, Sisters Of Sophie and Vision Latina

Tuition and Indebtedness

- BS: 70+% of students qualify for some form of financial aid
  - TAP & PELL, Excelsior Scholarship etc.; even with full financial aid, housing and extra costs are still a burden for many
  - BS students and parents hesitant to take out loans in BS portion; many students work part time
- MD: current in-state tuition about $42,000
  - Average indebtedness of 2020 graduates $155,000 compared with an average national debt of $200,000

CSOM Budget

- No change in CSOM state allocation from when it was Sophie Davis program
- Tax levy allocation ~$10.5 million
- Student tuition ~ $12.6 million (MD and PA)
- CUNY contribution $3 million
- Total ~$26 million
- All is tax levy so funds are restricted and process for purchasing can be tedious and result in >6 month delays
- Tuition >50% med school funding (LCME issue)

Development Efforts

- Director of Institutional Advancement hired 3/19
- Outreach to alumni through social media and reunions

Joint Development Efforts by CUNY and CCNY

- CUNY annual budget request included increased funding to CSOM but not approved by NYS senate or Governor

- President Boudreau's outreach to Congressman Espaillat and planned working group to lobby the state for increased funding

White Coat Ceremony

September 2018

M1 students, class of 2023

Working Group to Evaluate the CUNY School of Medicine (CSOM)

December 3, 2019

Attending: Vince Boudreau, Tony Liss, Erica Friedman, Maria Lima, Lisa Auerbach, David Lohman, Ayman El-Mohandes, Catherine Abata, Felix Lam, Eva Medina, Dee Dee Mozeleski, Teresa Flemming, Teresa Scala, Martha Gold (via call-in)

President Boudreau welcomed and thanked all present, a heterogeneous group charged by Senior Vice Chancellor José Luis Cruz and President Boudreau to study the future of the CUNY School of Medicine. There are a number of committee members who could not attend, but who will join the process. The committee's charge is in the document provided and will essentially focus on the following:

- The current configuration of the School: Are the budget and 5-year projections realistic, are they adequate? Is there a reliable funding stream?

- CSOM as it is positioned in the evolution of City and State medical schools, as affordable medical education is starting to spread. Where we claimed the least expensive tuition in NYS, the landscape has changed, with our close neighbors able to offer free tuition. What risks does this new landscape bring and how should they be addressed?

- Strategy going forward: if there is a budgetary shortfall, do we have a viable option for sustaining?

The timeline: Gather relevant information by late December/early January. Meet again in late January and produce a report by late February. It is possible to break out into groups to focus on educational environment, budget, etc..

President Boudreau reiterated his and EVC Cruz' thanks for the time and commitment of the group. CCNY Provost Tony Liss is Chair of the working group and will convene subsequent meetings.

Interim Dean Erica Friedman presented history and current data on CSOM, attached.

Discussion of the committee's charge includes: find ways to reduce spending; identify other sources of funding; remediate LCME site visit response; and answer the question of viability, presenting a strategy. Resolved to focus on financial viability of CSOM and related issues.

Research IDC and cost-sharing discussed. Currently IDC flows back to the College which pays all utility and most maintenance costs. Perhaps better to put CSOM IDC return in CSOM revenues and implement a charge-back model.

Are the expenses as detailed in the budget realistic? What are the risks? Ensure new contract and salary increases are included. Identify target levels of philanthropy.

The relationship between a university and medical school is built on trust, that monies will be available and ensured for the eventual ebbs and flows of fiscal realities. At issue is communicating that the milieu is a collaborative one, built on trust and mutual support.

The meeting adjourned at 10:30 a.m.

Action Items:

Budget questions:

1) LCME Standard 5, Elements 5.1 & 5.2
    a) While 5.1 is embedded in questions below, successful accreditation of CSOM requires resolution of these issues. Independent of everything else, the only path forward is CSOM and CCNY together, and this task force must establish the common ground.

2) What are the risks to the budget?
    a) Enrollment - $1.5M tuition $ lost this year due to students who didn't pass level 1 exams and have taken a year off. Is this the norm?
    b) Commitment fund ($1M) – how stable is it expected to be into the future?
    c) Clerkship contracts – they are shown going from $2.7M down to $1.6M in FY24. Why? What if they go up? Same question for teaching contract.
    d) Capital projects – Are the complete needs included?
    e) Is more $ for scholarships needed?
    f) Recent history is that CUNY cuts budgets by 1-2% every year. The CSOM budget appears to assume that CSOM is held harmless in these cuts. Is this a reasonable assumption?

3) Other budget comments:
    a) Include IDC generated by CSOM faculty and develop cost-charge model
    b) Include release-time $ in budget (where do these funds go currently?)
    c) Philanthropy should be included
    d) Even if the current budget is solid, does the school need to reduce the tuition burden at a level beyond what philanthropy is likely to provide in the near term?

4) Long-term stability questions:
    a) What will the effect be on enrollment of the increasing number of med schools providing full tuition support (see 2d)?
    b) How financially healthy are the clinical sites? Does the school need to diversify?

Dr. Friedman will provide detail on the following budget items:

Existing PS and new PS
General OTPS – what does it cover?
Temp Services – what does it cover?

Specifically, CCNY Finance (Felix & Eva) have asked for the following:

- PS expenses should be grouped into broader categories with supporting schedules, including the Medical School's hiring plan. Assumptions and data sources should be included in these schedules.
- OTPS should be grouped into broader categories with supporting schedules.

And in terms of presentation:

- The Medical School should consider presenting a summary sheet highlighting resources and expenses by funding source (tax levy, commitment fund, philanthropy).

The following page lists technical questions and corrections from Felix and Eva

Corrections to Numbers:

- The FY 20 Labor Reserve number is incorrect. The number should be $525K not $350K. The labor reserve is approximately 3% of total PS Regular number.
- The FY 19 Labor Reserve of $297K should not be viewed as a revenue source. In addition, the number is incorrect. The FY 19 labor reserve for the Medical School is $262K. If the Medical School wants to use this number as a revenue and expense, the expense of $262K should be added to the FY 20 amount, which is listed above.
- The transfer to City College in FY 20 is incorrect. The document lists $4.663M. The number should be $3.816M.
- The transfer to City College in FY 21 is incorrect. The current financial plan assumes this amount will be $2.949M in FY 21.
- The CUTRA balance for FY 20 is incorrect. The number should be revised to $5.443M. This number reflects final year-end report issued by CUNY.
- The Medical School's financial plan submission in FY 20 included and OTPS budget of $6.548M. This document lists $5.980M (including capital projects). Which number is correct. If the lower number is the correct number, why is there a variance from two months ago?

Funding Sources:

- Fund 11 (Commitment Fund) revenue and expenses should balance for every fiscal year. In FY 20 the revenue is listed as $1M and the expenses are $1.2M. This creates a false impression that there is a shortfall. A separate schedule for Fund 11 (Commitment Fund) should be included, which shows beginning and ending balances from FY 20 through FY 24.
- Are the renovations listed under "capital projects" funded by the capital budget? Or are they renovations funded by tax levy funds. If the latter is true, the term capital projects, should be removed. If these items are funded by the capital budget, this should be considered a resource. Are there other renovation projects that should be included in this plan?
- The plan should include philanthropic resources and expenses.

Working Group to Evaluate the CUNY School of Medicine (CSOM) – January 23, 2020 DRAFT/Internal Meeting Notes

Attending: Tony Liss, Erica Friedman, Maria Lima, Lisa Auerbach, Marthe Gold, David Lohman, Ayman El-Mohandes, Catherine Abata, Felix Lam, Eva Medina, Teresa Scala; (via phone) Dee Dee Mozeleski, John Palmer

I. Budget

The group discussed the revised 5-year budget projections document along with responses to questions posed by Felix Lam and Eva Medina after the December meeting. Calculations were based on October clerkship contract. Returns on investments represent conservative estimates. Noted that the prior representation that CSOM requires $11M in new funding is not accurate.

CSOM lost $1.5M in tuition this year due to students who failed their standardized level exam and took time off to study and retake them. This is assumed to be a steady-state as these students re-enter and others take time off. To help with pass rates, CSOM is administering more practice exams as students are required to pass 3 standardized external exams; the numeric score impact residency and field student can pursue. Students are allowed to take a leave—e.g., orthopedics are required to do research. Up to 25% of students take a leave between M3 and M4 (Medical School) years. Some of the students are food insecure, unable to pay $500 for test prep.

Students who do not abide by their contract (e.g., practice out-of-state, not in primary care, etc.) must pay a penalty. CSOM is precluded from putting these funds in an interest-bearing account. CUNY is interpreting the funding as tuition. Revisiting this could provide significant interest income to CSOM.

CSOM was founded without philanthropy. Naming rights of the School and its parts (the Donor Medical Library, etc.) must be sought. Up until 3 years ago, only the City College Fund attempted additional philanthropy for CSOM. Have had Bob DeMicco, Executive Director of Institutional Advancement for CSOM since March 2019; it takes time for good fundraising to produce results.

CSOM is not allowed to directly lobby the State; only CUNY can lobby.

There is concern about risk to the College due to the significant increase in the PS budget from CSOM hires. These are largely positions that receive permanency (tenure, 13.3b, CCE). When CUNY imposes across-the-board cuts of X% the cost of these positions must come from the small fraction of the budget that is non-PS.

The question was raised as to why our clinical partner is a private institution (St. Barnabas Hospital). Discussion surrounding how CSOM might pursue NYC Health + Hospitals (HHC) as a natural affiliation. HHC aligns with CCNY's historical mission and CSOM's pipeline to workforce development. Additionally, there is loan forgiveness with HHC.

Government relations: consideration of CSOM's possible effect on the underserved rural NYS stage. Possibility of pitching a SUNY-CUNY affiliation.

II. Tuition Costs and Avenues for Increasing Funding – Report from CSOM EAB – Marthe Gold

Ideas for revenue generation include hiring a skilled communicator to tell CSOM's story, to make a case statement.
Naming opportunities
Research Increases – we returned all IDC
Minimal set of recommendations: Branding, strategic plan, alignment
$100M naming opportunity; $250M to make the med school tuition free
Starting a $300M campaign requires the University's commitment: CUNY/ CCNY / CSOM, from silent phase to public announcement.

III. Sub-Committee Formation - Determined that we would not need to break into smaller groups.
Meeting adjourned at 5 p.m.

3.11.20 – CSOM Task Force

Erica will look at PS again. Hiring 1 or 2 faculty members a year. (12M in reserve that has been taken.)

Philanthropy standing: we have a new school without a name.

Erica reports

- Robert DeMicco in Development currently
- Anticipate between 1 – 1.5M in near future
- At recent Exec Advisory Board meeting, it was determined that CSOM needs to hire an adjunct communications person to demonstrate value/profile/mission to constituencies—state, academic medical centers, and big donors
- CUNY needs to play a role in identifying big donors and naming opportunity
- Endowed professorships

…could add from capital budget 1.2 M of reserve. Not a bottom-line surplus, but an offset.

Grant from HAS (Health Services Administration) could provide $650k annually for 5 years

Final budget and interpretation from Priscilla to come shortly.

Generate reserves and resources

Offset $41k tuition

As we recruit more faculty, see ASRC for bigger grants. (e.g., neurobiology and co-appointment w ASRC)
Tinkering with formula. (New interim VP at GC is Brian Peterson; also conferring with Josh Brumberg)

DATA COLLECTION INSTRUMENT FOR THE CUNY SCHOOL OF MEDICINE PROVISIONAL ACCREDITATION SURVEY

Submitted October 2017
For Medical Education Programs with
Provisional Accreditation Surveys in the 2017-18 academic year

LCME® Data Collection Instrument, for Provisional Accreditation Surveys in AY 2017-18

For further information, contact:

LCME® Secretariat
Association of American Medical Colleges
655 K Street, NW
Suite 100
Washington, DC 20001
Phone: 202-828-0596

LCME® Secretariat
American Medical Association
330 North Wabash Avenue
Suite 39300
Chicago, IL 60611
Phone: 312-464-4933

Visit the LCME® website at:
www.lcme.org

TABLE OF CONTENTS

STANDARD 1: MISSION, PLANNING, ORGANIZATION, AND INTEGRITY

A medical school has a written statement of mission and goals for the medical education program, conducts ongoing planning, and has written bylaws that describe an effective organizational structure and governance processes. In the conduct of all internal and external activities, the medical school demonstrates integrity through its consistent and documented adherence to fair, impartial, and effective processes, policies, and practices.

SUPPORTING DATA REQUIRED FOR STANDARD 1

Table 1.0-1 | Faculty and Enrollment	Source: School-reported

Provide the requested faculty and enrollment data from the academic year (AY) of the program's preliminary survey visit and for the academic year of the current provisional survey.

	[AY of Preliminary Survey] 2014-15	2017-18
Entering class size	Not Applicable	95 (U1) and 70 (M1)*
Total medical student enrollment	Not Applicable	139
Number of residents and fellows	0	274/305**
Number of full-time basic science faculty	32	30
Number of full-time clinical faculty	10	15

* U1 = first-year undergraduate / M1 = first-year medical school year
** St Barnabas Hospital =274; Staten Island Hospital University = 305 residents

1. Provide maps illustrating the location of affiliated hospitals and regional campuses, if relevant.

   See Appendix 1-0 Regional Map

STANDARD 1 NARRATIVE RESPONSE

a. Provide a brief history of the medical school, noting key points in its development to date.

The CUNY School of Medicine was founded upon the Sophie Davis School of Biomedical Education (SDSBE), a longstanding school of the City College of New York (CCNY)--one of the senior colleges of the City University of New York (CUNY). The University dates to the founding of the Free Academy in 1847 by Townsend Harris, a successful businessman and first U.S. diplomat to Japan, who set upon a mission to provide public higher education to academically qualified young men. The Academy quickly grew into an expansive campus in upper Manhattan that subsequently became known as the College of the City of New York (currently, the City College of New York). Today, CUNY is the nation's largest public university, consisting of 11 senior colleges, 7 community colleges, an Honors College, and 5 graduate and professional schools including a Graduate Center and schools of journalism, law, medicine, professional studies, and public health. The University's net enrollment exceeds 275,000 students, including 200,000 full-time equivalent (FTE) students.

In keeping with the original mission of the Free Academy, CCNY offers an affordable education to a diverse student population and strives for excellence in its wide-ranging undergraduate and graduate programs. CCNY is home to the only public schools of engineering and architecture in New York City, each designed to prepare students for successful careers and for continuing graduate and postgraduate education. The College's commitment to excellence is exemplified by

its emphasis on scholarly research and the integration of research with teaching at both the undergraduate and graduate levels.

In 1973, CCNY expanded its mission to include the medical education of talented youth from social, ethnic and racial backgrounds historically underrepresented in medicine and created a baccalaureate degree program in biomedical sciences on an experimental basis. In 1977, the New York State Board of Regents granted approval to offer the program on a permanent basis and established the Sophie Davis School of Biomedical Education (SDSBE), supported in part by the Commonwealth Fund and by Leonard and Sophie Davis (City College alumni). The biomedical education program was designed to address longstanding challenges of attracting physicians to primary care specialties and to the geographic areas of greatest need. High-achieving high school graduates were admitted to an accelerated five-year curriculum that integrated the requirements for a baccalaureate degree with the content of traditional preclinical medical education. Successful students were subsequently matched to one of five partner LCME-accredited medical schools for the clinical (clerkship) training and conferral of the MD degree. Since its founding, SDSBE has graduated more than 2,000 students. Ninety-seven percent of program completers received the MD degree; 33 percent of graduates since 1997 are members of underrepresented minority (URM) groups (African-Americans and Hispanics).

In 2011, SDSBE embarked on a major strategic planning process to define and determine the course of its future. A steering committee that included the CCNY provost, SDSBE leadership, faculty, staff, and alumni--as well as healthcare, community, and political leaders--examined the program's strengths, challenges, and needs. The principal recommendation from these deliberations was to transform SDSBE from its existing structure into a fully accredited BS/MD degree–granting medical school, with the three-pronged aim of (a) enabling the program to further support and maintain its mission of training primary care physicians who practice in medically underserved communities, (b) ensuring a more seamless transition of our students from the traditional basic science education years to the clerkship phase of their education, and (c) guaranteeing the availability of clerkship slots for its students.

In 2012, a team of external evaluators, including leaders in academic medicine and in BA/MD or BS/MD educational programs, also concluded that the best approach for ensuring the future sustainability of SDSBE would be to pursue full accreditation as an MD degree–granting program. A preliminary proposal to develop an accredited MD program was approved by the SDSBE faculty on May 3, 2013, and by CUNY's Board of Trustees on November 26, 2013. In June 2015, the proposed MD program received preliminary accreditation status by the LCME. Approval to confer the MD degree was granted by the New York State Board of Regents in 2016, and in February 2016, the school was renamed the *CUNY School of Medicine*. The charter class of 69 students enrolled in the MD program in fall 2016.

In addition to the BS/MD program, the school also offers a Master of Science program in Physician Assistant (PA) studies. Established in 1970 by physicians from New York City's Harlem Hospital Center and the Columbia University School of Public Health, the program was created with a vision to train former military medical corpsmen and persons with comparable civilian healthcare experience to care for the residents of the local community. In 1978, the program was adopted by CUNY as an upper division baccalaureate program of SDSBE. In AY16, the program was redesigned and approved by the NY Board of Regents as a graduate-level program. The charter class of the new MS program matriculated in fall 2016. The PA program has maintained its long-standing partnership with Harlem Hospital Center and remains committed to increasing the number of PAs from socioeconomic and racial/ethnic backgrounds historically underrepresented and underserved in the medical field. To date, the program has graduated more than 1,000 PAs, 95 percent of whom are from the New York metropolitan region, where an overwhelming majority of graduates subsequently practice.

1.1 STRATEGIC PLANNING AND CONTINUOUS QUALITY IMPROVEMENT

A medical school engages in ongoing planning and continuous quality improvement processes that establish short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve programmatic quality, and ensure effective monitoring of the medical education program's compliance with accreditation standards.

1.1 NARRATIVE RESPONSE

a. Provide the mission and vision statements of the medical school.

The mission of CUNY School of Medicine (CSOM) is to produce competent, broadly educated, highly skilled medical practitioners who provide quality health services to communities historically underserved by primary care practitioners. The school recruits and educates a diverse, talented pool of students to its BS/MD program, expanding access to medical education to students from underserved communities, those with limited financial resources, and those from racial or ethnic backgrounds historically underrepresented in the medical profession. The school's programs achieve academic excellence through rigorous curricula in clinically oriented basic sciences, population health, behavioral and sociomedical sciences, primary care, research, exposure to a variety of healthcare settings, and professional development.

Our vision statement consists of three words: access, excellence and community.

b. Describe the process that was or will be used by the medical school to develop its strategic plan. Note if the strategic plan was/will be developed independently by the medical school or in collaboration with the university.

In 2016-2017, the school engaged in a strategic planning process to examine programmatic strengths, challenges, and needs and to develop recommendations for addressing these. Core workgroups of faculty and staff, representative of each department, were appointed by the dean to review the goals and recommendations of the 2012 strategic plan and to identify ongoing or new priority areas requiring attention. Faculty, staff, and external subject matter experts were then engaged in a strategic planning meetings (retreats) to address the future challenges and opportunities facing the school. The following strategic priorities were identified for academic years 2017–2021:

- Research infrastructure: Creation of an infrastructure to support our research mission to increase basic, translational and education scholarship.
- Culture and climate: Improved communication, support, and collaboration among students, faculty, and staff to improve the working and learning environment.
- Academic structure and faculty success: Establishing an academic structure that values and rewards teaching and mentoring contributions, while enhancing junior faculty retention and success as researchers and educators.

Strategic planning retreats for all faculty and staff were held in June 2016 and December 2016, respectively, to develop action plans, including goals, outcome metrics, interim steps/milestones, timelines and persons/groups responsible for each priority area. Although developed independently, the vision and goals align with and support the strategic vision of the university.

c. Describe how and by whom the outcomes of the school's strategic plan will be monitored.

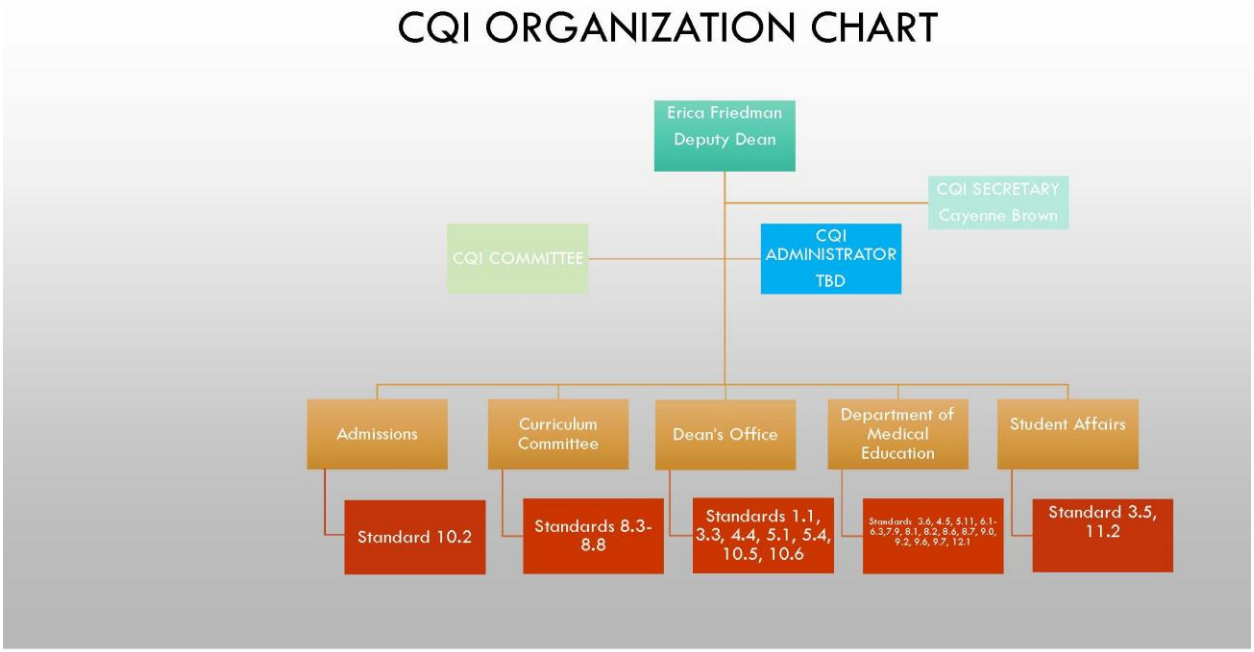
The strategic plan will be reviewed annually by the dean and leadership of the school to ensure

UPDATED 12.29.17

that the school is meeting its target milestones. An *ad hoc* review committee will evaluate the strategic plan and relevant program data every four years to determine the need for revisions.

d. Describe the processes that will be used and the resources available for quality improvement activities related to the medical education program. For example, is there or will there be an office or dedicated staff to support quality improvement activities?

The quality improvement (QI) activities will be overseen by the Office of Academic Affairs in conjunction with the dean's chief of staff. We have a QI administrative assistant and a QI committee and have a job posted for a QI senior administrator to assist with the data collection, analysis and distribution. Additionally, the Office of Academic Affairs has a director of educational research and evaluation who oversees data collection, an individual who oversees curriculum mapping, another individual who oversees course evaluations, and an administrator who collects data on an ongoing basis around the details of the curriculum content, teaching format, and assessment methodologies. The Dean's Office staff (assistant dean for diversity and educational affairs, the assistant dean for administration and finance, and associate dean for research [when hired]) collect and monitor many of the policies that relate to governance, planning, teaching, faculty, and research. The QI administrator, working with the QI administrative assistant and the QI committee, will be responsible for collecting the summary data from the relevant offices to assure compliance with standards and disseminate it to relevant stakeholders.



UPDATED 12.29.17

e. Describe how the medical school plans to monitor ongoing compliance with LCME accreditation standards. The response should address the following questions:

1. Which standards are or will be monitored (e.g., all standards, a subset of standards)?
2. How often will compliance with standards be reviewed (mid-cycle, yearly, at some other interval)?
3. What data sources are or will be used to monitor compliance?
4. What individuals or groups will receive the results?

Monitoring of compliance with accreditation standards will be overseen by the deputy dean for medical education (faculty accreditation lead). The standards to be monitored, review interval, data sources, and key personnel are noted in the table below. Priority will be given to elements 3, 4, 6-9, 11, and 12 which will be reviewed annually. The remaining elements will be reviewed mid-cycle; however, the frequency of review will be increased as needed, to ensure adequate attention to specific challenges that may be identified relevant to specific standards. The full table is appended. (See Appendix 1-01 CQI Elements for Monitoring)

Standards	Frequency of monitoring	Data sources	Key personnel to engage in collection/review of data
1 – mission, planning, organization, integrity 2 – leadership, administration	mid-cycle	Affiliation agreements, strategic goals/objectives; university policies HR policies and data	assistant dean for diversity and educational affairs; chief of staff; assistant dean for administration and finance; HR generalist
3 – academic/learning environment	annually	Policies/data re: diversity; pipeline program; mistreatment,	deputy dean; associate dean for student affairs; executive director of admissions, wellness and counseling; assistant deans for basic science and clinical curricula; Curriculum Committee
4 – faculty preparation, productivity, policies	annually	Faculty appointment and productivity data; faculty development data	assistant dean for administration and finance; assistant dean for diversity and educational affairs; assistant dean for medical education and faculty development
5 – educational resources, infrastructure	mid-cycle	Financial, IT, library data	dean; deputy dean for medical education; assistant dean for administration and finance;
6 – curricular competencies, objectives, design 7 – curricular content 8 – curricular management, evaluation	annually	Curricular data (i.e., course review/evaluation data); content mapping data; assessment policies and related data	deputy dean; assistant deans for basic science and clinical curricula; assistant dean for medical education and faculty development; director of educational research and; curriculum specialist; Curriculum Committee
9 – teaching, supervision, assessment, safety	annually	HR data (i.e., faculty appointments); student survey/ evaluation data; assessment data	deputy dean; assistant deans for basic science and clinical curricula; assistant dean for medical education and faculty development; director of educational research and evaluation; assessment and evaluation specialist; HR generalist; Curriculum Committee

10 – student selection, progress	mid-cycle	Admissions policies and data; student academic performance data	executive director of admissions, wellness and counseling; registrar; Executive Faculty Council; Admissions Committee
11 – academic support, records, career advising 12 – health services, counseling, financial aid	annually (AAMC data) and every 2 years for other data	Registrar / records management policies; advising data tuition and financial aid policies and data; health records management policies AAMC questionnaires (year 2 and graduation)	deputy dean for medical education; associate dean for student affairs; registrar; director of financial aid; assistant dean-clinical curricula; assistant dean for medical education and faculty development; executive director of admissions, wellness and counseling.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 1.1

1. The strategic goals and objectives of the medical school.

   (See priority areas identified in the summary report below.)

2. An executive summary of the medical school strategic plan.

CUNY School of Medicine

2016-2020 Strategic Plan

Summary Report

In 2016, the senior leadership of the CUNY School of Medicine engaged in a review of the goals and recommendations of the School's 2012 strategic plan. The plan, formulated by a steering committee of City College and SDSBE leadership, alumni, and local healthcare, community and political leaders, together with four faculty and staff *ad hoc* teams, addressed challenges and needs in four principal areas:

a) Academic Quality - to enhance the quality and breadth of the curriculum for building world class academic programs
b) Administrative Efficiency – to improve the efficiency and effectiveness of administrative programs and services
c) Student Experience – to develop a plan for enriching the student experience and ensuring their academic success from recruitment through graduation
d) Culture of Excellence – to develop a plan for creating excellence in our workforce and in our work practices.

The principal recommendation resulting from the 2012 strategic planning process, and supported by a separate expert panel review, was to transform the Sophie Davis School of Biomedical Education's (SDSBE) existing structure into a LCME-accredited BS/MD degree–granting program, with the three-pronged aim of (a) enabling the program to further support and maintain its mission of training primary care physicians who practice in medically underserved communities, (b) ensuring a more seamless

transition of our students from the traditional basic science education years to the clerkship phase of their training, and (c) guaranteeing the availability of clerkship slots for our students.

Over the past four years, SDSBE leadership, faculty and staff have invested significant resources and energy to accomplish the major restructuring of the program's curriculum and administrative processes. These efforts resulted in the successful attainment of preliminary LCME accreditation status for a seven-year BS/MD program (2015) and the establishment of the CUNY School of Medicine, which enrolled its charter MD program cohort of 69 students in fall 2016. Concurrently, in response to a national directive by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), the school's undergraduate Physician Assistant program was successfully restructured to a master's level program in physician assistant studies.

In spring 2016, the school's senior leadership reviewed the status of the recommendations of the 2012 strategic plan and determined that while much progress has been made in accomplishing or developing/ instituting action plans for fulfilling the 2012 objectives, additional work remains to be done particularly in the following three priority areas:

1. Creating an infrastructure to support our research mission to increase basic, translational, and educational scholarship
2. Improving communication, support, and collaboration among students, faculty, and staff to improve the working and learning environment (e.g., culture and climate issues)
3. Establishing an academic structure that values/rewards teaching and mentoring contributions and enhances faculty success and retention of clinicians, researchers, and educators

A faculty strategic planning workgroup was appointed in spring 2016 to review these areas and to identify the most pressing challenges and concerns of faculty related to the same. The workgroup, consisting of senior administrators as well as senior and junior faculty, queried and engaged faculty colleagues in discussions to identify critical issues and, supported by an external facilitator, designed a faculty retreat to examine and address the issues and challenges identified by the faculty. Similarly, subsequent to the first retreat, a staff workgroup was appointed in fall 2016 to examine priority area 2 (*improving communication, support, and collaboration among students, faculty, and staff to improve the working and learning environment*), as well as to explore and identify other pressing challenges and issues of concern for staff and guide the agenda for the staff retreat.

Strategic planning retreats for faculty and for staff were held in June and December 2016, respectively. Participants, who included affiliate faculty from St Barnabas Health System (the school's primary clinical partner), examined the priority areas, identified critical challenges of each, and developed the following goals and recommendations. Project teams have been identified to review the recommendations and to develop and implement action plans as appropriate for each during the spring 2017.

Priority: Create an infrastructure to support our research mission to increase basic, translational and education scholarship

- Establish a research office for the medical school.
- Incentivize interdisciplinary partnerships.
- Ensure departmental support for the management of grant accounts.
- Explore creation of a graduate program at the medical school.
- Pursue bridge funding mechanisms to support unfunded doctoral student RAs and TAs.
- Create and support research opportunities for medical students.

Priority: Improve communication, support, and collaboration among students, faculty, and staff to improve the working and learning environment

- Enhance schoolwide information sharing and communication through electronic and other media.

- Build collegiality through increased opportunities for informal interaction.
- Increase formal and informal opportunities for interaction and connection among faculty, staff, and students to foster collegiality and increase sense of community.
- Enhance faculty/staff recognition and appreciation efforts.
- Increase professional development opportunities for employees at all levels and titles (e.g., skill development, team building, leadership development).
- Establish an ombudsperson position within the medical school to examine and, where appropriate, mediate the resolution of formal complaints and grievances of students, faculty, and staff; and a staff advocate committee to aid in troubleshooting and responding to informal employee queries, concerns and challenges.

Priority: Establish an academic structure that values/rewards teaching and mentoring contributions and enhances faculty success and retention of clinicians, researchers, and educators

- Identify aspirational peer institutions of comparable size, missions, to identify appropriate/ comparable benchmarks and best practices related to tenure and promotion processes.
- Conduct an assessment of faculty teaching workload and productivity for comparison against aspirational peers.
- Explore the opportunity to create new faculty tracks for educators and clinicians that provide options for continuous employment, to increase opportunities for faculty longevity in these titles.
- Review and consider tenure and promotion criteria that acknowledge significant teaching and student mentorship, which are required to support the school's mission.

1.2 CONFLICT OF INTEREST POLICIES

A medical school has in place and follows effective policies and procedures applicable to board members, faculty members, and any other individuals who participate in decision-making affecting the medical education program to avoid the impact of conflicts of interest in the operation of the medical education program, its associated clinical facilities, and any related enterprises.

1.2 NARRATIVE RESPONSE

a. Place an "X" next to each unit for which the primary institutional governing board is directly responsible:

X	University system
X	Parent university
	Health science center
X	Medical school
	Other (describe below):

b. If the institutional primary board is responsible for any units in addition to the medical school (e.g., other colleges), is there a separate/subsidiary board for the medical school?

No

c. Is the medical school part of a for-profit, investor-owned entity? If so, identify any board members, administrators, or faculty members who are shareholders/ investors/administrators in the holding company for the medical school.

No. The City University of New York is a public university.

d. Place an "X" next to each area in which the medical school or university has a faculty conflict of interest policy:

X	Conflict of interest in research
X	Conflict of private interests of faculty with academic/teaching/responsibilities
X	Conflict of interest in commercial support of continuing medical education

e. Describe the strategies for managing actual or perceived conflicts of interest as they arise for the following groups:

1. Governing board members

Members of the Board of Trustees of the City University of New York and all CUNY employees are subject to the Public Officers Law §74 of the New York State Joint Commission on Public Ethics, which stipulates the following:

Rule with respect to conflicts of interest.
No officer or employee of a State agency, member of the legislature, or legislative employee should have any interest, financial or otherwise, direct or indirect, or engage in any business or transaction or professional activity or incur any obligation of any nature, which is in substantial conflict with the proper discharge of his duties in the public interest.

In addition to any penalty contained in any other provision of law, any such officer, member,

or employee who shall knowingly and intentionally violate any of the provisions of this section may be fined, suspended or removed from office or employment in the manner provided by law. Any such individual who knowingly and intentionally violates the provisions of [this section] or who fails to complete the NY State mandated annual financial disclosure form or falsifies information contained in the same, shall be subject to a civil penalty in an amount not to exceed forty thousand dollars and the value of any gift, compensation or benefit received as a result of such violation. Any such individual who knowingly and intentionally violates the provisions of [this section] shall be subject to a civil penalty in an amount not to exceed the value of any gift, compensation or benefit received as a result of such violation.

All CUNY board members and employees with decision-making authority whose annual salaries exceed $90,020 are also required to submit electronically an *Annual Statement of Financial Disclosure* to the New York State Joint Commission of Public Ethics. Compliance is monitored by the College's Conflict of Interest Officer in collaboration with the State Ethics Commission.

The CUNY Conflict of Interest policy provides standards of conduct based on the provisions of NYS Public Officers Law Policy §74, and addresses research and financial conflicts, as well as issues related to nepotism in hiring practices; it also provides guidance with regard to faculty assignment of their own creative/published works as required course material for student purchase.

2. University and medical school administrators

   (same as above)

3. Medical school faculty

   (same as above)

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 1.2

1. Policies and procedures intended to prevent or address financial or other conflicts of interest among governing board members, administrators, and faculty (including recusal from discussions or decisions if a potential conflict occurs).

   Appended documents:
   - CUNY Conflict of Interest policy (Appendix 1-02)
   - NYS Public Officers Law §74 (Appendix 1-02)

2. Documentation, such as minutes illustrating relevant recusals or affirmations, which illustrate that conflict of interest policies are being followed.

   Appended are minutes of the CUNY Board of Trustees (BOT) proceedings of June 27, 2016 (Appendix 1-02). CUNY Trustee Ken Sunshine, founder of Sunshine Sachs Consultants--a firm that represents major corporations, nonprofits, and several unions--is recused from all Board of Trustee decisions related to the university's collective bargaining units.

UPDATED 12.29.17

1.3 MECHANISMS FOR FACULTY PARTICIPATION

A medical school ensures that there are effective mechanisms in place for direct faculty participation in decision-making related to the medical education program, including opportunities for faculty participation in discussions about, and the establishment of, policies and procedures for the program, as appropriate.

1.3 SUPPORTING DATA

Table 1.3-1 | Standing Committees

List all current major standing committees of the medical school and provide the requested information for each, including whether members are all appointed (A), all elected (E), or whether the committee has both appointed and elected members (B), and whether the committee is charged with making recommendations (R), is empowered to take action (A), or both (B).

Committee	Reports to	Total Voting Members	Total Faculty Voting Members	Membership Selection (A/E/B)	Authority (R/A/B)
Executive Faculty Committee (EFC)	Dean	9	9	B	B
Admissions Committee (AC)	EFC	10	8	A	A
Curriculum Committee (CC)	EFC	13	9	B*	B
Student Academic Progress Committee (SAPC)	EFC	8	8	B**	B
Student Appeals Committee (SAC)	EFC	5	5	A	R

* All faculty members on the Curriculum Committee are appointed by the Executive Faculty Committee; however, student representatives are elected annually by the student body. We will ultimately have six student members once we have all four years of the medical school. Currently we have student members from undergraduate Years 2 and 3 (U2, U3) and medical school Years 1 and 2 (M1, M2).
** Students only attend SAPC meetings when they discuss policies. Students do not vote and are elected annually by the student body.

1.3 NARRATIVE RESPONSE

a. Comment on whether the list of committees above represents the final committee structure of the medical school. Are there committees that have not yet been formed or anticipated changes in existing committees?

   A proposal to establish the Inclusive Excellence Council as a standing committee of the school was approved by affirmative vote of the CSOM faculty in September 2017; a governance plan amendment to codify the council's designation as a standing committee awaits final approval by the CUNY Board of Trustees.

b. Summarize how the selection process for faculty committees ensures that there is input from the general faculty into the governance process. How are individuals whose perspectives are

independent from that of departmental leadership or central administration included? Note whether committees include elected members or members nominated or selected through a faculty-administered process (e.g., through a "committee on committees").

In accordance with the school's governance plan, the Executive Faculty Committee (EFC) will appoint the chair and members of all standing committees, with the advice and consent of the dean. Voting members of the EFC include six CSOM faculty representing all academic departments and elected to three-year terms by the faculty council (composed of all full-time faculty) and three department chairs. Faculty will constitute the majority of the voting membership of all standing committees, which will include at least one representative of each academic department appointed by the EFC. The dean will designate such non-voting *ex officio* administrators as deemed appropriate. The EFC will determine the size of all standing committees.

c. Describe how faculty are made aware of policy and other types of changes that require faculty comment and how such input from faculty is obtained. Describe some recent opportunities for faculty to provide such input.

Draft policies, proposed governance plan amendments, and other items requiring faculty input or action, and the rationale for these, are distributed by email to faculty by the Dean's Office, the Office of Medical Education, or the relevant standing committee at least one week in advance of general faculty meetings. A forum for faculty discussion and, where relevant, decision-making of the relevant issues and policies is provided during the faculty meetings, which are held quarterly. Course-related matters are shared and discussed with faculty during monthly course directors' meetings led by the assistant deans for basic science curriculum and clinical curriculum. Additionally, monthly departmental meetings also provide a forum for chairs to discuss academic and policy matters with their respective faculty. Policy documents are subsequently posted on the Office of Medical Education's Blackboard™ website, which is accessible to all faculty.

Examples regarding faculty input on policy matters:

- A proposed governance plan amendment to grant the chair of Clinical Medicine voting privileges on the EFC was circulated to faculty on June 10, 2016, in advance of the June 17 faculty meeting, where action on the proposed amendment was taken.

- A proposed new course grading policy was circulated to all faculty by the Student Academic Progress Committee on December 3, 2015, in advance of the December 10 faculty meeting, where the proposed policy and rationale were discussed.

- On September 14, 2017, faculty approved by affirmative vote governance plan amendments to increase faculty representation (number of elected voting members) on the EFC from departments with greater than 10 full-time faculty, and to establish the Inclusive Excellence Council as a standing committee of the school. (Both proposed amendments had been circulated to faculty and discussed at the May 2017 faculty meeting, but action was tabled until the September meeting to ensure quorum.)

d. Describe the mechanisms (such as faculty meetings, written or electronic communications) that are used to inform faculty about issues of importance at the medical school and note their frequency.

Schoolwide faculty meetings, chaired by the dean, are held on a quarterly basis; meeting dates for the full academic year are disseminated to faculty in late summer via email. General faculty

meetings to discuss any schoolwide issues may also be called at any time by request of the dean or the EFC, or by petition of 10 percent of the full-time faculty. Information and policy matters are posted on the Office of Academic Affairs' Blackboard website that is accessible by all faculty, staff, and students. This information includes minutes of the Curriculum Committee meetings, new policies or anticipated changes regarding the curriculum or assessments, and any public information related to the Student Academic Progress Committee. In addition, an LCME Blackboard site, accessible to all, provides general information about the LCME process, a timeline of key dates, copies of completed databases (DCIs), self-study task force reports, and other relevant information from the LCME.

Town hall meetings for all faculty and staff are also held at least once per semester as a forum for information sharing on a broad range of academic and administrative matters.

1.4 AFFILIATION AGREEMENTS

In the relationship between a medical school and its clinical affiliates, the educational program for all medical students remains under the control of the medical school's faculty, as specified in written affiliation agreements that define the responsibilities of each party related to the medical education program. Written agreements are necessary with clinical affiliates that are used regularly for required clinical experiences; such agreements may also be warranted with other clinical facilities that have a significant role in the clinical education program. Such agreements provide for, at a minimum:

- The assurance of medical student and faculty access to appropriate resources for medical student education.
- The primacy of the medical education program's authority over academic affairs and the education/ assessment of medical students.
- The role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching.
- Specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury.
- The shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment.

1.4 SUPPORTING DATA

Table 1.4-1 | Affiliation Agreements

For each inpatient clinical teaching site used for the inpatient portion of required clinical clerkships, provide the page number in the current affiliation agreement where passages containing the following information appear. Add rows as needed.

1. Assurance of medical student and faculty access to appropriate resources for medical student education.
2. Primacy of the medical education program's authority over academic affairs and the education/assessment of medical students.
3. Role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching.
4. Specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury.
5. Shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment.

		Page Number(s) in Agreement				
Clinical teaching site	Date agreement signed	(1) Access to resources	(2) Primacy of program	(3) Faculty appointments	(4) Environmental hazard	(5) Learning environment
St. Barnabas Hospital Health System	12/2/2014 (Addendum: 2/26/2015)	4	1-2	1-2, 16	4-5	3, 4-6, 12
Staten Island University Hospital (Northwell Health)	7/20/17 (Rider: 8/2/17)	1-2	2-4	2-4, 6	4-5	1-4

1.4 NARRATIVE RESPONSE

a. If all affiliation agreements are not complete, describe the status of completing those affiliation agreements with clinical sites that will be used for the inpatient portions of required clinical clerkships for the charter medical school class.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 1.4

1. As available, the signed/executed or drafted affiliation agreement for each clinical teaching site at which students will complete the inpatient portions of required clinical clerkships and/or integrated longitudinal clerkships. This does not include clinical teaching sites only used for electives or selectives.

Note: Each affiliation agreement should be saved as a separate document and named according to the following convention: 1.4._AA_Site Name.

Appended Agreements (See Appendix 1-04):

In-patient clerkship sites:

- St Barnabas Hospital/Health System (SBHHS)
- Staten Island University Hospital (Northwell Health)

1.5 BYLAWS

A medical school promulgates bylaws or similar policy documents that describe the responsibilities and privileges of its administrative officers, faculty, medical students, and committees.

1.5 NARRATIVE RESPONSE

a. Provide the date when the bylaws that apply to the medical school were or will be approved and the date of the last update, if one has occurred.

   The governance plan for the CUNY School of Medicine was adopted by the CUNY Board of Trustees on March 21, 2016, with an effective date of July 1, 2016. Amendments to the governance plan were adopted September 26, 2016, and February 21, 2017.

b. Describe the process for changing bylaws, including the individuals and groups that must approve changes.

   Amendments to the governance plan may be proposed by a petition or affirmative vote of 20 percent of the voting members of the Faculty Council, by proposal of the *Executive Committee, or by an *ad hoc* committee appointed by the Executive Committee to review the governance plan. Amendments may be adopted by affirmative vote of two-thirds (2/3) of the members of the Faculty Council, provided that the text of the proposed amendment has been sent in writing to every member of the faculty at least one week before the meeting at which the proposed amendment is to be considered. Adopted amendments are subject to the approval of the CUNY Board of Trustees before they become effective. The Executive Committee will appoint an *ad hoc* committee to review the Governance Plan every two years for possible revisions.

   *a.k.a. Executive Faculty Committee

c. Briefly describe how the bylaws are or will be made available to the faculty.

   Following Board of Trustee approval, the governance plan and approved amendments are forwarded electronically to all employees via email. The document is also posted electronically and available to all employees via a shared drive on the school's internal network and on the Office of Medical Education's Blackboard webpage.

   A copy of the Governance Plan and Article 9.3 is included as an appendix (See Appendix 1-05)

Note: the full bylaws that apply to the medical school should be available in the survey team's home room during the survey visit or available online.

1.6 ELIGIBILITY REQUIREMENTS

A medical school ensures that its medical education program meets all eligibility requirements of the LCME for initial and continuing accreditation, including receipt of degree-granting authority and accreditation by a regional accrediting body by either the medical school or its parent institution.

1.6 SUPPORTING DATA

1. Provide the state in which the institution is chartered/legally authorized to offer the MD degree.

   New York

2. Place an "X" next to the institutional (regional) accrediting body that accredits the medical school or parent institution:

X	Middle States Association of Colleges and Schools
	New England Association of Schools and Colleges
	North Central Association of Colleges and Schools
	Northwest Commission on Colleges and Universities
	Southern Association of Colleges and Schools
	Western Association of Colleges and Schools

3. Provide the current institutional accreditation status and when the school will be/was reviewed for candidate status.

   The City College of New York (CCNY) is authorized by the New York State Board of Regents to confer the BS and MD degrees to candidates who complete the medical education program offered through the CUNY School of Medicine (CSOM). The Middle States Commission on Higher Education reaffirmed CCNY's full accreditation in November 2013; the college's next evaluation visit is scheduled for AY18.

   CSOM was granted preliminary accreditation status by the LCME in June 2015.

STANDARD 2: LEADERSHIP AND ADMINISTRATION

A medical school has a sufficient number of faculty in leadership roles and of senior administrative staff with the skills, time, and administrative support necessary to achieve the goals of the medical education program and to ensure the functional integration of all programmatic components.

2.1 ADMINISTRATIVE OFFICER AND FACULTY APPOINTMENTS

The senior administrative staff and faculty of a medical school are appointed by, or on the authority of, the governing board of the institution.

2.1 NARRATIVE RESPONSE

a. Briefly describe the role of the primary institutional governing board in the appointment of members of the medical school administration, including the dean, the dean's staff, and members of the faculty. Note if the governing board has delegated the responsibility for some or all of these appointments to another individual (e.g., the university president, provost, medical school dean).

All full-time appointments to the instructional staff, except as otherwise provided, are made by the dean, with final approval from the CUNY Board of Trustees. All appointments are made to a department, initiated by recommendation of the department chair to the dean, following a search. After approval by the dean, the appointment is reviewed by CUNY's Committee on Faculty Personnel and Budget, which submits its recommendation to CCNY's president for approval and referral to the Board of Trustees.

Appointment of the university chancellor is also made by affirmative vote of the Board of Trustees of finalist candidate(s) recommended by a search committee chaired by the Board chairperson. Search committee membership includes representation from the trustees, CUNY college presidents, faculty, students and alumni. Vacancies in executive administrative positions (e.g., chancellor, presidents, vice presidents, deans) are filled by conducting a search with broad outreach. The chancellor shall recommend the appointments of persons to these positions to the Board of Trustees for approval. Appointment to the positions of senior vice president and vice president must be recommended by the chancellor to the Board of Trustees' Committee on Faculty, Staff, and Administration, which will forward approved recommendations to the full Board of Trustees for its consideration.

Appointments of full-time instructional staff and administrative officers are considered final when formally approved by the Board.

2.2 DEAN'S QUALIFICATIONS

The dean of a medical school is qualified by education, training, and experience to provide effective leadership in medical education, scholarly activity, patient care, and other missions of the medical school.

2.2 NARRATIVE RESPONSE

a. Note if the dean has ultimate responsibility for all missions of the medical school or if some of these (e.g., patient care) are under the authority of another administrator.

   The dean of the CUNY School of Medicine has ultimate responsibility for the medical school mission. Missions related to patient care are under the authority of the CEO of the St. Barnabas Hospital Health System (SBHHS), our primary clinical partner.

b. Provide a brief summary of the dean's experience and qualifications to provide leadership in the missions of the medical school for which he/she has responsibility.

   In August 2011, Dr. Maurizio Trevisan was appointed dean of the CUNY School of Medicine (formerly the Sophie Davis School of Biomedical Education) at The City College of New York, and from 2013 through 2016 served concurrently as the Provost of The City College of New York.

   Dr. Trevisan joined CSOM from the Nevada System of Higher Education, where from 2007 he served as the executive vice chancellor and chief executive officer of the Health Sciences System --a statewide collaboration of Nevada higher education health sciences and professional programs. The system, which included eight colleges and universities across the state, focused on coordinating these institutions' efforts to train and retain physicians and other healthcare professionals to practice in Nevada.

   Prior to moving to Nevada, Dr. Trevisan served as professor in the Department of Social and Preventive Medicine at SUNY University at Buffalo and founding dean of the School of Public Health and Health Professions. He joined SUNY Buffalo in 1985 as an assistant professor and since 2007 has held the title SUNY distinguished professor emeritus.

   As a researcher, Dr. Trevisan has authored more than 250 publications which have appeared in such high impact journals as the *Journal of the American Medical Association, Annals of Internal Medicine* and *The New England Journal of Medicine*. He also has extensive experience directing and conducting multicenter and international collaborative studies.

   Dr. Trevisan's research interests focus on the role of lifestyle and metabolic factors in the etiology and prevention of cardiovascular disease, with a special focus on the role of diet and alcohol use. More recently, he has focused on the relationship between oral and systemic health, such as ties between periodontal disease and cardiovascular disease and the role of infection and inflammation. Dr. Trevisan earned his MD from the University of Naples Medical School and his MS in epidemiology from State University of New York, University at Buffalo.

c. Describe the process that is or will be used to evaluate the dean, including the interval at which this evaluation will take place.

   In accordance with university policies, college-wide performance targets and goals are established for all executives by the college president, based on university mission and the goals set by the chancellor. The president subsequently evaluates the success of the senior leadership in

meeting those expectations.

Individual goals that align with the college and university's goals, and metrics to evaluate these, are established annually for each executive. Additionally, goals in relation to personal competencies are set and assessed in four major areas:

- Leadership--Development and use of effective strategies and interpersonal styles to influence and guide others to accomplish desired outcomes.
- Management/Team Building--Effectiveness in building and maintaining strong, competent teams, and leveraging unique capabilities of staff to maximize efficiency; respect for differences and diversity; effectiveness in achieving operational and strategic objectives.
- Communication--Ability to articulate difficult, complex and/or critical material and ideas clearly and effectively; demonstrated command of language, clarity of thought, and orderliness of presentation.
- Adaptability—Proven versatility and the ability to generate new ideas, and to adjust well to new methods, conditions and circumstances.

Each executive will be evaluated annually by the college president.
(See Appendix 2-02 ECP Performance Evaluation Setting Goals and Targets 2016-17, ECP Performance Goals and Targets and ECP Executive Competencies 2016-2017)

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 2.2

1. Dean's abbreviated curriculum vitae.

   (See Appendix 2-02 CV Dean Trevisan-Final 2017)

   Maurizio Trevisan, M.D., M.S.

   Education

M.D., University of Naples Medical School, Italy	1977
Postdoctoral Fellowship in Biostatistics, Northwestern University	1979-82
MS (Epidemiology), State University of New York at Buffalo	1989

   Professional Experience

1977-79	Resident, Department of Internal Medicine, University of Naples Medical School
1979-82	Research Fellow, Department of Community Health and Preventive Medicine, Northwestern University Medical School
1982-85	Consultant to University of Naples, Institute of Internal Medicine and Metabolic Diseases; Co-Principal Investigator and Director, Cellular Ion Transport Lab., for the project "Gubbio 83-85" (population-based epidemiological investigation of ion transport abnormalities as risk factors for essential hypertension), University of Naples
1985-88	Assistant Professor, Department of Social and Preventive Medicine, State University of New York at Buffalo
1987-96	Adjunct Assistant Professor, Department of Community Health & Preventive Medicine, Northwestern University Medical School
1996-	Adjunct Professor, Department of Community Health and Preventive Medicine, Northwestern University Medical School
1988-89	Clinical Assistant Professor, Department of Family Medicine, State University of New York at Buffalo

1988-92	Associate Professor, Department of Social and Preventive Medicine, State University of New York at Buffalo
1989-94	Clinical Associate Professor, Nutrition Program, State University of New York at Buffalo
1989-94	Associate Professor, Department of Family Medicine, State University of New York at Buffalo
1993-	Professor, Department of Social and Preventive Medicine, State University of New York at Buffalo
1993-2003	Chairman, Department of Social and Preventive Medicine, State University of New York at Buffalo
1993-	Senior Associate Research Scientist, Research Institute on Addictions, Buffalo, NY
1994-	Adjunct Professor, Nutrition Program, State University of New York at Buffalo
1994-	Professor, Department of Family Medicine, State University of New York at Buffalo
1995-96	Co-Director, Health in Housing, State University of New York at Buffalo
1995-2007	Director, Health In Housing, a WHO Collaborating Center, State University of New York at Buffalo
2001-03	Dean (Interim), School of Health Related Professions, University of New York at Buffalo
2003-04	Dean (Interim), School of Public Health and Health Professions, University of New York at Buffalo
2004-07	Dean (Founding), School of Public Health and Health Professions, University of New York at Buffalo
2007-11	Executive Vice Chancellor & CEO, Nevada System of Higher Education, Health Sciences System
2007-11	Professor of Medicine, University of Nevada, Reno, School of Medicine
2011-16	Medical Professor and Dean, Sophie Davis School of Biomedical Education, The City College of New York
2013-16	Provost and Senior Vice President for Academic Affairs, The City College of New York
2016 -	Founding Dean, CUNY School of Medicine, City University of New York

Honors

Magna cum laude, 1977, University of Naples, Italy
Fellow of the Council on Epidemiology of the American Heart Association, 1983-present
Research Career Development Award, National Institutes of Health (NHLBI), 1989-1994
Winner, First Prize for Research, International Competition, ASSITOL, Milan, Italy, November 25, 1993
Member (elect), American Epidemiological Society 1995-present
Fellow of the American College of Epidemiology, 1996-present
Stockton Kimball Award, University of New York at Buffalo, 1999
SUNY Chancellor's Research Recognition Award, 2002
SUNY Distinguished Professorship, October 2007

Certifications and Specialty Boards

National Boards (Italy) in Medicine and Surgery, 1977
Board Certification (Italy) in Diabetes and Metabolic Disease, 1980

Selected Peer-reviewed Publications (selected from over 250 peer-reviewed publications)

Writing Group for the Women's Health Initiative Investigators. Risks and Benefits of Estrogen Plus Progestin in Healthy Postmenopausal Women. Principal Results from the Women's Health Initiative Randomized Controlled Trial. JAMA. 288(3): 321-333, 2002

Anderson G.L., Judd H.L., Kaunitz A.M., Barad D.H., Beresford S.A.A., Pettinger M., Liu J., McNeeley S.G. and Lopez A.M. for the Women's Health Initiative Investigators. Effects of Estrogen Plus Progestin on Gynecologic Cancers and Associated Diagnostic Procedures: The Women's Health Initiative Randomized Trial. JAMA. 290:1739-1748, 2003.

Hayes J, Ockene J, Brunner R et al and the WHI Investigators. Effects of Estrogen plus Progestin on Health-Related Quality of Life: Results from the Women's Health Initiative Randomized Clinical Trial. New England Journal of Medicine. 348, 1839-1854, 2003.

Hendrix, S.L, Wassertheil-Smoller, S., Johnson, K.C., Howard, B.V., Kooperberg, C., Rossouw, J.E., Trevisan, M., Aragaki, A., Baird, A.E., Bray, P.F., Buring J.E., Criqui, M.H., Herrington, D., Lynch, J.K., Rapp, S.R., Torner, J. for the WHI Investigators. Effects of Conjugated Equine Estrogen on Stroke in the Women's Health Initiative. Circulation 113:2425-2434 2006. PMID: 16702472

Women's Health Initiative Writing Group. Low-Fat Dietary Pattern and Risk of Cardiovascular Disease: The Women's Health Initiative Randomized Controlled Dietary Modification Trial. JAMA. 295:655-666 2006

The Emerging Risk Factors Collaboration, Lipoprotein(a) Concentration and the Risk of Coronary Heart Disease, Stroke, and Nonvascular Mortality, JAMA, Vol. 302 (4) July 2009.

Mumford, SL., Schisterman, EF., Siega-Riz, AM., Gaskins, AJ., Steiner, AZ., Daniels, JL., Olshan, AF., Hediger, ML., Hovey, K., Wactawski-Wende, J., Trevisan, M., Bloom, MS. Cholesterol, endocrine and metabolic disturbances in sporadic anovulatory women with regular menstruation. Human Reproduction. 26(2):423-30, 2011.

Marian, C., Ochs-Balcom, HM.,Nie, J., Kallakury, BV., Ambrosone, CB., Trevisan, M.,Edge, S., Shields, PG. , Freudenheim, JL. FGFR2 intronic SNPs and breast cancer risk: associations with tumor characteristics and interactions with exogenous exposures and other known breast cancer risk factors. International Journal of Cancer. 129(3):702-12, 2011

Tao, MH., Marian, C., Nie, J., Ambrosone, C., Krishnan, SS., Edge, SB., Trevisan, M., Shields, PG., Freudenheim, JL. Body Mass and DNA promoter methylation in breast tumors in the Western New York Exposures and Breast Cancer Study. American Journal of Clinical Nutrition. 94(3):831-8, 2011.

Li, Y., Brasky, TM., Nie, J., Ambrosone, CB., McCann, SE., Shields, PG., Trevisan, M., Edge, SB., Freudenheim, JL. Use of nonsteroidal anti-inflammatory drugs and survival following breast cancer diagnosis. Cancer Epidemiology. Biomarkers & Prevention. 21 (1): 239-42, 2012.

Service on National Committees and Study Sections

National Advisory Committee, New York Rural Health Research Center
American Heart Association, Reviewer, Scientific Sessions
American College of Cardiology, Reviewer

State of New York, Department of Health Cardiovascular Health Task Force, expert advisor
American Heart Association: Periodontal Disease and Atherosclerotic Vascular Disease: Is There a Relationship? Writing Group Panel Member
National Institutes of Health (EDC2, Epidemiology)
National Institute of Dental Research Board of Scientific Counselors
National Institute on Alcohol Abuse and Alcoholism, Toxicology Study Section
Epidemiology and Disease Control Study Section
National Institute of Child Health and Development, Review Panel for a Concept Idea
National Institute of Diabetes and State of the Science Conference on Preventing Alzheimer's Disease and Cognitive Decline, Member; Review Panel Digestive and Kidney Disease

2.3 ACCESS AND AUTHORITY OF THE DEAN

The dean of a medical school has sufficient access to the university president or other institutional official charged with final responsibility for the medical education program and to other institutional officials in order to fulfill his or her responsibilities; there is a clear definition of the dean's authority and responsibility for the medical education program.

2.3 NARRATIVE RESPONSE

a. Summarize the dean's access to university and health system administrators. Provide examples to illustrate how the dean's access to these administrators has ensured that the needs of the medical education program are included in planning activities at these levels.

   The dean is the chief academic and administrative officer of the CUNY School of Medicine (CSOM) and has general responsibility to develop, implement, and administer the CSOM's degree programs. As codified by the school's governance plan, the dean reports directly to the president of The City College of New York (CCNY).

   This direct access to the college president has facilitated communication with university-level leadership for addressing administrative processes related to the renovation of CSOM facilities and problem solving related to the fulfilment of several accreditation requirements.

b. Describe the dean's authority and responsibility for the medical education program based on the position description provided in the supporting documentation and/or codified in bylaws.

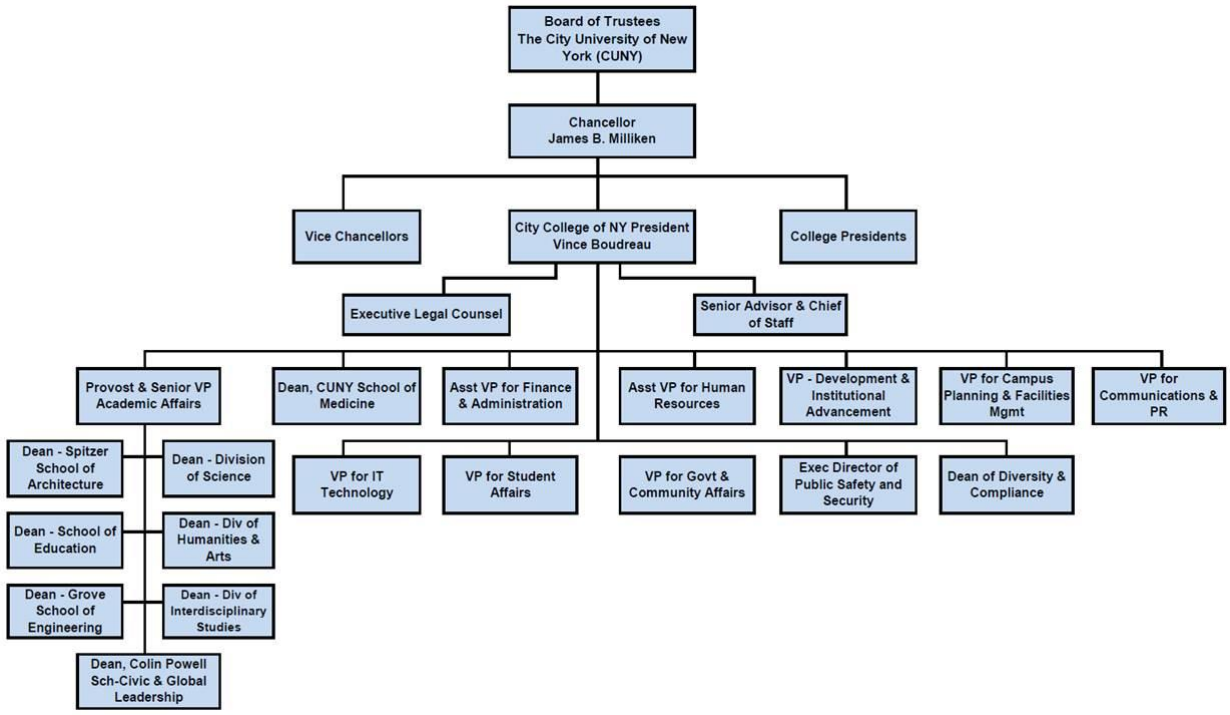
   The dean is the chief academic and administrative officer of CSOM. Reporting to the president of CCNY, the dean shall be responsible for all aspects of the operation of CSOM, except as otherwise directed by the Board of Trustees or the chancellor of CUNY.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 2.3

1. Organizational chart illustrating the relationship of the medical school dean to university administration, to the deans of other schools and colleges, and to the administrators of the health science center and affiliated teaching hospitals (if relevant). If the medical school is part of a larger non-academic entity (not-for-profit or for-profit/investor-owned), the chart should include the relationship of the dean or other senior academic officer to the board of directors or officers of that entity.

UPDATED 12.29.17

The City College of New York Organizational Chart



2. Dean's position description. If the dean has an additional role (e.g., vice president for health/academic affairs, provost), include that position description, as well.

   The duties of the dean include the following:

   1. Developing, maintaining, and enhancing CSOM's educational standards to ensure the academic excellence of the medical program by assuming responsibility for and authority over the content and implementation of the curriculum, and ensuring compliance with the bylaws and policies of the Board of Trustees of CUNY, CSOM, and CCNY and all relevant accrediting bodies.
   2. Recommending to the chancellor, after due internal process, the appointment, promotion, and granting of tenure to eligible members of the faculty of CSOM.
   3. Appointing and supervising the members of the dean's administrative staff, including deputy, associate, and assistant deans, and appropriately managing the educational and administrative activities of the school.
   4. Overseeing the administrative and fiscal matters of CSOM, including overseeing budgets, reviewing and approving grant and contract proposals that entail the participation of CSOM, and holding final authority over decisions related to the assignment of office and laboratory space to programs, departments, or individuals.
   5. Establishing and overseeing affiliation agreements with institutions that provide educational and training experiences for CSOM's students.
   6. Promoting CSOM's vision and mission, and nurturing by example an environment that promotes them.
   7. Enhancing CSOM's long-term and short-term financial resources through collaboration with the Development Office of CCNY and relevant external funders.

8. Overseeing CSOM's student recruitment and admissions processes and resources to foster a learning environment supportive of students' academic performance.
9. Providing leadership to the development of long-term strategic planning for the growth and improvement of the programs of CSOM.
10. Representing CSOM and acting as agent of the president of CCNY at national, regional, and local organizations.

3. Relevant excerpts from the faculty bylaws describing the dean's role and/or authority regarding the medical education program.

   Excerpt from the Governance Plan for the CUNY School of Medicine:

   ARTICLE I: Dean

   The Dean will be the chief academic and administrative officer of the SOM. The Dean will have general responsibility to develop, implement and administer the SOM degree programs and will report to the President of The City College of New York (the "President"). The Dean may appoint Associate Deans and Assistant Deans to assist with carrying out his/her responsibilities.

2.4 SUFFICIENCY OF ADMINISTRATIVE STAFF

A medical school has in place a sufficient number of associate or assistant deans, leaders of organizational units, and senior administrative staff who are able to commit the time necessary to accomplish the missions of the medical school.

2.4 SUPPORTING DATA

Table 2.4-1-A. | Office of Student Affairs	
Survey Questions	**First Year Class - 2020**
Accessibility	Somewhat satisfied 15.6%/Very satisfied 82.8%
Awareness of student concerns	Somewhat satisfied 50%/Very satisfied 39.1%
Responsiveness to student problems	Somewhat satisfied 50%/Very satisfied 35.9%
Communication from faculty to students on school events	Somewhat satisfied 43.8%/Very satisfied 40.6%
Communication from faculty to students on school's new resources	Somewhat satisfied 37.5%/Very satisfied 34.4%

Table 2.4-1-B. | Office of Medical Education and Academic Affairs	
	First Year Class - 2020
Accessibility	Somewhat satisfied 31.3%/Very satisfied 59.4%
Awareness of student concerns	Somewhat satisfied 56.3%/Very satisfied 21.9%
Responsiveness to student problems	Somewhat satisfied 40.6%/Very satisfied 34.4%
Student accessibility to medical school faculty	Somewhat satisfied 51.6%/Very satisfied 40.6%
Participation of students on key medical school committees	Somewhat satisfied 32.8%/Very satisfied 31.3%
Communication from faculty to students on school LCME processes	Somewhat satisfied 42.9%/Very satisfied 27.0%

Table 2.4-1-C.| Course Faculty (Class Lecturers and Clinicians) [Note: this entire section added by students]	
	First Year Class - 2020
Student accessibility to faculty	Somewhat satisfied 35.9%/Very satisfied 50.0%
Awareness of student concerns	Somewhat satisfied 48.4%/Very satisfied 20.3%
Responsiveness to gaps in learning	Somewhat satisfied 37.5%/Very satisfied 18.8%
Flexibility to modify weak points in curricula	Somewhat satisfied 35.9%/Very satisfied 26.6%

Table 2.4-2 | Department Chair Staffing

Provide the requested information regarding current department chairs. Indicate (X) if the current incumbent is acting/interim. Add rows as needed.

Name of Department	Name of Incumbent	Date Appointed	Acting/interim
Community Health and Social Medicine	Joan Dorn, PhD	November 2014	
Clinical Medicine	Edward Telzak, MD	July 2016	
Medical Education	Erica Friedman, MD	May 2013	
Molecular, Cellular, and Biomedical Sciences	Eitan Friedman, PhD	March 2016	X

UPDATED 12.29.17

Table 2.4-3 | Number of Department Chair Vacancies		
Indicate the number of vacant/interim department chair positions for each of the listed academic years.		
AY 2015-16	AY 2016-17	AY 2017-18
	1	

Table 2.4-4 | Dean's Office Administrative Staffing

Provide the requested information regarding members of the dean's office staff. Indicate (X) if the current incumbent is acting/interim. Add rows as needed.

Name of Incumbent	Title	% Effort dedicated to administrative role	Date appointed	Check (X) if incumbent is acting/ interim
Erica Friedman, MD	Deputy Dean for Medical Education	100	May 2013	
Linda Spatz, PhD	Associate Dean for Research	50	November 2014	X
Dani McBeth, PhD	Associate Dean for Student Affairs	100	January 2003	
Nicole Roberts, PhD	Assistant Dean for Medical Education & Faculty Development	100	August 2014	
Rosa Lee, MD*	Associate Dean for Curriculum and Assessment	100	January 2015	
Open	Assistant Dean for Clinical Curriculum	100		
Serafin Pinol-Roma, PhD	Assistant Dean for Basic Sciences Curriculum	100	January 2015	
Priscilla Daniel, MPA	Assistant Dean for Administration and Finance	100	July 2015	
Annabel Santana, MPH	Assistant Dean for Diversity and Educational Affairs	100	July 2015	
Tracy Jackson, MS	Assistant Dean and Director, Physician Assistant Program	100	September 2016	X
NEW	Executive Director Institutional Advancement and Alumni Relations	100	Pending	

*Dr. Rosa Lee was promoted from Assistant Dean for Clinical Curriculum to Associate Dean for Curriculum and Assessment in November 2017. Currently, the Assistant Dean for Clinical Curriculum position is open and the search is ongoing.

2.4 NARRATIVE RESPONSE

a. If any members of the dean's staff hold interim/acting appointments or if anticipated positions have not yet been filled, describe the status of recruitment efforts to fill the position(s).

A national search for an associate dean for research and a search for the assistant dean and director of the physician assistant program are currently active. Both positions are expected to be filled in FY18. Additionally, a new position, executive director for development, has been created and is currently posted (until January 28, 2018).

b. If there are any department chair vacancies, including acting/interim chairs or unfilled positions, describe the status of recruitment efforts to fill the position(s).

The Department of Molecular, Cellular, and Biomedical Sciences was formed in March 2017 as a merger of two former departments. The chair of one of the merged departments (formerly Physiology, Pharmacology and Neuroscience January 20, 2017) has been appointed interim chair of the newly created department while a national search for permanent chair is conducted. The position is expected to be filled in FY18.

c. Briefly describe how, how often, and by whom the performance of dean's office staff and department chairs is or will be reviewed.

In accordance with CUNY guidelines, each assistant, associate and deputy dean will be evaluated annually by the medical school's dean. The dean will establish annual performance targets and goals, and metrics to evaluate these, for all executives, in alignment with the school's and broader university's strategic goals and targets. Additionally, goals in relation to personal competencies will be set and assessed in four major areas:

- Leadership--Development and use of effective strategies and interpersonal styles to influence and guide others to accomplish desired outcomes.
- Management/Team Building--Effectiveness in building and maintaining strong, competent teams, and leveraging unique capabilities of staff to maximize efficiency; respect for differences and diversity; effectiveness in achieving operational and strategic objectives.
- Communication--Ability to articulate difficult, complex and/or critical material and ideas clearly and effectively; demonstrated command of language, clarity of thought, and orderliness of presentation.
- Adaptability--Proven versatility and the ability to generate new ideas, and to adjust well to new methods, conditions and circumstances.

(See sample forms for the evaluation of deans in Appendix 2-02).

A performance review of department chairs will be conducted annually at the conclusion of the academic year (i.e., June) by the dean of the medical school. Criteria to be considered in the performance review include the following:

- Overall performance of administrative responsibilities
  - Joint assignment of course directors in consultation with the deputy dean.
  - Arrangement of classroom observation and annual evaluation of faculty.
  - Recruitment of instructional personnel.
  - Preparation and management of departmental budgets.
  - Availability to faculty, students, and staff.

- Effectiveness in providing leadership and guidance to members of the academic department
  - Providing guidance to individual members of the department on their professional performance.
  - Promoting collegiality among department members.
  - Encouraging and facilitating scholarly achievement.
  - Facilitating the effective guidance and mentoring of instructional staff.
  - Fostering a sound academic environment for students, faculty, and staff.

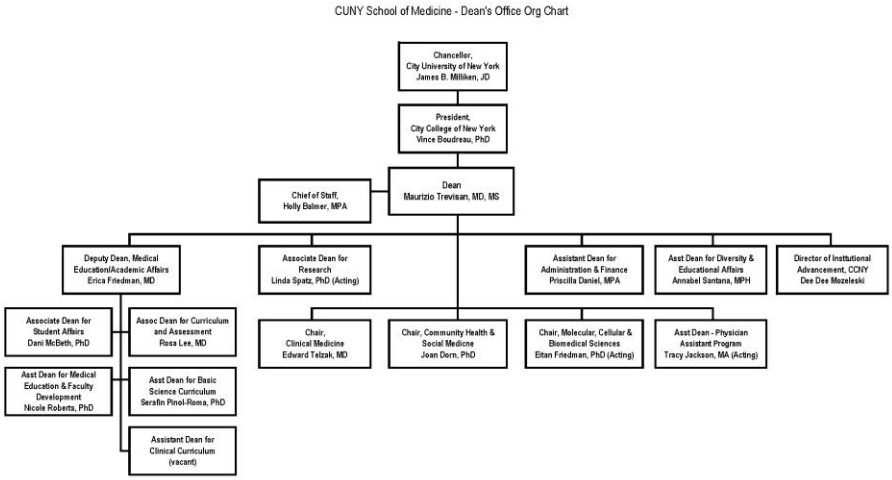
- The achievement of departmental goals (administrative and educational)
  - Curriculum development as recommended by the Curriculum Committee.
  - Implementation of new instructional methods as recommended by the Curriculum Committee.

- Receipt of grants, fellowships, and participation in prestigious conferences by instructional staff of the department.

UPDATED 12.29.17

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 2.4

1. Organizational chart of the dean's office.



2.5 RESPONSIBILITY OF AND TO THE DEAN

The dean of a medical school with one or more regional campuses is administratively responsible for the conduct and quality of the medical education program and for ensuring the adequacy of faculty at each campus. The principal academic officer at each campus is administratively responsible to the dean.

Note: only schools operating one or more (regional) campus (es) should respond to element 2.5.

2.5 SUPPORTING DATA

Table 2.5-1 | Regional Campus(es)

Provide the requested information for each regional campus. Add rows as needed.

Campus	Location	Name and Title of Principle Academic Officer
NOT APPLICABLE		

2.5 NARRATIVE RESPONSE

NOT APPLICABLE

a. Describe the role of the medical school dean/designated chief academic officer in overseeing the conduct and quality of the medical education program at all regional campuses. Describe how this individual monitors the adequacy of faculty at distributed campus (es) and works with the principal academic officer(s) at each campus to remedy any deficiencies.

b. Using the organizational chart requested in the supporting documentation, describe the reporting relationship between the medical school dean/chief academic officer and the principal academic officer at each regional campus. Also include a description of the reporting relationship(s) of other campus administrators [e.g., individuals responsible for student affairs/support at the campus (es)].

c. Describe the ways in which the principal academic officer(s) at regional campus (es) are integrated into the administrative and governance structures of the medical school, including membership on committees such as the Executive Committee, Curriculum Committee.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 2.5

1. Organizational chart illustrating the reporting relationship of each campus principal academic officer and other campus administrators to the medical school dean/chief academic officer and/or other members of the central medical school administration.

2. Position description for the role of principal academic officer at a regional campus.

2.6 FUNCTIONAL INTEGRATION OF THE FACULTY

At a medical school with one or more regional campuses, the faculty at the departmental and medical school levels at each campus are functionally integrated by appropriate administrative mechanisms (e.g., regular meetings and/or communication, periodic visits, participation in shared governance, and data sharing).

Note: only schools operating one or more regional campus (es) should respond to element 2.6.

WE HAVE NO REGIONAL CAMPUSES

2.6 NARRATIVE RESPONSE

a. Describe the means by which faculty members in each discipline are or will be functionally integrated across regional campuses, including activities such as faculty meetings/retreats and visits by departmental leadership. Provide examples of the occurrence of such activities to date.

b. Describe how institutional policies and/or faculty bylaws support the participation of faculty based at regional campuses in medical school governance (e.g., committee membership).

c. List the following:

1) faculty or senior administrative staff based at regional campuses serving on the medical school's curriculum committee
2) faculty or senior administrative staff based at regional campuses serving on the medical school's admission committee
3) faculty or senior administrative staff based at regional campuses serving on the medical school's executive committee

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 2.6

1. Organizational chart(s) illustrating the relationship of pre-clerkship course site directors to course directors (if relevant).

2. Organizational chart(s) illustrating the planned relationship of clerkship site directors to clerkship directors (if relevant).

STANDARD 3: ACADEMIC AND LEARNING ENVIRONMENTS

A medical school ensures that its medical education program occurs in professional, respectful, and intellectually stimulating academic and clinical environments, recognizes the benefits of diversity, and promotes students' attainment of competencies required of future physicians.

3.1 RESIDENT PARTICIPATION IN MEDICAL STUDENT EDUCATION

Each medical student in a medical education program participates in one or more required clinical experiences conducted in a health care setting in which he or she works with resident physicians currently enrolled in an accredited program of graduate medical education.

3.1 SUPPORTING DATA

Table 3.1-1 | Resident Involvement in Core Clinical Clerkships

List each clinical facility at which one or more medical students will take a required (core) clinical clerkship (other than ambulatory, community-based sites). For each clerkship, place a "Y" to indicate that residents in an ACGME-accredited program will be involved in medical student education, or an "N" to indicate that residents will not be involved in medical student education at the time the charter class enters the clerkships. If there is no clerkship in that discipline at that site, leave the cell blank. Add rows as needed.

Facility Name	Family Medicine	Internal Medicine	Ob-Gyn	Pediatrics	Psychiatry	Surgery
Saint Barnabas Hospital (SBHHS)		Y	N	Y	Y	Y
Staten Island University Hospital (SIUH)		Y	Y	Y	Y	Y
Glen Cove Hospital	Y					
Southside Hospital	Y					
Phelps Hospital	Y					

3.1 NARRATIVE RESPONSE

a. If some or all students do not have the opportunity to complete one or more clerkships where residents participate in medical student teaching/supervision, describe other (non-clerkship) required clinical experiences where students would have the opportunity to interact with residents.

All students will have the opportunity to complete the majority of their clerkships at clinical sites where residents will participate in their teaching/supervision. The school is actively seeking additional clinical sites for the clerkships at hospitals with ACGME-accredited residency programs. SBHHS and SIUH will serve as the major clerkship sites for our students and the clinical affiliation agreements are appended Appendix 1-04.

b. If residents will not be present at any of the sites where students have clinical experiences, describe how medical students learn about the expectations and requirements of the next phase of their training.

Although our students will be at affiliate sites that have residency programs, not all of the departments have residency programs. If there are no residents, students will directly report to faculty who are attendings in the department. They will have direct supervision of the students' education in these clerkships and together with the site clerkship director, will review the expectations and requirements for the next phase of the students training.

3.2 COMMUNITY OF SCHOLARS/RESEARCH OPPORTUNITIES

A medical education program is conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars and provides sufficient opportunities, encouragement, and support for medical student participation in research and other scholarly activities of its faculty.

3.2 SUPPORTING DATA

Table 3.2 – 1: COMMUNITY OF SCHOLARS/RESEARCH OPPORTUNITIES	
Survey Questions	**YEAR 1 - 2020**
Opportunities to participate in research (overall)	Somewhat satisfied 42.2%/Very satisfied 18.8%/NA 3.13%
Opportunities for research with St. Barnabas or other affiliated hospitals	Somewhat satisfied 28.1%/Very satisfied 17.2%/NA 17.2%

3.2 NARRATIVE RESPONSE

a. Are medical students required to complete a scholarly/research project at some point in the curriculum? If yes, please describe.

The BS/MD program curriculum provides students with foundational knowledge and skills in biostatistics, epidemiology, and quantitative data collection and with analytical skills fundamental to the understanding of the medical literature, community-based medicine, and clinical decision making. Students also receive an introduction to statistical software (Statistical Package for the Social Sciences [SPSS], IBM). All students are required to participate in three research projects, as detailed below:

1. During Year 2 (U2) of the seven-year program, all students participate in a community health research project. They conduct a community health assessment, which guides them through the process of evaluating the health and healthcare needs of a community.
2. During the summer between Years 2 and 3 (U2 and U3), all students complete a research project in the context of service learning at a healthcare or social service organization in New York City. The research includes developing a testable hypothesis, identifying questionnaires, collecting data, and analyzing and presenting results.
3. Beginning with Year 4 (M1) of the seven-year curriculum, as part of the population health curriculum, all students are required to participate in a faculty-mentored research project, either collecting primary data or using the published literature to address a research question.

These research experiences provide students with opportunities for the practical application of these fundamental skills.

b. If students are not required to complete a research project, briefly describe the opportunities that are or will be available for medical students to participate in research, including how medical students are informed about research opportunities.

CSOM-SDBEP students have the opportunity to participate in research with faculty at CSOM or CCNY (community-based or bench research). In fulfillment of a required elective, students may undertake independent study projects for academic credit under the supervision of a faculty member. Some students may be supported with various internal research fellowship programs. Areas of research interest of current CSOM-SDBEP faculty include cancer, cardiovascular disease, developmental biology, infectious and autoimmune diseases, and molecular biology.

Research fellowships, including communication, application and requirements, are managed by the Office of Student Affairs. The school is hiring an associate dean for research, who will facilitate research opportunities for CSOM-SDBEP faculty and students. Each fall semester, CSOM-SDBEP holds a Student Research Day, during which each fellowship recipient and other students who have conducted research present their research projects via poster presentations. During the medical school portion of the seven-year program, our medical student advisor, Dr. Holly Atkinson, is overseeing assisting students in placements in clinical or translational research. She has created opportunities for our first-year medical students to do research at our primary clinical affiliate, St. Barnabas Hospital Health System and also at another clinical affiliate, Staten Island University Hospital. She also oversees helping students find research opportunities at other institutions.

c. Describe the funding and other resources available to support medical student participation in research.

Students may apply for several competitive fellowships for engaging in research activities with clinicians and scientists outside the university. These CCNY fellowships include the following: neuroscience, primary care, and population health.

The Department of Medical Education and Office of Academic Affairs produces an annual independent study bulletin that provides brief descriptions of faculty research projects and research opportunities available within the school. The bulletin is posted electronically on the Office of Academic Affairs' Blackboard website and provided in hard copy in both the Department of Medical Education and Office of Academic Affairs and the Office of Student Affairs.

Internal research fellowship programs include the following:

- The Rudin Research Fellowship: awarded to 15--20 students annually for conducting 200 hours of research, primarily during the summer, with a faculty member of CSOM-SDBEP or CCNY
- Leonard Davis Community-Based Research Fellowship: awarded to 6 students annually for performing 200 hours of community-based research with a faculty member (primarily faculty of the Department of Community Health and Social Medicine)
- Mack Lipkin Broader Horizons Fellowship: awarded to approximately 10 rising M1 or M2 students at the completion of the academic year; this competitive fellowship grants students the opportunity to carry out a research project of their own design under the supervision of a designated mentor at a site within or outside the United States.

d. Provide the number and percent of medical students involved in research to date (e.g., a summer research experience between the first and second year or an MD/PhD program).

As described above, all students engage in research in several places in the seven-year continuum as part of their curriculum requirements. In addition, at any given time many students engage in research projects with medical school faculty, CCNY faculty, or outside the college. In the current first year medical school class, 34 students are currently involved in research beyond their curriculum requirements, which is 50 percent of the class. In the undergraduate years of the program, substantial numbers of students are engaged in research activities that increase with each year in the program as students establish working relationships with faculty.

e. Describe how faculty scholarship is fostered in the medical school. Is there a formal mentorship program to assist faculty in their development as scholars or is such a program planned? Describe the infrastructure and resources available or planned to support faculty scholarship (e.g., a

UPDATED 12.29.17

research office, support for grant development, seed funding for research project development).

The associate dean for research (to be hired) will establish a grants office for the medical school. We currently have an interim dean of scientific studies and graduate affairs who has established a formal mentoring program for junior faculty and who works closely with the grants office of CCNY. The medical school has hired a grants research program specialist (and will hire another one in 2018) who will handle all of the pre- and post-award activities of the medical school faculty. Pre-award services will include identifying potential external funding sources; providing advice and assistance on proposal development; preparing budgets and other sponsor forms; coordinating online proposal submission; interpreting sponsor guidelines and CUNY and CCNY policies and responding to requests from sponsoring agencies; and handling subcontract issuance and negotiations. Post-award services will include providing guidance on Research Foundation account management; assisting with sponsor agency requirements and documentation; disseminating fiscal information; helping with data collection, budget modifications, and no cost extensions; and preparing annual reports.

The research office (formerly: Office of Scientific Studies and Graduate Affairs) will have sufficient funding to create resources designed to assist faculty in identifying funding opportunities and obtaining and managing grants. An available resource to the medical school is PIVOT, a funding search database that alerts faculty and students to funding opportunities and potential collaborators that match their interests. The grants office and the Department of Medical Education have begun implementing a series of workshops and online tutorials for grant writing, responsible conduct of research, integrity in research and scholarship, and guidelines for using human subjects, vertebrate animals. Guidelines for Institutional Animal Care and Use Committee (IACUC) and Institutional Review Board (IRB) are currently available online at the CCNY website.

Faculty scholarship is a major requirement for faculty tenure and promotion, and it is highly valued and fostered at the medical school. A formal mentorship program exists to assist the junior faculty in their professional and personal development. Each junior faculty is required to have a mentoring committee consisting of at least two tenured senior faculty, one of whom should be in the same or related field as the mentee. The faculty member can identify mentors or ask their chairman for recommendations. Junior faculty are required to meet formally with their mentoring committee at least once a year but are encouraged to meet more frequently. The mentoring committee, together with the faculty, will draw up a plan of action that will include the goals, desired outcome, and assessment of mentoring in the areas appraised for tenure and promotion (research, teaching, and service). The mentoring committee will provide the mentee with advice and assistance in grant writing, research, and career development.

Sources of internal funding are available to the faculty at the medical school. CUNY faculty may apply for and receive small research grants awarded by the Professional Staff Congress of CUNY (PSC-CUNY) system. These grants help junior and established faculty develop their own research initiatives and enable them to subsequently apply for larger federal research support. Junior faculty members may also apply for CUNY Junior Faculty Research Awards in Science and Engineering, which are specifically designed for early career investigators. In addition, all faculty are encouraged to apply for interdisciplinary collaborative research grants funded by the CUNY Advanced Science Research Center (ASRC) Joint SEED grants to promote relationships between CUNY and ASRC faculty in the areas of Nanoscience, Photonics, Structural Biology, Neuroscience, and Environmental Sciences. These grants provide internal funding for the initial stages of new multidisciplinary research that will generate data to facilitate the development of applications for external grants from government agencies or private foundations.

Another source of collaborative funding is provided by CCNY's partnership with Memorial Sloan-Kettering Cancer Center (CCNY-MSKCC), supported by National Cancer Institute (NCI) U54 grants. This partnership encourages faculty members to address cancer health disparities and implements joint education and training programs to engage minority students and faculty members in cancer research. Finally, since CCNY is an institution whose mission is to train and support graduate students from underrepresented groups, the CCNY faculty are eligible for SCORE funding opportunities through the SC1, SC2, and SC3 mechanisms.

3.3 DIVERSITY/PIPELINE PROGRAMS AND PARTNERSHIPS

A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community. These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.

3.3 SUPPORTING DATA

Table 3.3-1 | Diversity Categories and Definitions

Provide definitions for the diversity categories identified in medical school policies that guide recruitment and retention activities for medical students, faculty, and senior administrative staff. Note that the medical school may use different diversity categories for each of these groups. If different diversity categories apply to any of these groups, provide each relevant definition. Add rows as needed for each diversity category.

Medical Students	Faculty	Senior Administrative Staff*
Female	Female	Female
Male	Male	Male
African American/Black	Black	Black
Asian	Asian/Pacific Islander	Asian/Pacific Islander
Hispanic/Latino	White	White
Multiple race/ethnicity		
White	Hispanic	Hispanic
Other	Hispanic - Puerto Rico	Hispanic - Puerto Rico
First generation (immigrant parents)	American Indian	American Indian
First generation (immigrant students)	Italian American	Italian American
First generation (first to attend college)		

** See the Glossary of Terms for LCME Accreditation Standards and Elements at the end of the DCI for the LCME definition of senior administrative staff.*

Table 3.3-2 | Offers Made to Applicants to the Medical School

Provide the total number of offers of admission to the medical school made to individuals in the school's identified diversity categories for the indicated academic years. Add rows as needed for each diversity category.

	2016 Entering Class* U1 Students // **M1 Students (4th Year BS/MD)**			2017 Entering Class* U1 Students // **M1 Students (4th Year BS/MD)**		
School-Identified Diversity Category	**# of Declined Offers**	**# of Enrolled Students**	**Total Offers**	**# of Declined Offers**	**# of Enrolled Students**	**Total Offers**
Female	18 // **0**	54 // **44**	72 // **44**	14 // **0**	64 // **46**	78 // **46**
Male	6 // **1^**	35 // **25**	41 // **26**	6 // **1^**	31 // **24**	37 // **25**
African American	9 // **0**	32 // **19**	41 // **19**	7 // **1^**	31 // **18**	38 // **19**
Asian	7 // **0**	25 // **22**	32 // **22**	6 // **0**	31 // **27**	37 // **27**
Hispanic/Latino	3 // **1^**	5 // **2**	8 // **3**	1 // **0**	10 // **6**	11 // **6**
Multiple race/ethnicity***	0 // **0**	19 // **13**	19 // **13**	1 // **0**	13 // **8**	14 // **8**
White	5 // **0**	8 // **13**	13 // **13**	5 // **0**	8 // **9**	13 // **9**
Other	0 // 0	0 // **0**	0// **0**	0 // **0**	2 // **2**	2 (not

						stated) // **2**
First generation (immigrant parents)	17//**	55 // ****	72//**	12 //**	50 //**	62 //**
First generation (immigrant students)	2//**	21 //**	23//**	3 //**	12 //**	15 //**
First generation (first to attend college)	5//**	17 //**	22//**	2 //**	16 //**	18 //**

** Note: this data is for students entering the first-year of the BS/MD program (U1) //* ***BOLDED data is for the first-year medical school (4th Year BS/MD) students (M1).***

*** Data is tracked upon admission to undergraduate Year 1 (U1); effective AY18, data will be verified in M1.*

**** In our case, all students in this category are African American and/or Hispanic/Latino.*

^ Student on leave of absence

Table 3.3-3 | Offers Made for Faculty Positions

Provide the total number of offers of employment made to individuals in the school's identified diversity categories for faculty positions. Add rows as needed for each diversity category.

	AY 2015-16			AY 2016-17		
School-Identified Diversity Category	**# of Declined Offers**	**# of Faculty Hired**	**Total Offers**	**# of Declined Offers**	**# of Faculty Hired**	**Total Offers**
Male	0	3	3	0	2	2
Female	0	6	6	0	4	4
American Indian	0	0	0	0	0	0
Asian/Pacific Islander	0	1	1	0	1	1
Black	0	1	1	0	0	0
Hispanic	0	1	1	0	1	1
Hispanic (Puerto Rico)	0	1	1	0	0	0
Italian-American	0	1	1	0	0	0
White	0	4	4	0	4	4

Table 3.3-4 | Offers Made for Senior Administrative Staff Positions*

Provide the total number of offers of employment made to individuals in the school's identified diversity categories for senior administrative staff positions. Add rows as needed for each diversity category.

	AY 2015-16			AY 2016-17		
School-Identified Diversity Category	**# of Declined Offers**	**# of Staff Hired**	**Total Offers**	**# of Declined Offers**	**# of Staff Hired**	**Total Offers**
Male	0	1	1	0	0	0
Female	0	5	5	0	2	2
American Indian	0	0	0	0	0	0
Asian/Pacific Islander	0	1	1	0	0	0
Black	0	2	2	0	0	0
Hispanic	0	1	1	0	1	1
Hispanic (Puerto Rico)	0	0	0	0	0	0
Italian-American	0	0	0	0	0	0
White	0	2	2	0	1	1

** See the Glossary of Terms for LCME Accreditation Standards and Elements at the end of this DCI for the LCME definition of senior administrative staff.*

Table 3.3-5 Students, Faculty, and Senior Administrative Staff

Provide the requested number and percentage of enrolled students, employed faculty, and senior administrative staff in each of the school-identified diversity categories (as defined in Table 3.3-1 above).

School-Identified Diversity Category	**2016 First-Year Students (BS-MD Year 1 – U1)***	**2016 First-Year Medical Students (BS-MD Year 4 – M1)****	**All Students 2016-17**	**Employed / Full-time Faculty**	**Senior Administrative Staff**
Female	54 (61%)	44 (64%)	211 (65%)	21 (57%)	16 (76%)
Male	35 (39%)	25 (36%)	116 (35%)	16 (43%)	5 (24%)
African American/Black	32 (36%)	19 (28%)	111 (34%)	3 (8%)	2 (10%)
Asian	25 (28%)	22 (32%)	112 (34%)	3 (8%)	2 (10%)
Hispanic/Latino	5 (6%)	2 (3%)	56 (17%)	6 (16%)	3 (14%)
Hispanic (Puerto Rico)^	NA	NA	NA	2 (5%)	1 (5%)
Multiple race/ethnicity	19 (21%)	13 (19%)	Not available***	NA	NA
White	8 (9%)	13 (19%)	39 (12%)	18 (49%)	11 (52%)
Other	0 (0%)	1 (1%)	9 (3%)		
American Indian^	NA	NA	NA	0	0
Italian American^	NA	NA	NA	5 (13%)	2 (10%)
First generation (immigrant parents)	55 (61%)		Not available		
First generation (immigrant students)	21 (23%)		Not available		
First generation (first to attend college)	17 (19%)		Not available		

** Students admitted into Year 1 of the seven-year BS/MD continuum.*

*** Students admitted into Year 4 (equivalent to medical school Year 1) of the seven-year BS/MD continuum.*

**** Data regarding multiple ethnicity was not previously tracked for employees or undergraduate students; processes to collect this data from all students are being implemented AY18.*
^ Categories applicable to employee *data only*

Table 3.3-6 Pipeline Programs and Partnerships

List each current program aimed at broadening diversity among qualified medical school applicants. Provide the average enrollment (by year or other), target participant group(s) (e.g., college, high school, other students), and a description of any partners/partnerships, if applicable. Add rows as needed.

Program	Year Initiated	Target Participants	Average Enrollment	Partners
Sophie Davis Health Professions Mentorship Program (HPMP) High schools students learn about the many healthcare professions through clinical exposure. Faculty, teaching assistants, mentors and administrators are from CSOM.	2015 2016	High school sophomores High school juniors	30 30	Gateway to Higher Education Program – High school academic enrichment program for high-achieving, college-bound underrepresented students who have an interest in science, medicine and technology. Gateway is our partner who provides funding for our HPMP.
Health Professions Recruitment and Exposure Program (HPREP) – SNMA students work with high school students to expose them to healthcare professions.	2015	High school seniors	~25	New York City Schools
The G.O.O.D. Project This project offers high school students exposure to science, math, and applied-sciences disciplines.	2017	High school freshmen (will go through senior year)	~ 50-60 (program just started)	A. Phillip Randolph High School (public school on CCNY campus) and West Harlem Development Corporation

In addition to the above programs, CSOM-SDBEP has long-standing partnerships with several enrichment programs on the CCNY campus, in the local NYC area, and nationally. These partnerships are primarily recruitment collaborations that allow us to identify talented students from these programs, who might be interested in pursuing a career in medicine. For the campus and local programs, this partnership includes individual recruiter visits to the program at least annually, as well as group visits to CSOM throughout the year.

The main partnerships include:

- Science, Technology, Engineering and Mathematics (STEM) Institute at CCNY: This is a summer program for high school sophomores and juniors administered through the School of Engineering on the City College campus. This program provides intense enrichment in math and science. Staff from the Office of Admissions gives presentations regarding CSOM-SDBEP, and we follow up with all interested students.
- College Now at CCNY: This is a City University of New York (CUNY)-wide academic enrichment program that offers high school juniors and seniors the opportunity to complete college-level courses in science, mathematics, and the humanities. High-achieving students are enrolled in this program, and they tend to pursue careers in healthcare, science, and engineering at competitive colleges or universities. Students in these programs participate in CSOM-SDBEP

campus visits, which include tours and a formal presentation from students, faculty, and admissions representatives.

- STEP Programs: Science and Technology Entry Programs (STEP) are in place at many colleges and medical schools in the greater New York metropolitan area. These science-based programs, for 9th--12th graders, are conducted outside of normal class time. Meant to attract primarily underrepresented minority (URM) and economically disadvantaged students, they expose students to professions such as healthcare, through shadowing physicians and other medical professionals. The CSOM Office of Admissions conducts recruitment visits and hosts students on our campus primarily from STEP Programs at Fordham University and Hofstra University, as well as other medical school STEP programs at Albert Einstein College of Medicine, Columbia University College of Physicians and Surgeons, and New York University's Langone School of Medicine.
- Ventures Scholars Program: This is a national academic merit-based scholastic program geared towards URM students. High school juniors and seniors are invited to become members based on their GPA and competitive SAT or ACT scores. The CSOM Office of Admissions reaches out to all New York-area students registered as Venture Scholars.
- Gateway to Higher Education: This is an enrichment program for 9th--12th grade students who are interested in science, technology, and medicine. CSOM recruiters visit the affiliated high schools and connect with these students at college fairs.
- Richard Izquierdo Health and Science Charter School: This charter school is now graduating its first class in June 2017. It is 65% Hispanic and 32% Black. Upwards of 93% of students qualify for free or reduced-price lunch. Our students visit their high school students annually through our Student National Medical Association (SNMA) in the Health Professions Recruitment and Exposure Program (HPREP), introducing the high school students to careers in the health professions. CSOM representatives attend their annual faculty orientation meeting to describe our program and recruit their students for our own HPMP pipeline program. We also facilitated their becoming a Gateway School through CCNY's New York State Gateway grant, which offers middle and high school student enrichment programs for science and math, internships, and career development.

3.3 NARRATIVE RESPONSE

a. Describe the programs related to the preparation, recruitment, and retention of medical students, faculty, and senior administrative staff from school-defined diversity categories. In the description, include the following:

   1. The funding sources that the medical school has available

      Student and employee recruitment and retention activities are supported by a mix of State (tax-levy) funds and private/soft money sources.

   2. The individual personnel dedicated to these activities
      (See response to Question 3 below.)

3. The time commitment of these individuals

Student Recruitment and Retention

A. Staffing for Student Recruitment

The Office of Admissions has several professionals whose duties include recruitment:

- The director of admissions is responsible for the strategic planning and leadership of the office that handles recruitment. He spends about 20 percent of his time on recruitment visits. Together with the executive director of admissions, the director manages the design of all recruitment materials including view books, fact sheets, and web page information and interfaces with high school personnel.
- The executive director of admissions, wellness, and counseling has oversight of all recruitment materials. Her approval is required before the budget is submitted and she speaks at the Open House and the Reception for Admitted Students.
- The associate director of admissions has the responsibility to plan and oversee the recruitment activities. He supervises the professional recruitment staff and recruits and trains student recruiters, faculty, and staff. He also recruits all students who participate in the CSOM pipeline program. In addition to planning, he spends about 60 percent of his time recruiting during the fall semester. Together with the rest of the Office of Admissions staff, the associate director plans and implements all campus visits, including the Open House and the Reception for Admitted Students. He is the project director for the Sophie Davis Black Male Initiative (BMI). This is one of 31 CUNY BMI projects that seek to improve retention and graduation rates of minority men and women matriculating at CUNY colleges. The Sophie Davis BMI participates in many recruitment events: phone calling, communication via social media, and the supervision of Medical Ambassadors. Medical Ambassadors are interns who help promote the Sophie Davis Biomedical Education Program through social media and recruitment.
- The assistant director of admissions assists with the planning of recruitment activities. She spends about 80 percent of her time on recruitment during the fall, 20 percent of her time in the spring and summer. She recruits and trains student ambassadors (who aid the Office of Admissions in recruitment) and works with faculty interested in volunteering to recruit. She conducts campus tours, responds to phone and email inquiries, and engages prospective students on social media including Twitter and Facebook. She is also the outreach person for URMs in primary and middle schools. She covers most of the community events.
- Each fall semester, CSOM hires a part-time recruiter who works 20 hours per week visiting NYC high schools and community organizations.
- Each year, CSOM uses 40 student volunteers to visit high schools, attend college nights, and participate in other recruitment events, such as the Open House and the Reception. Each student will volunteer for approximately 10 hours per semester on recruitment.
- Approximately five faculty members and at least one staff member volunteer to participate in recruitment activities. During campus tours, faculty showcase and demonstrate the research activities in which they are engaged. They will, on occasion, visit a high school and talk about their research interests and encourage students to be interested in science and healthcare. Some faculty members serve as mentors to high school students by having them participate in their labs. They spend approximately 10 hours per semester on recruitment activities.
- The dean, deputy dean and associate dean for student affairs of the medical school serve as ambassadors and recruiters during campus tours, participate in the Open House and the Reception for Admitted Students. They deliver policy and motivational speeches to

prospective students and their parents and answer many questions regarding admissions.

B. Student Recruitment

CSOM recruits a diverse, talented pool of students to our undergraduate biomedical science program, expanding access to medical education to students from underserved communities, those with limited financial resources, and students of ethnic backgrounds underrepresented in the medical profession. The CSOM Office of Admissions undertakes a multifaceted approach to attracting students who would add diversity to the school and who are also interested in a career in medicine to serve medically underserved communities. Strategies include the following:

- The Admissions Office conducts a comprehensive recruitment program by visiting more than 100 high schools in New York City, Westchester, and Long Island. Admissions professionals attend college fairs, arrange for private visits to high schools, and meet with high school guidance counselors to disseminate information about the school. Recently, we have begun recruiting in upstate New York and will be expanding to include New Jersey and Connecticut.
- The Admissions Office purchases mailing lists for high achieving students interested in science or medicine from the College Board (SAT) , the ACT and the Ventures Scholars Program. A mailing campaign is carried out in the early fall of each academic year.
- At the end of the fall recruitment season, CSOM invites potential applicants, parents, teachers, and counselors to the annual Open House, attended by the deans, faculty, and students.
- After sending out admission decision letters, all admitted students are invited to a reception, where more information about the school is provided to students to assist them in making decisions about their college choice. Current students and faculty interviewers usually follow up via phone or email to contact students and answer any questions the applicants and their parents might have.
- The Office of Admissions relies on social media, including Facebook, to communicate with prospective students. The medical student ambassadors manage the social media network to provide information and keep in contact with prospective students and their parents. CUNY has also purchased User Rights to Hobsons, a software platform that connects students to CSOM, provides college and career readiness programs to high school students, and offers admissions and enrollment solutions.
- CSOM has established partnerships with pipeline programs and organizations that provide academic enrichment programs for talented youth and that serve as a recruitment resource for the school. These include the Gateway to Higher Education Program; the Science and Technology Entry (STEP) Program; the Science, Technology, Engineering, and Mathematics (STEM) Program; College Now; and the Ventures Scholars Program.
- CSOM has engaged in discussions with local chapters of the HRSA-funded Area Health Education Centers (AHEC) as a potential recruitment resource for young people who meet our definition of diversity and are interested in pursuing health careers.
- CSOM has developed relationships with several New York City high schools such as Queens Gateway to Health Sciences Secondary School and the A. Philip Randolph Campus High School, as well as the Richard Izquierdo Health and Science Charter School, which all have large minority student populations. Through our Black Male Initiative (BMI) and other student organizations, students have established mentoring relationships between CSOM students from underrepresented minorities (URMs) and high school students interested in science.
- CSOM engages in targeted community recruitment and outreach to civic organizations,

churches, and mentorship programs that primarily serve young people, including the National Hispanic College Fair Expo, the Allen A.M.E. Church Career Fair, after-school high school academic programs operated by the Harlem Children's Zone, and the annual Harlem Week college event.

- The assistant director of admissions has expanded the program's outreach efforts to younger students in minority-serving middle and junior high schools in the community surrounding CSOM.
- CSOM has established its own pipeline program (Health Professions Mentorship Program) focused on recruiting URMs who might not consider a health profession career because of either mediocre academic performance or interest in science. The program is focused on recruiting students who may be interested in community health by creating a summer program focused on teaching about community health, assessments of community health, and health disparities. The summer following their junior year, students focus more on health professions and the clinical related aspects of these professions. The second summer program has a more clinical focus, with exposure to people from a wide range of healthcare professions, with a focus on enhancing writing skills in preparation for SAT/ACTs, and specific AP Exams. During their junior and senior academic years, monthly weekend sessions focus on preparing students to apply to college, including decision support, resumes and personal statements writing, and interview readiness.
- CSOM uses a holistic approach to recruiting and selecting students for interview and admission; this approach includes socioeconomic status and takes into account the life experiences and hardships of students when evaluating academic achievement (GPA, SAT, ACT) and extracurricular activities, while also recognizing that students may need to work to help support their families and thus do not have time to participate in leadership roles in school or their communities.

These efforts have resulted in CSOM's continuing success in admitting a diverse student population. We are very proud that we are among the most diverse medical schools in the nation, and understand this as part of our core mission. Overall, URM students account for 52% of students admitted to the program since 2009 and approximately 40% of the program's graduates. Among students enrolled in academic year 2016, (Years 1--5 of the current five years of the BS/MD program, which includes the baccalaureate degree and first two years of medical school), 64% self-identify as members of URMs (African American/Black or Hispanic). Sixty-three percent of students admitted since 2009 are women. In academic year 2015--16, most CSOM students received need-based federal and state aid, merit-based scholarships, or both, including 43% who received New York State Tuition Assistance Program (TAP) grants and those who received federal grants (PELL).

C. Student Retention

Student retention is addressed both through curricular and extracurricular programs.

Our early warning system provides proactive identification of students at risk, and once identified, they are offered both academic and personal support through the Learning Resource Center (LRC) and the Counseling Office. A number of faculty, staff, and peers are involved in retention efforts, including staff in the LRC, psychologists who provide personal counseling services through the Counseling Office, faculty who teach the course with which a student may be having difficulty, tutors from both within and outside the school, as well as older students who offer peer mentoring. The Office of Student Affairs oversees the Peer Mentoring Program, in which incoming students are paired with upper-year students.

There are several clubs that provide support for students, especially URM students; all have advisors and offer both professional and personal support. For example, each club regularly has activities that showcase successful minority physicians and typically feature peer mentoring and/or alumni who meet with students. Among those that are particularly related to retention are:

- Black Male Initiative: The Sophie Davis Black Male Initiative (BMI) formally known as the Medical Career Success Program (MCSP), started in 2006.
- Sisters of Sophie: A club that was initiated by several Black/African American female students, and receives additional funding from the BMI program.
- Vision Latina: This club was established in the early years of the Sophie Davis Biomedical Education Program (SDBEP) and has ties to a national organization.
- In addition, students are actively involved in and receive support from the Student National Medical Association, the American Medical Student Association, the American Medical Women's Association and the Biomed Asian Health Coalition.

Faculty and Senior Administrative Staff Recruitment and Retention

CSOM is committed to creating a diverse and inclusive learning environment and strives to hire and retain a diverse faculty and senior staff. The school has recruited and retained diverse employees in administrative, technical, research, and clerical staff titles, yet within faculty titles the rates of appointment of members of URMs are substantially lower. The school's diversity officer (appointed in fall 2014) currently serves as liaison to the CCNY President's Council on Inclusion and Excellence and has begun working closely with CCNY's chief diversity officer and with all search committees for senior administrative and faculty positions at CSOM in developing and implementing strategies for enhancing the recruitment and retention of minority faculty members.

The CCNY Office of Diversity and Compliance plays a highly proactive role in facilitating the recruitment of diverse senior staff and faculty. Advertisements created for a specific job position are reviewed and approved by the office of Diversity and Compliance, which also reviews the selection of resources for posting the advertisement to ensure that there is outreach to a diverse population of applicants. CSOM works closely with the CCNY's Human Resources Office and Office of Diversity and Compliance to ensure that advertisements of faculty openings are targeted to professional sites and publications that have a broad, diverse audience base, and to employment sites that focus on women and on groups historically underrepresented in medical programs. The Office of Diversity and Compliance meets with each search committee to review the demographic data of CCNY employees for that generic position and to remind the search committee of the need to diversify our hires. The office collects the demographic background of all candidates. The office also reviews and certifies the list of candidates proposed for interview by each search committee and asks committees to justify the exclusion of any equally qualified candidates, to facilitate selection of a diverse pool to interview. Once the committee selects candidates to move forward in the search process, the Office of Diversity and Compliance must certify the list before further interviewing and decisions can occur. If a minority faculty candidate is offered a position, the deans and department chairs are proactive in negotiating salary and arranging for subsequent visits or meetings with other minority faculty.

One of the recruitment challenges faced by the program, as a public university, relates to disparities in the competitiveness of CUNY's compensation plans when compared to those offered by private universities. To ameliorate this challenge, CSOM and CUNY proactively

seek opportunities to enhance the program's competitiveness and attractiveness to new URM and junior faculty. For example, the school collaborated with the City College's NIH-funded Research Centers in Minority Institutions (RCMI) program, which strives to increase the role of URM scientists in biomedical research through active research programs in the fields of molecular biology, biochemistry, and biophysics. This collaboration resulted in the hiring of two minority junior faculty in CSOM basic science department. It is also anticipated that CSOM's new hospital affiliation, together with the recently constructed CUNY Advanced Research Center and The City College Center for Discovery and Innovation on the CCNY campus, will afford faculty new and expanded opportunities for interdisciplinary and translational research in biomedical and clinical sciences. This will increase the program's competitiveness and attractiveness to new underrepresented faculty.

To enhance retention and advancement of junior, diverse faculty, CSOM has undertaken several initiatives:

i. A structured mentoring program has been implemented to provide guidance and support for junior faculty. CSOM's Office of Academic Affairs works collaboratively with academic department chairs to identify a group of seasoned educators and scientists, particularly women and those from historically underrepresented groups, within CUNY to participate in mentoring experiences with CSOM's junior faculty. The aim of these mentoring experiences will be to provide junior faculty with increased opportunities to collaborate on scholarly projects and to obtain feedback on their own scholarly activities (e.g., grant and manuscript development) in order to support and provide guidance to mentees in their professional development and attainment of career goals, and to assist mentees in their preparation for tenure and promotion (as described in Element 4.4).

ii. CSOM will support the participation of two junior faculty annually in professional development programs offered by the AAMC for junior, minority and women faculty. One faculty member has applied to participate in the 2017-18 *Minority Faculty Leadership Development Program* (has been waitlisted). Additionally, the school will encourage faculty to take advantage of several CUNY initiatives established to support the recruitment and retention of junior tenure-track faculty, such as *The Latino Faculty Initiative*--established to strengthen CUNY's outreach and recruitment efforts in higher education within the Latino community. The project focuses on faculty recruitment and retention, strengthening the CUNY pipeline, supporting faculty leadership development, and recruiting outstanding scholars.

In AY17, the school's Inclusive Excellence Council, chaired by the CSOM assistant dean for diversity and educational affairs (who devotes 40 percent of time to diversity-related matters), engaged in a strategic planning initiative to identify goals and objectives for enhancing faculty and staff diversity and to foster a learning and workplace culture and climate that is supportive and committed to the success of all its members. The Diversity Strategic Plan drafted by the council includes goals and objectives that will monitor the diversity of our faculty and leadership, support the retention of faculty and staff (specifically focused on URMs), and evaluate recruitment processes to increase targeted outreach to community and professional organizations with broad reach to diverse populations. The plan further proposed establishment of the council as a standing committee of the school to ensure permanency of the council's role and function; the proposal was approved by affirmative vote of CSOM faculty in September 2017 and a governance plan amendment to codify the council's

designation as a standing committee awaits final approval by the CUNY Board of Trustees in late 2017. Once approved, the council membership will consist of a minimum of four members, each from faculty titles and administrative or staff titles, as well as student representatives elected by their peers, and representation from the offices of Student Affairs and Academic Affairs. (The preliminary action plan of the Diversity Strategic Plan is included in Appendix 3-03).

The council is working with CSOM leadership to support professional development initiatives intended to encourage mid-level administrative staff toward attainment of higher-level positions, and encourage faculty engagement in mentoring and in affinity groups developed to support and enhance junior faculty success. The council has coordinated workshops and seminars addressing issues such as unconscious bias, micro-aggressions, cultural competence, and enhanced communication skills. In AY18, baseline and periodic surveys will be administered to assess the comfort and support of our faculty (focusing on specific target groups) and the culture of inclusiveness of CSOM. Data from these surveys will be used to create and implement workshops and seminars addressing relevant issues.

4. The organizational locus of the individuals involved in these efforts (e.g., the medical school dean's office, a university office).

   For student recruitment efforts, the majority of the organizational locus resides in the Office of Admissions. The organizational locus for efforts related to employee recruitment lies in the CSOM Dean's Office and the CCNY Office of Diversity and Compliance.

   Retention efforts for students lie across several departments and offices, including the Dean's Office, the Department of Medical Education and Office of Academic Affairs, the Office of Student Affairs, and a host of student organizations. The locus of faculty and senior staff retention efforts lies primarily in the Dean's Office and the CCNY Office of Diversity and Compliance.

5. If programs or activities still are not complete, provide the timetable for full implementation

   NA

b. Describe the following for activities related to the administration and delivery of "pipeline" programs aimed at developing a diverse pool of medical school applicants, both locally and nationally:

   1. The funding sources that the medical school has available

      The funding source for the Sophie Davis Health Professions Mentorship Program (HPMP) is through the support of the Gateway to Higher Education Program, supplemented by CSOM. Gateway is a high school academic enrichment program for high-achieving, college-bound underrepresented student populations that have an interest in science, medicine, and technology. Gateway just received three years of funding that will help support our pipeline program from 2017 to 2020, after which they plan to reapply for funds. CSOM provides supplemental funding for items not covered by the Gateway grant.

   2. The individual personnel dedicated to these activities

      The personnel include CSOM faculty members from the Departments of Community Health and Social Medicine (CHASM) and Molecular, Cellular, and Biomedical Sciences. Their role is to create the curriculum for high school students participating in the program. A team, consisting of four teaching assistants works with the faculty members to facilitate the course instruction and

coordinate activities prescribed as part of the curriculum. Teaching assistants work with a team of 10 mentors who help provide academic support, individualized instruction, and mentorship to students. All teaching assistants and mentors are current CSOM undergraduate (BS) students. The director of admissions for the Health Professions Mentorship Program manages all administrative matters pertaining to the daily operation of the program and is responsible for the monthly sessions throughout the academic year.

3. The time commitment of these individuals

   The faculty members spend time throughout the calendar year developing/revising the curriculum and putting the necessary pieces and personnel in place. They are then present and teaching/overseeing full time for the duration (three weeks) of the program in the summer. In addition, there is preparation time prior to the weekly assignments. Faculty average 35 hours weekly during the summer program. Teaching assistants with classroom and preparation time average 35 to 45 hours weekly.

   Because the Health Professions Mentorship Program is a two-year commitment, students in the program attend monthly 6-hour Saturday sessions over a period of 18 months including fall and spring terms, in addition to the summer module. Mentors help facilitate the prescribed classroom instruction, activities, and overall educational engagement with input and supervision from the faculty overseeing the program's curriculum. The mentors therefore commit 30 to 40 hours weekly during the summer portion of the program and 10 to 12 total hours monthly including preparation and instruction for the spring and fall semesters.

   The director of admissions for the Health Professions Mentorship Program manages recruitment and admission of students into the program using the holistic review model. The administrative time commitment for the summer is 20 hours per week for three weeks. The Saturday monthly sessions during the fall and spring terms total seven hours each month.

4. The organizational locus of the individuals involved in these efforts (e.g., the medical school dean's office, a university office)

   The organizational locus of deans, faculty, administrative professionals (and offices) include: the deputy dean for medical education, faculty members from the departments of Community Health and Social Medicine (CHASM) and Molecular, Cellular, and Biomedical Sciences, executive director of admissions, wellness and counseling and the director of admissions for the Health Professions Mentorship Program. Both the executive director of admissions, wellness, and counseling and the director of admissions for the Health Professions Mentorship Program are part of the CSOM Office of Admissions.

5. If staffing or funding plans are not yet complete, provide a timeline for full implementation.

   Staffing and funding plans have been completed.

c. Describe the means by which the medical school will monitor and evaluate the effectiveness of its pipeline programs and of its other programs to support school-defined diversity among its student body, faculty, and senior administrative staff.

Monitoring the pipeline program includes examining outcomes based on students' application to and enrollment in college and whether their anticipated majors include healthcare related professions. Follow up will include a survey at the end of the program and attempts to get data regarding actual major chosen. In addition, it will be of interest to note how many participants apply to the CSOM-SDBEP program, how many are admitted, and how many actually matriculate. Evaluation will include reports that track enrollment population and use the following as a basis: high school and borough, gender, ethnicity, race, and whether students are the first generation in their family to attend college. In the first class admitted to our Health Professions Mentorship Program, there were 30 students. At the time of completion, one student had withdrawn, and shortly afterward, one passed away. So there were 28 who we followed and for whom we have outcome data. All 28 (100%) enrolled in college. Of those, 8 (29%) are attending CSOM-SDBEP. Another 10 (36%) have declared a healthcare-related related major. Two students (7%) have declared a non-healthcare related major, while 8 (29%) have not yet declared. In sum, 55% of the students in the first class currently plan to pursue a degree in a healthcare related field and, most important, all have gone on to higher education.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 3.3

1. Formal institutional policies specifically aimed at ensuring a diverse student body, faculty, and senior administrative staff.

   The CSOM mission, as stated on the website:

   The **mission** of the CUNY School of Medicine at The City College of New York is to produce broadly-educated, highly-skilled primary care practitioners to provide quality services to underserved communities.

   - We recruit and educate a diverse, talented pool of students to the Biomedical Science and the Physician Assistant Programs, expanding access to medical education to individuals from underserved communities, of limited financial resources, and of ethnic backgrounds underrepresented in the medical profession.
   - Programs of CSOM-SDBEP achieve academic excellence through rigorous curricula in clinically-oriented basic sciences, population health, research, exposure to a variety of health care settings, and professional development.

   As a unit of the City University of New York (CUNY), CSOM is committed to the policies of CUNY with regard to diversity and equal opportunity. In 2012, CUNY established the following Diversity Vision Statement:

   > The City University of New York has long been recognized as one of the most diverse university systems in the nation. The University aims to enhance its national standing by continuing to build a diverse community that enriches its academic environment. The University's unwavering commitment to serving students, its insistence on academic rigor,

and its support of world-class faculty guide its work to foster and promote an ever more diverse community of students, faculty, and staff. This pluralistic community is fundamental to the exchange of ideas and knowledge, scholarly discourse, and the engagement of the University's constituencies.

The University respects individuals while acknowledging the differences among them. These differences include, but are not limited to, race, national origin, ethnicity, religion, age, gender, sexual orientation, gender identity, disability, and socioeconomic status. However, to create a vibrant academic, intellectual, and cultural environment for all, the University must move beyond representation to genuine participation. Thus, the University seeks to develop a community that is inclusive of all individuals and groups. Given CUNY's long history of proactive support for diversity and inclusion, it is uniquely positioned to build upon that strong foundation and serve as a national leader and model, exemplifying the benefits that accrue when diversity and inclusion are integral components of an institution's educational philosophy and core mission.

CSOM is committed to engendering values and implementing policies that will enhance respect for individuals and their cultures; foster an environment of tolerance, sensitivity, and mutual respect among all members of its community; and promote diversity and combat discrimination, harassment, and bigotry in employment and in all educational programs and activities.

3.4 ANTI-DISCRIMINATION POLICY

A medical school does not discriminate on the basis of age, creed, gender identity, national origin, race, sex, or sexual orientation.

3.4 NARRATIVE RESPONSE

a. Describe how the medical school's anti-discrimination policy is made available to members of the medical education community.

CSOM follows CUNY's Equal Opportunity Policy (EOP). The policy appears on all recruitment information, including electronic and hard copy job postings, admissions brochures, employment and admissions applications, and on both CSOM and University websites. The policy is also disseminated annually via email to all students and employees by the CCNY's Office of Human Resources. Links to the policy are also included in both the student handbook (page 55) and the faculty handbook (page 29). See Appendix 3-04 Faculty Handbook and 3-04 Student Handbook.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 3.4

1. The medical school's anti-discrimination policy (or the university policy that applies to the medical school).

CUNY is committed to providing equal employment and educational opportunities to all persons without regard to race, color, religion, national or ethnic origin, age, gender, sexual orientation, transgender, disability, genetic predisposition or carrier status, alienage or citizenship, prior arrest record, or marital, military, or veteran status. It is a violation of this policy for any member of the CUNY community to engage in discrimination or to retaliate against a member of the community for raising an allegation of discrimination, filing a complaint alleging discrimination, or participating in any proceeding to determine whether discrimination has occurred. Compliance with the school's EOP is the responsibility of the Office of Diversity and Compliance.

The full EOP policy is available at http://www.ccny.cuny.edu/affirmativeaction/eeo.cfm.

3.5 LEARNING ENVIRONMENT/ PROFESSIONALISM

A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations and is one in which all individuals are treated with respect. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.

3.5 SUPPORTING DATA

Table 3.5-1 | Professional Attributes

List the professional attributes (behaviors and attitudes) that medical students are expected to develop, the location in the curriculum where formal learning experiences related to these attributes occur and are planned to occur, and the methods that are and will be used to assess student attainment of each attribute. Add rows as needed.

Attribute (from Educational Program Objectives, Competency V: Professionalism)	Location(s) in Curriculum	Assessment Method(s)
5.1 Demonstrate honesty and integrity in all professional activities	All courses	-preceptor (small group and clinical) evaluation forms -professional behavior documentation forms -peer assessment forms
5.2 Show respect for patients' privacy and confidentiality in all communications.	NSS-100 Bioethics Evaluations in Healthcare Settings Practice of Medicine 2 Practice of Medicine 3 Research Selectives Clerkships	-written reflection -written essays (bioethics) -preceptor (small group and clinical) evaluation forms -OSCE evaluation forms (patient and preceptor)
5.3 Exhibit respect and compassion in the care of all patients, acknowledging the diversity of people and their belief systems in the delivery of care.	NSS-100 Evaluations in Healthcare Settings Practice of Medicine 2 Practice of Medicine 3 Clerkships	-written reflection -preceptor (small group and clinical) evaluation forms -standardized patient examinations
5.4 Advocate for patients' interests even if at the expense of personal interests.	NSS-100 Clerkships	-written reflection -preceptor (small group and clinical) evaluation forms
5.5 Commit to the care of underserved populations.	NSS-100 Sociomedical Sciences Population Health and Community Health Assessment Evaluations in Healthcare Settings	-written reflection -reflective essays

	Practice of Medicine 3	
5.6 Collaborate effectively with all colleagues, displaying an understanding of the roles that all healthcare professionals bring to the healthcare endeavor.	NSS-100 Evaluations in Healthcare Settings Practice of Medicine 2 Practice of Medicine 3 Clerkships	-written reflection -preceptor (small group and clinical) evaluation forms
5.7 Identify and apply ethical principles and theories related to medicine in resolving ethical dilemmas in clinical practice.	NSS-100 Biomedical Ethics Practice of Medicine 2 Practice of Medicine 3 Clerkships	-written reflection -bioethics essay exams and presentations -preceptor (small group and clinical) evaluation forms -written assessments (essay assignments)
5.8 Accept an obligation to seek feedback and to engage in self-reflection and assessment in a sustained effort at self-improvement.	NSS-100 Narrative Medicine Evaluations in Healthcare Settings Organ Systems Practice of Medicine 2 Practice of Medicine 3 Clerkships	-written reflection -preceptor (small group and clinical) evaluation forms -writing assignments -e-portfolio review
5.9 Commit to the demands of a professional life, while also balancing that with appropriate self-care.	NSS-100 Advising groups Clerkships	-written reflection -preceptor (small group and clinical) evaluation forms -e-portfolio review
5.10 Recognize potential conflicts of interest in all professional activities.	NSS-100 Bioethics Practice of Medicine 2 Practice of Medicine 3 Clerkships	-written reflection -bioethics written assessments- -preceptor (small group and clinical) evaluation forms

3.5 NARRATIVE RESPONSE

a. Describe how the medical school-identified professional attributes are made known to faculty, residents, and others in the medical education learning environment.

The medical student professional attributes are listed as part of the overall educational program objectives under General Competency V: Professionalism. These program objectives are posted on the school's website (https://www.ccny.cuny.edu/csom/cuny-school-medicine-sophie-davis-biomedical-education-program-0) and are distributed to faculty yearly. All faculty members are required to attend an annual faculty orientation as part of course(s) in which they will be teaching. The faculty orientation includes a review of these overall educational program objectives and course specific learning objectives, including the expected medical student professional attributes. Residents who teach in the clinical clerkships will be required to attend an annual workshop that includes review of the educational program objectives; specific clerkship objectives; means of assessments; expectations of students, residents, and attending physicians; and skills for teaching and assessing medical students. This annual workshop for residents will also include a review of expected medical student professional attributes.

Affiliation agreements with our partner hospital and all clinical sites include the Association of American Medical Colleges Uniform Teacher-Learner Agreement (see Supporting Documentation). This document outlines the expectations of professional behavior for teachers and learners. A copy of the Teacher-Learner Agreement is included in the preceptors' guides, which are distributed to all faculty participating in clinical courses (e.g., POM2, POM3, and clerkships).

The school's Student Handbook of Academic Policies and Procedures lists a "Policy of Professional Behavior" on page 46 which articulates the expected professional attributes and provides students with examples of specific behaviors that demonstrate the professional attributes. All faculty, staff, administrators, and residents will annually receive an electronic copy of the student handbook. In addition, the student handbook is available online on the school's website and is found in the Appendix 3-04.

b. Describe the methods that are being and will be used to evaluate the learning environment in order to identify positive and negative influences on the development of medical students' professional attributes, especially in the clinical setting. Include the anticipated timing of these evaluations and note what individuals or groups will review the information.

The following mechanisms are being used and will be used to evaluate the learning environment to identify positive and negative influences on the development of medical student professional attributes:

1. Meetings with students and student class representatives: Elected student representatives for each class are told to communicate frequently with their classmates so that they can identify any issues of positive or negative influences on student professional behavior and report these to the appropriate administrator or dean who can address the issue. Additionally, the deputy dean for medical education and assistant deans for clinical science curriculum and basic science curriculum meet with class representatives each semester to discuss and address any issues reported by students regarding the learning environment (such as student-faculty interactions and student-student interactions). In addition, a monthly Dean's Luncheon is held during which all students are invited to speak with senior medical school leadership about any issues or questions regarding the curriculum and overall learning environment.
2. Required student course evaluation forms: Students complete or will complete an end-of-course/clerkship survey, which includes questions relating to the professional attributes exhibited by course directors and faculty encountered by students during the course. For courses that include clinical experiences (POM2, POM3, clerkships), the student course evaluation forms will also include questions about positive and negative influences on the development of medical student professional attributes at each of the clinical sites. Course and clerkship directors, in consultation with the deputy dean for medical education and assistant deans for clinical and basic science curriculum, are responsible for reviewing these evaluations and addressing any reported negative influences on medical student professional behavior.
3. AAMC Medical School Questionnaire: Students will complete the AAMC Medical School questionnaires at the end of Years M2 and M4. Results pertaining to the learning environment will be reviewed by the deputy dean for medical education, the associate dean for student affairs, and assistant deans for medical education and faculty development, clinical sciences, and basic sciences.
4. Professional behavior documentation forms: Professional behavior documentation forms (see form included below) may be submitted by students, faculty, residents, or staff at

any time. All constituents will be informed annually about the availability of these forms and strongly encouraged to use them to document both concerning and exemplary behavior. Forms are submitted to the associate dean for student affairs and reviewed by both the associate dean for student affairs and deputy dean for medical education. Reports of concerning behavior by a medical student are handled by the associate dean for student affairs. All reports of concerning behavior associated with faculty, residents, or other staff are forwarded to the deputy dean for medical education for appropriate action. With permission of the named person, reports of exemplary professional behavior are presented to students at the monthly dean's lunch and to faculty and staff at their quarterly meetings. General examples of poor or inappropriate behavior are discussed in several courses including NSS-100, Sociomedical Sciences, Practice of Medicine, during the orientation week before the M3 year, during the semi-annual meetings with each class and during advising sessions.

c. Identify the individual(s) who are or will be responsible for ensuring that there is an appropriate learning environment in all settings used for the education of medical students. Note how these individuals will exercise authority in ensuring that identified problems are rectified.

Course and clerkship directors maintain first-line responsibility for ensuring an appropriate learning environment in all course settings, both for classroom and clinical or field-site activities. Students are encouraged to speak directly with course/clerkship directors for any matters related to the director, must investigate the report, and attempt to resolve the situation. This may involve speaking directly with faculty members or clinical preceptors and staff members at clinical training sites. Students may also report these issues directly to either the associate dean for student affairs or the deputy dean for medical education. Though students may report matters related to the learning environment to any of these individuals, all issues reported by students to any of these persons must be forwarded to the deputy dean for medical education, who will monitor all reported events and be responsible for maintaining the quality of the overall clinical learning environment and educational program. In addition to direct student reporting, student course evaluations will include questions about the appropriateness of the learning environment and questions about student mistreatment. These will be reviewed by the assistant deans of clinical sciences and basic sciences, as well the associate dean for student affairs and deputy dean for medical education. If any issues regarding student mistreatment are identified, the associate dean for student affairs will be responsible for investigating these reports either directly or by delegating another person (such as the assistant dean for clinical sciences or basic sciences) to investigate the reported incident. If any issues regarding the general learning environment as part of a course or clerkship are identified, the assistant deans for basic sciences or clinical sciences will meet with the course/clerkship director and discuss strategies for addressing these issues. The course/clerkship director will be required to submit a formal report to the respective assistant dean and deputy dean to summarize how the issue was resolved. Both the associate dean for student affairs and the deputy dean for medical education have authority to report the findings of these investigations to appropriate faculty members and/or departmental chairs. They may also communicate with students directly to report on the investigation and resolution of any identified issues pertaining to the clinical learning environment.

d. Provide examples of strategies that will be used to enhance positive elements and mitigate negative elements identified through this evaluation process.

Annual faculty orientations and additional faculty development mandatory sessions will

include topics designed to help faculty members promote a positive learning environment, such as professionalism, giving and receiving feedback, inclusion and diversity, implicit bias, and the prevention of student mistreatment. Additionally, sessions and programs focusing on wellness are given to students to promote an optimal learning environment. These events occur both within courses (such as NSS 100, Introduction to Clerkships), during advising sessions and in extracurricular sessions, and they are coordinated through the school's Wellness/Counseling Program. The small group advising sessions run out of the Office of Student Affairs deal with many attributes of professionalism and self-actualization, including integrity, courtesy, self-care, advocacy for patients and community, team building and life-long learning and self-reflection, and advancing social justice among other topics.

Summary reports of student evaluations pertaining to the learning environment will be shared with faculty at annual faculty meetings as well as annual site visits to clinical training sites. The purpose of these summary reports and meetings will be focused on creating specific measures to prevent similar problems from occurring in the future.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 3.5

1. Examples of the instrument(s) that are or will be used to evaluate the learning environment.

   Students completed the following form to evaluate the learning environment during the POM3 LCE sessions: see next several pages.

Practice of Medicine (POM) 3 Longitudinal Clinical Experience (LCE) Evaluation Form

Please complete the following evaluation form for your LCE clinical experience. The evaluation forms will be shared with your sites to give them feedback. Evaluations must be submitted via Blackboard.

LCE Clinical Site_____ Preceptor Name_____

To what extent do you agree or disagree with the following statements? (Please check one response)

	1 Strongly Disagree	2 Disagree	3 Neither Agree nor Disagree	4 Agree	5 Strongly Agree	N/A (cannot answer)
1. My site was a conducive learning environment (ex: welcoming, warm, and open).						
2. My preceptor was on time and prepared for the LCE sessions.						
3. My preceptor taught me valuable skills.						
4. My preceptor was an effective teacher.						
5. My preceptor gave me honest feedback.						
6. I was given opportunities to practice interviewing skills independently.						
7. I was given opportunities to examine patients with preceptor supervision.						
8. I was given the opportunity to counsel a patient under preceptor supervision about behavior modification or preventive measures to maintain good health.						

Please answer the following questions:

9. What were your preceptor's strengths?

10. What were your preceptor's weaknesses?

11. What can the preceptor do to improve his/her performance?

12. What were the positive aspects of this site?

13. What were the negative aspects of this site?

Confidential Section (your answers to this section will go to the course directors only; it will not be directly shared with the preceptors)

14. How likely are you to recommend this site to future POM 3 students? (Check only one)

1 Very unlikely	2 Unlikely	3 Somewhat likely	4 Likely	5 Very Likely

15. If you answered unlikely or very unlikely to the above question, please provide written comments to support your response:

16. During the LCE experience, did you ever personally experience mistreatment? Mistreatment may include any of the behaviors listed below, performed by anyone at the site. Please do not include behaviors performed by patients.

___ Yes ___ No (skip to Question 24)

17. (If 'Yes' to item 16], Please check below the type of mistreatment you have experienced:

___ Publicly embarrassed
___ Publicly humiliated
___ Threatened with physical harm
___ Physically harmed
___ Required to perform personal services
___ Subjected to offensive sexist remarks
___ Denied opportunities for training or rewards based on gender
___ Received lower evaluations or grades solely because of gender rather than performance
___ Subjected to unwanted sexual advances
___ Asked to exchange sexual favors for grades or other rewards
___ Denied opportunities for training or rewards based on race or ethnicity
___ Subjected to racially or ethnically offensive remarks
___ Received lower evaluations or grades solely because of race or ethnicity rather than performance
___ Denied opportunities for training or rewards based on sexual orientation
___ Subjected to offensive remarks/names related to sexual orientation
___ Received lower evaluations or grades solely because of sexual orientation rather than performance

18. Indicate below which person(s) engaged in the behavior that was directed at you. Check all that apply.

___ LCE preceptor
___ Other health care professional at clinical sites (e.g., Resident Physician, Nurse, Physician Assistant, etc.)
___ Other staff employee at clinical site

19. In order to help us address this issue, would you please provide the name of the person(s) who engaged in the behavior?

_____

20. Did you report any of the behaviors listed above to a designated faculty member or a member of the medical school administration empowered to handle such complaints?

___ Yes ___ No (skip to Question 24)

21. [If "Yes" to item 20], to whom did you report the behavior(s)? Check all that apply.

___ Dean of Students
___ Designated counselor/advocate/ombudsman
___ Other medical school administrator
___ Faculty member
___ Advisor
___ Student/Class Rep
___ Other (Specify:_____)

22. [If you reported any behavior(s)] How satisfied are you with the outcome of having reported the behavior(s)?

___Very satisfied
___Satisfied
___Neutral
___Dissatisfied
___Very dissatisfied

23. If there were any incidents that you did not report, why didn't you report them? Check all that apply.

___ The incident did not seem important enough to report
___ I resolved the issue myself
___ I did not think anything would be done about it
___ Fear of reprisal
___ I did not know what to do
___ Other (Specify:_____)

24. During medical school, did you witness other students subjected to any of the behaviors listed above? Do not include experiences of embarrassment, or behaviors performed by patients.

___ Yes ___ No

25. Did you report any of the witnessed behaviors to a designated faculty member or a member of the medical school administration empowered to handle such complaints? ___ Yes ___ No

The City College of New York | CUNY School of Medicine
SOPHIE DAVIS BIOMEDICAL EDUCATION PROGRAM

ETHICAL AND PROFESSIONAL BEHAVIOR DOCUMENTATION FORM
Student form

Date/Time of Occurrence:

Course or Circumstance: **Faculty or Staff Member Name:**

Description:

Signature: _____

Print Name: _____ **Date: _____**

Form to be submitted to the Associate Dean for Student Affairs for review. Form can be left in room H-113 or emailed to dmcbeth@med.cuny.edu.

DOCUMENTATION OF ETHICAL AND PROFESSIONAL BEHAVIOR

GUIDELINES FOR SUBMISSION

1. **This document is intended to provide a means to report either commendable examples or infractions of ethical and professional behavior. Commendable behaviors may include, but are not limited to, acts of altruism, personal sacrifice or going above and beyond the faculty or staff role. Infractions may include, but are not limited to, unprofessional behavior in the classroom or in the clinical setting and unprofessional behavior in the office setting. Students should be aware that behavior that constitutes student mistreatment should be reported through the mistreatment policy process.**

2. **The Associate Dean for Student Affairs will review the submission. Appropriate administrators or faculty will be made aware of reports of commendable behavior. Concerning behavior will be addressed directly with the appropriate supervisor and ultimately with the faculty or staff member.**

3.6 STUDENT MISTREATMENT

A medical education program defines and publicizes its code of professional conduct for the relationships between medical students, including visiting medical students, and those individuals with whom students interact during the medical education program. A medical school develops effective written policies that address violations of the code, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing inappropriate behavior. Mechanisms for reporting violations of the code of professional conduct are understood by medical students, including visiting medical students, and ensure that any violations can be registered and investigated without fear of retaliation.

3.6 SUPPORTING DATA

Table 3.6-1 Student Mistreatment	
Survey Questions	**Class of 2020 – MS 1**
Adequacy of the school's student mistreatment policy	22.2% somewhat/very satisfied 50.8%
Adequacy of methods to report mistreatment	27.0% somewhat/very satisfied 44.4%
Adequacy of school activities to prevent mistreatment	30.2% somewhat/very satisfied 41.3%

3.6 NARRATIVE RESPONSE

a. Summarize the procedures used by medical students, faculty, or residents to report observed incidents of mistreatment and unprofessional behavior in the learning environment. Describe how reports are made and identify the individuals to whom reports can be directed. Describe the way in which the medical school ensures that allegations of mistreatment can be made and investigated without fear of retaliation. Describe the process(es) used for follow-up when reports of unprofessional behavior have been made.

CSOM has several procedures by which reports of mistreatment and unprofessional behavior may be made. Specific mechanisms allow individual students to report discrete acts of mistreatment and unprofessional behavior, and specific mechanisms allow monitoring of entire courses/clerkships.

Reports of mistreatment/unprofessional behavior may be reported anonymously or non-anonymously, following the CUNY School of Medicine Policy and Procedure for Reporting Alleged Mistreatment and Unprofessional Behavior. In brief, students may speak to the course/clerkship director themselves, they may report issues to the associate dean of student affairs in the Office of Student Affairs, they may write an email to a dedicated complaints email (mistreatment@med.cuny.edu), or they may report anonymously by using an online form (https://www.ccny.cuny.edu/csom/mistreatment-policy). All reports will be documented by the associate dean of student affairs in the Office of Student Affairs, who will also direct the investigation and review the complaint and contact the appropriate individuals who will oversee the inquiry. Such individuals could be a course or clerkship director, department chair or appropriate assistant dean. This individual will follow up with the complainant, the accused and any other individuals who may have witnessed or have information about the episode, in order to document the facts and make sure that the incident is appropriately addressed and if necessary, take action to prevent a subsequent occurrence. The associate dean will be responsible for following up to assure that the complaint is adequately addressed in the appropriate timeframe and to provide feedback to the complainant. The associate dean for student affairs is responsible for making sure there are no negative consequences, including retaliation against the student because of the complaint. This may entail speaking with the course or clerkship director to keep them apprised of the situation and assuring that the accused appropriately evaluates the student,

or if a grade or evaluation is deemed inaccurate, removing it from the student record. In addition, if the incident is verified, and the student needs to have ongoing close contact with the accused, the student may be reassigned to a different team in order to prevent uncomfortable interactions.

AAMC Medical School Questionnaire: Students will complete the AAMC Medical School questionnaires at the end of year M2 and year M4. Results pertaining to professionalism and mistreatment will be reviewed by the deputy dean for medical education, associate dean of student affairs in the Office of Student Affairs, and the appropriate assistant deans. Issues will be referred to department chairs and/or the person in question for appropriate action. The yearly administered questionnaire will be tracked by the associate dean of student affairs in the Office of Student Affairs.

Students may also use the mechanisms available through the CUNY system. Although most complaints can be handled through CSOM policy, a student may wish to access the procedure for filing a formal complaint with the University, which is covered by the CUNY system policy:

PROCEDURES FOR HANDLING STUDENT COMPLAINTS ABOUT FACULTY CONDUCT IN ACADEMIC SETTINGS available at http://www.cuny.edu/about/administration/offices/la/PROCEDURES_FOR_HANDLING_STUDENT_COMPLAINTS.pdf

THE CITY UNIVERSITY OF NEW YORK POLICIES AND PROCEDURES ON EQUAL OPPORTUNITY, NON-DISCRIMINATION, AND AGAINST SEXUAL HARASSMENT, available at http://www.cuny.edu/about/administration/offices/ohrm/policies-procedures/finalnondeiscrimpolicy121213.pdf

b. Describe how medical students, residents, faculty (full-time, part-time, and volunteer), and appropriate professional staff are informed about the medical school's standard of conduct in the faculty-student relationship and about medical student mistreatment policies.

During faculty and staff orientations, the proper behavior of faculty and staff toward students is discussed. In addition, a mandatory faculty development seminar held once each year will discuss the proper behavior of faculty toward students and will specifically cover behaviors that would be considered mistreatment of students. All persons who have teaching or administrative responsibility for students (including CSOM faculty, attendings, residents and staff) will be required to attend, and attendance will be documented.

In addition, all CUNY employees are required to complete training about the prevention of sexual harassment and a workshop on the prevention of violence in the workplace. Both of these modules are required by CUNY and are delivered online.

Affiliation agreements with our partner hospital and all clinical sites include the Association of American Medical Colleges Uniform Teacher-Learner Agreement (see Supporting Documentation). This document outlines the expectations of professional behavior for teachers and learners. A copy of this teacher-learner agreement is also included in the faculty course handbooks for all faculty participating in clinical courses (such as POM2, POM3, and clinical clerkships).

The school's Student Handbook of Academic Policies and Procedures lists a "Policy of Professional Behavior," which provides students with examples of specific behaviors that demonstrate the professional attributes. All faculty, staff, administrators, and residents will receive annually an electronic copy of this handbook. In addition, the handbook is available

online on the school's website.

Furthermore, CSOM Policy and Procedure for Reporting Alleged Mistreatment and Unprofessional Behavior will be included in all course and clerkship syllabi.

c. How, by whom, and how often will data regarding the frequency of medical students experiencing negative behaviors (mistreatment) be collected and reviewed?

Data is collected formally at the end of each module, course, or clinical experience through the online course evaluation system. Data are sent to the evaluation specialist, who sends notices of negative behaviors to the appropriate course or clerkship directors, department chair(s), the appropriate assistant dean(s), the deputy dean for medical education, and the associate dean of student affairs in the Office of Student Affairs, where all issues are tracked.

Additionally, students have a monthly opportunity to bring issues to the attention of administration at the Dean's Luncheon. Further, class representatives meet with relevant administrators each semester, where they can bring issues to their attention.

Individual students reports sent using the online form, via LCMS+ (our learning management system), or via the mistreatment@med.cuny.edu email are monitored daily by the Office of Student Affairs. Reported issues are reviewed and addressed by the associate dean of student affairs in the Office of Student Affairs.

d. Summarize any areas of concern related to student mistreatment from the independent student analysis.

According to the data derived from the ISA (see chart above), 73% of students are somewhat satisfied/very satisfied with the adequacy of the school's student mistreatment policy; 71% of students are somewhat satisfied/very satisfied with the adequacy of methods to report mistreatment; and 71% of students are somewhat satisfied/very satisfied with the adequacy of school activities to prevent mistreatment. Given that we have instituted a new policy statement and procedures for reporting, we appreciate that upwards of three-quarters of the class responded positively to these questions. Of course, through further dissemination, education, and reinforcement of the values we hold, we seek to improve the satisfaction rates.

e. Describe recent educational activities for medical students, faculty, and residents that were directed at preventing student mistreatment.

All current clinical faculty were given the POM Faculty Handbook, which delineates the policies articulated by the AAMC Uniform Teacher-Learner Agreement as well as the questionnaire students will use to evaluate their experiences, and these policies are reviewed annually during the mandatory faculty development sessions.

All basic science faculty members are educated about the policies and procedures regarding professionalism and student mistreatment at an annual required faculty meeting and annually at the course director's meeting.

The student handbook contains information about professional behavior. Each year, every class of students will have an educational session on mistreatment and how to address it.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 3.6

Formal medical school or university policies addressing the standards of conduct in the faculty-student relationship, including student mistreatment policies.

Policy on the Teacher-Learner Relationship

Purpose

The purpose of this policy is to foster mutual respect and to create a positive and supportive learning environment in which students learn to be highly competent and caring health professionals. We as educators have the responsibility to create a safe and supportive learning environment that encourages the development in students of the professional and collegial attitudes necessary for providing caring, ethical and compassionate healthcare.

Standards

All faculty members should act in a professional, courteous manner that shows respect to students at all times. The relationship between teacher and learner must be based on mutual trust, respect, and responsibility if we are to develop the most effective learning environment. Both parties in this relationship have legitimate expectations of the other. For example, the student can expect that the instructor will teach in an effective and respectful manner. The teacher can expect that the student will make an appropriate investment of time and energy to acquire the skills and knowledge necessary to become a caring, effective, and ethical health care professional and to treat the teacher in a respectful manner. Preparing for the educational encounter is the responsibility of both parties. Furthermore, both parties have an obligation to discharge their responsibilities with mutual respect and integrity.

In addition to being effective teachers, faculty members are role models for students and must model professional and ethical behavior to the students. Teachers should respond to students' questions and comment in a respectful and courteous manner.

Definition of Mistreatment

Certain behaviors are clearly antithetical to a productive learning environment and are classified as mistreatment of students. Mistreatment of students includes but is not limited to disclosing confidential student information; public humiliation and other actions that can be reasonably interpreted as demeaning or humiliating; sexual harassment (including unwelcome sexual remarks or jokes); inappropriate comments about student's dress, ethnicity or sexual orientation; physical aggression (including pushing, shoving, or other intentional inappropriate physical contact) or the threat of physical aggression; unjustified exclusion from reasonable learning opportunities; and other unfair treatment of students. Mistreatment of students can result in disciplinary action of the offender. These policies as outlined are in compliance with the CCNY Academic Affairs Integrity Process and are not meant to supersede or supplant CUNY policy.

This policy will be posted on our website and will be reviewed with students annually at their class orientation and with all faculty, residents, and other healthcare providers during their required faculty development sessions. In addition, it will be posted on every course and clerkship Blackboard site.

Formal policies and/or procedures for responding to allegations of medical student mistreatment, including the avenues for reporting and mechanisms for investigating reported incidents

Policy and Procedure for Reporting Alleged Mistreatment and Unprofessional Behavior

The Office of Student Affairs will track and monitor all reports of alleged mistreatment according to the procedures articulate below:

Contemporaneous allegations of mistreatment/unprofessional behavior
If students encounter mistreatment and/or unprofessional behavior, it must be addressed immediately. Students have both non-anonymous and anonymous mechanisms to report mistreatment/unprofessional behavior.

Non-Anonymous reporting: Students may talk to the course/clerkship director, who will try to resolve the issue. The course or clerkship director will report the issue to the associate dean of student affairs in the Office of Student Affairs. If the course/clerkship director is unable to resolve the issue, the student and/or the course/clerkship director will report it to the associate dean of student affairs in the Office of Student Affairs. The student always has the option to report directly to the faculty (i.e., associate dean of student affairs, or the medical student advisors) in the Office of Student Affairs, either in person or via email at the address mistreatment@med.cuny.edu. The associate dean of student affairs in the Office of Student Affairs will report issues to the appropriate course/clerkship director, the department chair, and the assistant dean charged with that area of the curriculum to investigate and address. When the issue is resolved, a report will be made to the associate dean of student affairs in the Office of Student Affairs.

Anonymous reporting: Students may report instances of mistreatment via an online reporting system (https://www.ccny.cuny.edu/csom/mistreatment-policy). They will have the option to provide their name, or they may report anonymously. The associate dean of student affairs in the Office of Student Affairs monitors and reports issues to the appropriate course/clerkship director, the department chair, and/or the assistant dean charged with that area of the curriculum to investigate and address. When the issue is resolved, a report will be made to the Office of Student Affairs.

Course/clerkship directors must report allegations of mistreatment/unprofessional behavior to the associate dean of medical students as soon as possible, but no more than five working days after the student initially reports the event.

Allegations of mistreatment/unprofessional behavior reported in end-of-experience evaluations

Students are asked explicitly about their experiences of mistreatment and unprofessional behavior in every course, clerkship, and clinical experience evaluation. Reported instances are highlighted and given immediately to the course/clerkship director, appropriate personnel at the site of the mistreatment/unprofessional behavior, the assistant dean charged with that area of the curriculum, the department chair and the Office of Student Affairs. The associate dean of student affairs in the Office of Student Affairs is charged with ensuring the issue is addressed in a timely fashion.

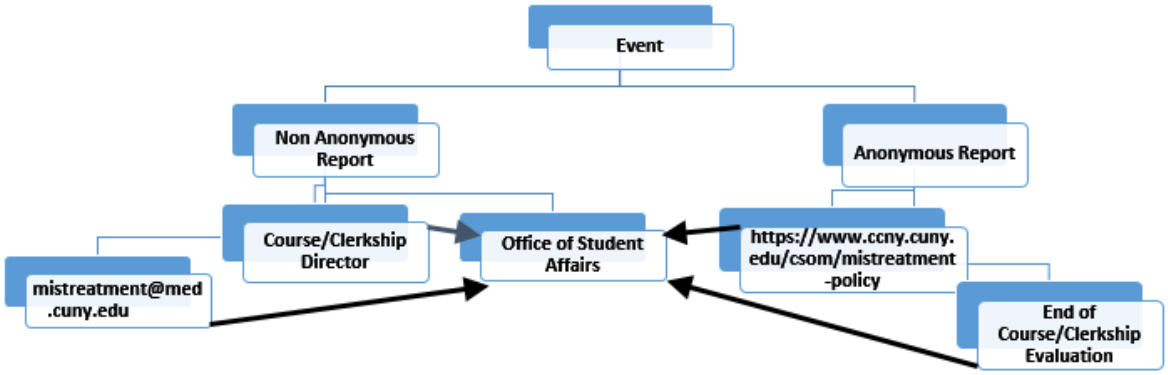
Resolutions of allegations of mistreatment/unprofessional behavior

Those individuals engaging in mistreatment/unprofessional behavior may be disciplined, including removal from teaching responsibilities at CSOM. Determination of consequences that may arise from mistreatment will be the responsibility of the course or clerkship directors, assistant dean charged with that area of the curriculum, site directors at clinical sites, and/or the department chair. Students who engage in mistreatment/unprofessional behavior will be referred to the Office of Student Affairs, and may face disciplinary proceedings through the Student Academic Progress Committee.

CUNY Policy for Student Complaints about Faculty Conduct

Students may always use the CUNY Policy for complaints about faculty conduct in academic settings, found here:
https://www.cuny.edu/about/administration/offices/la/PROCEDURES_FOR_HANDLING_STUDENT_COMPLAINTS.pdf

Procedures for Reporting Mistreatment/Unprofessional Behavior



STANDARD 4: FACULTY PREPARATION, PRODUCTIVITY, PARTICIPATION, AND POLICIES

The faculty members of a medical school are qualified through their education, training, experience, and continuing professional development and provide the leadership and support necessary to attain the institution's educational, research, and service goals.

UPDATED 12.29.17

4.1 SUFFICIENCY OF FACULTY

A medical school has in place a sufficient cohort of faculty members with the qualifications and time required to deliver the medical curriculum and to meet the other needs and fulfill the other missions of the institution.

4. 1 SUPPORTING DATA

Table 4.1-1 | Total Faculty

Provide the total number of full-time, part-time, and volunteer faculty in the basic science and clinical departments for each listed academic year (as available).

	Full-Time Faculty*		Part-Time Faculty		Affiliate Faculty	
Academic Year	Basic Science	Clinical	Basic Science	Clinical	Basic Science	Clinical
2015-16	36	8	32	14	0	0
2016-17	37	10	31	14	0	403
2017-18	30	15	31	27	0	438

* Includes Department Chairs (3) and Senior Administrators (6) who have faculty appointments.

Table 4.1-2 | Basic Science Faculty*

List each of the medical school's basic science (pre-clerkship) departments and provide the number of faculty in each. Only list those departments (e.g., pathology) included in the faculty counts in table 4.1-1. Schools with one or more regional campus(es) should also provide the campus name. Add rows as needed.

		Full-Time Faculty (as of September 1, 2017)					Part-Time Faculty
Campus	Department*	Professor	Associate Professor	Assistant Professor	Other**	Vacant	
CSOM	Community Health and Social Medicine	1	2	3	0	5	6
CSOM	Medical Education	0	2	0	1		
CSOM	Molecular, Cellular, and Biomedical Sciences	7	8	6	0	6	25

* All departments have both basic scientists and clinicians so are listed in both Tables 4.1-2 and 4.1-4.
**Other includes Distinguished Lecturers and Clinical Professors (unranked titles).

UPDATED 12.29.17

Table 4.1-4 | Clinical Faculty

List each of the medical school's clinical departments and provide the number of faculty in each. Only list departments included in the faculty counts in table 4.1-1. Schools with one or more regional campus should provide the campus name in each row. Add rows as needed.

		Full-Time Faculty (as of September 1, 2017)					Other / Not Full-Time	
Campus	Department	Professor	Associate Professor	Assistant Professor	Other**	Vacant	Part-Time Faculty	Affiliate
CSOM	Clinical Medicine*	0	0	0	0	0	0	438
CSOM	Community Health and Social Medicine	1	1					
CSOM	Medical Education	1	1	0	6			
CSOM	Molecular, Cellular, and Biomedical Sciences	1	1		3			

Table 4.1-3 | Basic Science Teaching Responsibilities

List each of the medical school's basic science (pre-clerkship) departments and indicate whether required courses are taught for each listed student-type (Y for yes, N for no). Only list courses for which departmental faculty have primary and ongoing effort (e.g., course leadership, reporting final grades to the registrar). Only include interdisciplinary courses once per department. Add rows as needed.

		Student Type					
Campus	Department	Medical	Graduate	Dental	Nursing	Allied Health	Under-graduate
CSOM	Molecular, Cellular, and Biomedical Sciences	Y	Y	N	N	Y	N
CSOM	Community Health and Social Medicine	Y	Y	N	N	N	N

* All faculty members from partner clinical sites have affiliate faculty appointments (e.g. affiliate medical professor, affiliate associate professor, affiliate assistant professor) in the Department of Clinical Medicine.

** Includes Distinguished Lecturers and Clinical Professors (unranked titles).

Table 4.1-5 | Planned Clinical Teaching Responsibilities

List each of the medical school's clinical departments and indicate whether required courses are or will be taught for each listed student-type (Y for yes, N for no). Only list courses for which departmental faculty have or will have primary and ongoing effort (e.g., reporting final grades to the registrar). Only include interdisciplinary courses once per department. Only report Pathology data if Pathology is included as a clinical department in table 4.1-1. Add rows as needed.

		Student Type					
Campus	Department	Medical	Dental	Nursing	Allied Health	Public Health	Other (specify)
CSOM	Clinical Medicine	Y	N	N	N	N	N
CSOM	Medical Education	Y	N	Y	Y	N	N

Table 4.1-6 | Protected Faculty Time

Provide the amount of protected time (i.e., time with salary support) that the following individuals have for their educational responsibilities (include a range if not consistent within each group). Add rows as needed.

Faculty Type	Amount (FTE)
Pre-clerkship/preclinical course directors, including directors of clinical skills courses	0.5*
Clerkship directors (actual or anticipated)	0.5**
Chair of the curriculum committee	see below*

*****For all full-time faculty members, 100 percent of their salary for an 11-month year is guaranteed by the university. The concept of percent protected time does not apply to CSOM faculty, including course directors, because all of the faculty salary is covered by the university, and full-time appointments in tenure track lines require that faculty teach, perform scholarly activity, and engage in service to CUNY as requirements for reappointment and tenure. Preclinical course directors have the appropriate amount of time for educational responsibilities as determined by the total course hours (credits), their percent effort in teaching, and other related educational activities (total teaching and administration hours). In general, course directors who teach a 3- to 5-credit course in a semester are given approximately 50 percent protected time during that semester for course oversight, teaching, and other education program administrative or committee work. The chair of the Curriculum Committee is a full-time faculty member who receives 100 percent salary support for teaching, scholarly activity and service to the school. Therefore, there is no specified protected time, as the chair's total salary is already covered for education and service. The Curriculum Committee chair agrees to a time commitment of no less than six hours per month devoted to overseeing the committee, meeting with key leadership to create the monthly committee agendas, reviewing course data with the relevant persons before the meeting, and helping draft and complete the meeting's minutes.

**Certain departments have co-clerkship directors (one at each of our clinical sites). If so, then each clerkship director gets .25 FTE.

4.1 NARRATIVE RESPONSE

a. List all faculty, and the disciplines or courses they teach, with substantial teaching responsibilities who are on-site at their teaching location for fewer than three months during the academic year.

None

b. Describe changes in faculty complement (recruitment or attrition), by discipline, over the next three years. Provide the anticipated timing of the recruitment activities.

Our three-year hiring plan (FY17 to FY19) includes the prospective hiring of a total of 23 full-time faculty members. In FY17, we hired a total of seven faculty members, two to fill vacancies in cell biology and neuroscience and five to teach neuroscience, pathology, organ systems, and clinical skills. During the current fiscal year (FY18), we will hire seven faculty members: three to teach Organ Systems (one search near completion); two to teach Epidemiology (both searches under way), one for Organ Systems and Clinical Skills courses, and the chair of the recently merged basic science department of Molecular, Cellular, and Biomedical Sciences (scheduled to begin fall 2017).

In FY19, we plan to hire six faculty members: two to fill vacancies in the area of Community Health, three in the areas of Genetics, Organ Systems, and Epidemiology, and an educator to direct our Learning Resource Center and educational research. The searches will begin July 2018, with an expected completion by February 2019.

In addition to the hires above, we will hire one faculty member to teach in the Physician Assistant program in FY18 and in FY19 will hire three faculty members who will primarily have administrative functions in the areas of student support and faculty development. These hires are expected to be completed by June 2019.

(See table below.)

Hiring Plan, FY17 – FY19

YEAR	Column1	Position Type	Position Title	Discipline	Date of Hire/Expected DOH	Salary	Status
FY17	MCBS	Faculty - BS	Assoc Med Prog B - Pathobiology	Cell Biology	7/1/2016	$ 111,861	Compeleted
FY17	MCBS	Faculty - BS	Asst/Assoc Med Prof- Physiology	Neuroscience	2/6/2017	$ 114,098	Compeleted
FY17	MCBS	Faculty - BS	Research Assistant Professor	Neuroscience	9/1/2016	$ 55,000	Compeleted
FY17	Medical Education	Faculty - C	Distinguished Lecturer - POM/ICM	Clinical Skills	6/19/2017	$ 160,472	Compeleted
FY17	Medical Education	Faculty - C	Clinical faculty-Organ Systems	Organ Systems	5/8/2017	$ 160,472	Compeleted
FY17	MCBS	Faculty - C	Clinical Pathologist 1	Pathology	10/3/2016	$ 150,000	Compeleted
FY17	MCBS	Faculty - C	Clinical Pathologist 2	Pathology	11/1/2016	$ 160,000	Compeleted
FY18	Physician Assistant Program	Faculty	Medical Lecturer for Research	PA pgm	9/5/2017	$ 110,000	completed
FY18	MCBS	Faculty - BS	Basic Science Chair	Basic Science	6/30/2018	$ 250,000	In progress
FY18	MCBS	Faculty - BS	Faculty 1 (Physiology &Pharmacolo	Organ Systems	7/1/2017	$ 130,000	completed
FY18	CHASM	Faculty - BS	Facutly 1	Epidemiology	6/30/2018	$ 100,000	In progress
FY18	CHASM	Faculty - BS	Facutly 2	Epidemiology	6/30/2018	$ 100,000	In progress
FY18	MCBS	Faculty - BS	Pathobiology Co-Course Director	Organ Systems	6/30/2018	$ 150,000	begin 1/1/2018
FY18	MCBS	Faculty - BS	Assoc Med Prof- Pharmacology	Pharmacology	6/30/2018	$ 130,000	begin 1/1/2018
FY18	Medical Education	Faculty - C	Faculty 1(POM and Organ System)	Clinical Skills and Organ Systems	11/1/2017	$ 155,000	In progress
FY18	LRC	Faculty	Clinical Professor	Administrative	7/1/2018	$ 110,000	begin 1/1/2018
FY19	CHASM	Faculty - BS	Facutly 4	Community Health	6/30/2019	$ 100,000	begin 9/1/2018
FY19	CHASM	Faculty - BS	Facutly 5	Community Health	6/30/2019	$ 100,000	begin 9/1/2018
FY19	CHASM	Faculty - BS	Faculty 3	Epidemiology	6/30/2019	$ 100,000	begin 9/1/2018
FY19	MCBS	Faculty - BS	Faculty 2 (Genetics)	Genetics	6/30/2019	$ 100,000	begin 9/1/2018
FY19	Medical Education	Faculty - C	Faculty Affairs Advisor	Administrative	9/1/2018	$ 130,000	begin 9/1/2018
FY19	Medical Education	Faculty - C	Affilate Faculty Development	Administrative	6/30/2019	$ 160,000	begin 9/1/2018
FY19	Medical Education	Faculty - C	Clinical Professor - Organ Systems (	Organ Systems	6/30/2019	$ 165,000	begin 9/1/2018

4.2 SCHOLARLY PRODUCTIVITY

The faculty of a medical school demonstrate a commitment to continuing scholarly productivity that is characteristic of an institution of higher learning.

4.2 SUPPORTING DATA

Table 4.2-1 | Scholarly Productivity

Provide the total number of each type of scholarly work, by department (basic science and clinical), from the most recently completed year (academic or calendar year, whichever is used in the medical school's accounting of faculty scholarly efforts). Provide the year used for these data. Add rows for each department.

Department [#]	Articles in peer-review journals	Published books/ book chapters	Faculty co-investigators or PI's on extramural grants	Other peer-reviewed scholarship*
Community Health and Social Medicine	17		5	
Medical Education	1		2	
Molecular, Cellular, and Biomedical Sciences	40	2	10	

*Provide a definition of "other peer-reviewed scholarship," if this category is used:

Provide the year used for these data: AY2016

4.2 NARRATIVE RESPONSE

a. Describe the institution's expectations for faculty scholarship, including whether scholarly activities are required for promotion and retention of some or all faculty.

The department chairperson determines jointly with each faculty member the percentage of effort devoted to research, teaching, and service scholarship. Documentation of active engagement in all three areas of scholarship is required for retention and promotion in all tenure-bearing titles, as described in the City College's *Policy and Guidelines for Reappointment, Tenure, and Promotion:* https://www.ccny.cuny.edu/sites/default/files/Policies-and-Guidelines-for-Reappointment-Tenure-and-Promotion-SUMMER-2015-rev1-1%20%282%29.pdf .

Scholarly productivity is not required for appointment or retention in non-tenure bearing titles but is a requirement for consideration of promotion.

Promotion and tenure actions are governed by CUNY bylaws and the PSC/CUNY collective bargaining agreement. General criteria for reappointment, tenure, and promotion are provided in the Board of Trustees' *Statement of the Board on Academic Personnel Practice*, available at: https://www.ccny.cuny.edu/sites/default/files/academicaffairs/upload/Statement_of_the_Board_on_Academic_Personnel_Practice.pdf

[#]Because scholarly productivity is not required for affiliate faculty appointment, data for the Department of Clinical Medicine is exempted from the medical school's accounting of faculty scholarly efforts.

4.3 FACULTY APPOINTMENT POLICIES

A medical school has clear policies and procedures in place for faculty appointment, renewal of appointment, promotion, granting of tenure, remediation, and dismissal that involve the faculty, the appropriate department heads, and the dean, and provides each faculty member with written information about his or her term of appointment, responsibilities, lines of communication, privileges and benefits, performance evaluation and remediation, terms of dismissal, and, if relevant, the policy on practice earnings.

4.3 NARRATIVE RESPONSE

a. Provide a brief description of each faculty employment track, including the qualifications required for each. Describe how faculty members are notified about and assigned to a specific track.

Full-Time Faculty Appointments

Full-time faculty members are those who devote their primary activities to academic pursuits, which include teaching, research, service to CUNY, and the delivery of clinical services. Such faculty members are salaried by CSOM.

There are four tracks to designate persons appointed to the faculty on a full-time basis. Although the quality of scholarship and academic accomplishments will be judged similarly in each track, the designation of the position as basic science or clinical will indicate the faculty member's primary field of endeavor. An appointment to professor titles of the faculty requires a doctoral degree. An appointment to the clinical tenure track positions (e.g., Medical Professor series) requires a license to practice medicine in the state of New York. The school may also appoint faculty members who fulfill the equivalencies in lieu of the degree requirements, as defined in the CUNY Board of Trustee Bylaws, Section 11.8.

A detailed description of each faculty track is provided in the *Office of Human Resources Management Code of Practice Regarding Instructional Staff Titles* (see Appendix 4-03 Code of Practice Title Descriptions and Qualifications), also available at: http://www1.cuny.edu/sites/onboard/wp-content/uploads/sites/4/Code-of-Practice-Title-Descriptions-and-Qualifications-UPDATED1-16-15_01212015.pdf).

The full-time faculty tracks are as follows:

1) Tenure Tracks–basic science or clinical
   Medical Professor
   Medical Associate Professor
   Medical Assistant Professor

2) Clinical Track (non-tenure)
   Clinical Medical Professor
   Clinical Associate Medical Professor
   Clinical Assistant Medical Professor

3) Medical Distinguished Lecturer (non-tenure)

4) Research Track (non-tenure)
   Research track faculty are required to engage in research or scholarship, but not required to

teach.
Research Professor
Research Associate Professor
Research Assistant Professor

Non Full-Time Appointments

- Affiliate Faculty
  Persons appointed to an Affiliate Medical Professor series title will be engaged in professional activities within CUNY. However, the title does not carry compensation or employment status at CUNY. Currently, all clinical faculty from hospital and health center partner sites who are engaged in teaching are appointed to affiliate faculty titles. (The description of the affiliated faculty titles and qualifications for each rank is included in Appendix 4-03 Affiliated Medical Faculty Titles.)

  Affiliate Medical Professor
  Affiliate Medical Associate Professor
  Affiliate Medical Assistant Professor
  Affiliate Medical Lecturer*
  Affiliate Medical Teacher*

  *The lecturer and teacher titles require specialized training (i.e., allied health professions certification) but do not require a terminal degree.

- Adjunct Faculty
  The adjunct tracks will designate persons appointed to the faculty on a part-time or voluntary basis. The adjunct tracks will be used to designate persons with a doctoral or M.D. degree or equivalent who make substantial contributions (less than full-time) to CSOM.

  Adjunct Track (non-tenure)–basic science or clinical
  Adjunct Professor of…
  Adjunct Associate Professor of…
  Adjunct Assistant Professor of…
  Adjunct Instructor of…

- Visiting Faculty
  This designation may precede any of the academic titles listed above; it signifies that the faculty member is from another university and is serving full-time at CSOM-SDBEP for a specified limited period, usually but not necessarily one (1) year or less. These appointments may be with or without compensation.

b. Describe how and when faculty members are notified of the following:
   1. Terms and conditions of employment
   2. Benefits
   3. Compensation, including policies on practice earnings

Faculty terms, compensation, conditions of employment, and benefits are aligned and governed by CUNY policies and by the Professional Staff Congress (PSC) collective bargaining agreement. The faculty terms, compensation, and conditions of employment are documented and approved by the CCNY Office of Human Resources before the letter of offer is completed. Faculty members are notified about the term, compensation, and conditions of employment in their letter

of offer. New faculty are referred to the PSC contract for information regarding conditions of employment (http://www.psc-cuny.org/contract/psc-cuny-contract) and are given detailed information about the benefits and conditions of employment during an individual meeting with a Human Resources representative, scheduled shortly after the first day of employment.

CUNY and the PSC contract jointly cover the broad range of faculty rights, benefits, working conditions, salaries, leaves and holidays, due process rights, and health and pension benefits. Both the PSC union and the CUNY and CCNY Human Resources departments send periodic email updates regarding any anticipated or approved changes to benefits or conditions of employment. The PSC meets monthly on campus for discussions and Q&A sessions that are open to all covered employees. Additionally, faculty members are encouraged to attend annual orientation sessions and workshops offered at the college, including:

- New Faculty Reception: The Provost's Office and Human Resources partner with key offices across campus including the Faculty Senate, Grants and Sponsored Programs, Academic Standards, and the Center for Excellence in Teaching and Learning to provide faculty information about their responsibilities, benefits, and remuneration. Sessions are held each fall and are open to newly appointed faculty as well as to existing faculty.

- Faculty Workshop on Tenure and Promotion: This information is provided in a panel format that includes the provost, dean, chairs, legal counsel and a newly promoted or tenured faculty. The panel discussion focuses on elements important to the successful achievement of tenure and promotion at CCNY, with substantial time allotted time for Q&A. Examples of the topics covered include:
  1) What makes up a strong dossier?
  2) What are some of the most important factors for untenured faculty to keep in mind in building a strong academic career leading to successful promotion/tenure?
  3) What are some pitfalls junior faculty should avoid that may inhibit their quest for tenure?

In accordance with CUNY's policy regarding multiple positions (http://policy.cuny.edu/manual_of_general_policy/article_v/policy_5.14/2./text/#Navigation_Location), each full-time faculty member is obligated to view his/her appointment to a college or university faculty position within CUNY as his/her main professional commitment. This commitment obligates the faculty member both as a member of the national and international world of learning and as a member of the CUNY community. Although the first responsibility to CUNY is teaching, the faculty member recognizes the obligation to be regularly accessible for conferences with students, to participate in appropriate extracurricular undertakings, and to serve on various medical school and university committees and as a member of university and medical school councils and other assemblies. These positions are subject to review and recommendation by the department chair, the Executive Faculty Committee, the deans, and human resources.

c. Describe how and when faculty members are notified about their responsibilities in teaching, research and, where relevant, patient care.

It is the responsibility of the department chair to inform newly hired and existing faculty members about their responsibilities in teaching, research and, when appropriate, patient care. Department chairs conduct annual evaluation conferences with individual faculty members every spring (close to the end of the academic year); in these conferences, productivity in teaching, research, and patient care responsibilities are discussed, as is progress toward promotion or tenure if appropriate. Within 10 working days after the evaluation conference, the chair provides the faculty member with a record of that conference in the form of a memorandum (see Article 18.1 of the PSC/CUNY contract at http://www.psc-cuny.org/contract/psc-cuny-contract).

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 4.3

1. Medical school or university policies for initial faculty appointment, renewal of appointment, promotion, granting of tenure, and dismissal. Note when these policies were last reviewed and approved.

   Promotion and tenure actions are governed by CUNY bylaws, the PSC/CUNY collective bargaining agreement, and university and college policies. General criteria for reappointment, tenure and promotion are provided in the Board of Trustees' *Statement of the Board on Academic Personnel Practice,* available at*:*
   https://www.ccny.cuny.edu/sites/default/files/academicaffairs/upload/Statement_of_the_Board_on_Academic_Personnel_Practice.pdf

   Policies are detailed in the CCNY *Policy and Guidelines for Reappointment, Tenure, and Promotion* (revised in 2015): https://www.ccny.cuny.edu/sites/default/files/Policies-and-Guidelines-for-Reappointment-Tenure-and-Promotion-SUMMER-2015-rev1-1%20%282%29.pdf].

4.4 FEEDBACK TO FACULTY

A medical school faculty member receives regularly scheduled and timely feedback from departmental and/or other programmatic or institutional leaders on his or her academic performance and progress toward promotion and, when applicable, tenure.

4.4 NARRATIVE RESPONSE

a. Describe how and when faculty members receive formal feedback from departmental leaders (i.e., the department head or division/section chief) on their academic performance and their progress toward promotion and, if relevant, tenure.

In accordance with Article IX of the bylaws of the CUNY Board of Trustees, each faculty member is to have an evaluation conference with the department chair at least once each year. Although the medical series faculty titles are excluded from Article 18 of the PSC/CUNY collective bargaining agreement which pertains to annual evaluations, CSOM follows the guidelines set forth in the agreement which states that each employee (other than tenured full professors) shall have an evaluation conference with the department chairperson, or a senior member of the department to be assigned by the chairperson, at least once each year. At the conference, the employee's total academic performance and professional progress for that year and cumulatively to date shall be reviewed. Evaluation of faculty teaching conducted by the chair and/or a senior faculty peer is reviewed with the observed faculty member, as are the results of student evaluations of courses and course faculty. A written report of the evaluation conference is prepared by the chair for the faculty member's review and signature, and inclusion in the personnel file.

In the case of tenure track faculty, the annual evaluation will assess the faculty member's progress toward tenure, and is completed before the individual is reviewed for annual reappointment each fall semester. The criteria that reappointment decisions are based on include teaching effectiveness, scholarly and professional growth, and service to the institution and to the community. Additionally, the university has established a midterm tenure review to take place in the spring semester of the faculty member's third year of service in a seven-year tenure track title. This review is intended to provide tenure track faculty members with a particularly detailed performance evaluation midway through their tenure run, with the purpose of providing additional guidance to faculty consistent with the professional evaluation procedures contained in the university's collective bargaining agreement. The faculty member's progress toward tenure is reviewed with the candidate by the department chair and subsequently by the dean, each of whom prepares a written summary of their assessment for inclusion in the faculty member's personnel file. This assessment is also reviewed by the Executive Faculty Committee in its consideration of the chair's recommendations for reappointment.

Further feedback is also provided to tenure track faculty by mentoring committees. Each tenure track faculty member will have an assigned mentoring committee that meets with the faculty member at least once per year. The committee, together with the faculty, will draw up a plan of action, which will include the goals, desired outcomes, and assessment of mentoring in the areas appraised for tenure and promotion (research, teaching, and service). The committee will also provide the mentee with advice and assistance in grant writing, research, and career development.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 4.4

1. Medical school or university policies that require faculty to receive regular formal feedback on their performance and their progress toward promotion and, if relevant, tenure. Note when these policies were last reviewed and approved.

   University policies that set forth requirements for annual evaluations of faculty members are contained under Article IX of the bylaws of the CUNY Board of Trustees: http://policy.cuny.edu/bylaws/article_ix/text/#Navigation_Location

   Although the Medical School Faculty titles are excluded from Article 18 of the PSC/CUNY collective bargaining agreement which pertains to annual evaluations, the university's legal counsel has recommended that CSOM follow the general guidelines set forth in Article 18.3a of the Contract, which states that evaluations are to be conducted "at least once each year." (See Article 18 of the PSC/CUNY contract, http://www.psc-cuny.org/contract/article-18-professional-evaluation, renewed December 2016.)

4.5 FACULTY PROFESSIONAL DEVELOPMENT

A medical school and/or its sponsoring institution provides opportunities for professional development to each faculty member in the areas of discipline content, curricular design, program evaluation, student assessment methods, instructional methodology, and or research to enhance his or her skills and leadership abilities in these areas.

4.5 NARRATIVE RESPONSE

a. Describe the availability of knowledgeable individuals who can assist faculty in improving their teaching and assessment skills. Describe the organizational placement of such individuals (e.g., faculty development office, medical school dean's office, university office) and the amount of time they have to devote to faculty development efforts.

   The Department of Medical Education falls under the deputy dean for medical education and consists of seven medical educators who are knowledgeable about teaching, assessment, and faculty development. The assistant dean for medical education and faculty development has full-time responsibility for these efforts. The rest of the medical educators can devote 10-20 percent of their time to improving teaching and assessment skills of other faculty.

b. Describe how the medical school identifies faculty development programming needs.

   The school identifies faculty development programming needs in multiple ways.
   1. All new faculty participate in faculty development focused on goals and outcomes of the program and on teaching and assessment methods appropriate for the course they are teaching.
   2. Individual departments notify the assistant dean for medical education and faculty development of their particular needs.
   3. Student comments assist in identifying faculty development needs.
   4. Course directors can request faculty development for course faculty.
   5. The assistant dean for medical education and faculty development talks directly to department chairs and faculty members to assess their needs.

c. Describe how clinical faculty are being prepared for their roles in teaching and assessment during the clinical clerkships.

   We are currently developing the clinical clerkships in biweekly meetings. Within those meetings we discuss approaches to teaching and assessing that will be most effective in our curriculum. In addition, members of the Department of Medical Education faculty have gone to clinical sites to teach approaches to teaching and assessment.

d. Describe how faculty are informed about the availability of faculty development programming and the steps that are taken to ensure that faculty development is accessible at all instructional sites, including clinical affiliates and regional campuses.

   Faculty are informed by email and flyer, as well as face to face, about faculty development programming. Clinical affiliates are invited to attend via teleconference, and they are offered on-site faculty development programs.

e. Describe the means by which problems identified with an individual faculty member's teaching and assessment skills are remediated.

For specific issues related to faculty teaching (e.g., content, delivery), the course director, the department chair, or both are responsible for addressing these issues and are accountable to the Curriculum Committee. Numerous monthly faculty-development sessions are provided by the Department of Medical Education; these sessions will address teaching skills (large group, small group, and online). If the review of a faculty member reveals a problem regarding teaching skills, individual teaching consultations, in addition to the faculty-development seminar series, will be available to assist in improving teaching skills. In addition, the assistant dean for medical education and faculty development can address specific deficiencies and facilitate remediation with individual faculty members. If the remediation is unsuccessful or the faculty member is noncompliant, the deputy dean for medical education has the authority to make the decision to relieve the faculty member of teaching responsibilities.

f. Describe the availability of funding to support faculty participation in professional development activities related to their respective disciplines (e.g., attendance at professional meetings) and to their roles as teachers (e.g., attendance at regional/national medical education meetings).

All faculty members will be encouraged to participate in faculty-development sessions offered by CCNY's CETL (Center for Excellence in Technology and Learning) and in online faculty development through a contract with Epigeum. These sessions will address teaching and assessment skills and will be available for all faculty members at no cost.

Funds will be available to enable teaching faculty to attend one or two external workshops, such as those sponsored by the Harvard Macy Institute, the AAMC, the Northeast Group for Educational Affairs (NEGEA), the Association for Standardized Patient Educators (ASPE), International Association of Medical Science Educators (IAMSE), and the Association for Medical Education in Europe (AMEE), as well as other conferences specific to education in specific content areas. Specific faculty members and deans will be required to attend the AAMC's annual meeting each November and will receive support from CSOM for attending this meeting.

Faculty of all departments have funding to attend conferences related to their respective disciplines.

g. Provide examples of formal activities at the departmental, medical school, and/or university level used to assist faculty in enhancing their skills in research methodology, publication development, and/or grant procurement. List the personnel available to assist faculty in acquiring and enhancing such skills.

An associate dean for research will be hired and will establish a grants office for the medical school. This office will have sufficient funding to create resources designed to assist faculty in identifying funding opportunities and obtaining and managing grants. The grants office and the Department of Medical Education will collaborate to develop a series of workshops and online tutorials for grant writing, responsible conduct of research, integrity in research and scholarship, and guidelines for using human subjects, vertebrate animals, and recombinant DNA in research. In addition, this office will partner with CCNY's Office of Research Administration to provide faculty with professional guidance and administrative support for all sponsored research activities. Pre-award services will include identifying potential external funding sources; providing advice and assistance on proposal development; preparing budgets and other sponsor forms; coordinating online proposal submission; and interpreting sponsor guidelines and CUNY and CCNY policies. Post-award services will include providing guidance on Research Foundation account management; assisting with sponsor agency requirements and Documentation; disseminating fiscal information; and preparing annual reports.

Junior faculty who are performing research will be assigned a senior faculty mentor who has been successful in obtaining federal grants; this senior faculty mentor will assist junior faculty in grant development and grant writing. The senior faculty member will also assist the mentee in career development and in acquiring the necessary skills for scholarly work.

Within CUNY, faculty may apply for and receive small research grants given by the Professional Staff Congress of CUNY (PSC-CUNY) system; these grants will help them initiate their own research activity and enable them to subsequently apply for larger federal research support. In addition, faculty members of CSOM are encouraged to participate in interdisciplinary collaborative research projects funded by the college. CCNY SEED grants of up to $50,000 are being made available to 10 full-time CCNY faculty members annually. A goal of the CCNY SEED grants is to provide internal funding for the initial stages of new multidisciplinary research that will generate data to facilitate the development of applications for external grants from government agencies or private foundations. Another source of collaborative funding is provided by CCNY's partnership with Memorial Sloan-Kettering Cancer Center (CCNY-MSKCC), supported by National Cancer Institute (NCI) U54 grants. This partnership encourages faculty members to address cancer health disparities and implements joint education and training programs to engage minority students and faculty members in cancer research. In AY2014, six Sophie Davis faculty received PSC-CUNY grants, and three additional faculty served as co-investigators on CCNY-MSKCC supported projects.

In addition, the director of research and evaluation and the assistant dean for medical education and faculty development have a track record of obtaining education-related research funding. They will be available for consultation with faculty members interested in pursuing medical education research to help structure research proposals, identify funding sources, and collaborate on education research projects.

h. Describe the specific programs or activities offered to assist faculty in preparing for promotion.

CSOM has established a mentoring program, where all junior faculty are assigned a mentor who is specifically charged with assisting the faculty in attaining the teaching, research, and service goals for promotion. The mentor meets with the faculty member at least once per year to ensure adequate progress.

Further, the Office of the Provost offers a monthly group meeting focused on promotion and tenure for chairs and faculty members.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 4.5

1. Provide a list of the faculty development programs (e.g., workshops, lectures, seminars) provided during the most recent academic year, including general topic and attendance, and the locations where these programs were offered.

UPDATED 12.29.17

Event	Date	Location	Attendance
Research Seminar: Women's Health Initiative	1/26/2016	CSOM/ Harris Hall	47
PBL Facilitation for New Faculty	2/2/2016	CSOM/ Harris Hall	3
PBL Facilitation for New Faculty	2/20/2016	CSOM/ Harris Hall	2
PBL Facilitation	2/25/2016	CSOM/ Harris Hall	2
Research Seminar: Sensory mediated mechanisms of synaptic dysfunction responsible for motor neuron pathology in spinal muscular atrophy	2/25/2016	CSOM/ Harris Hall	19
Research Seminar: Structure and function of circuit specializations relevant to social communication	3/24/2016	CSOM/ Harris Hall	22
POM2 Faculty Retreat/Orientation	3/2/2016	SBHHS	36
Clinical Faculty Competency Training	3/9/2016	SBHHS	21
PBL Facilitator Training	3/10/2016	CSOM/ Harris Hall	10
Research Seminar: Cytoskeletal regulation of myelin formation and repair	4/28/2016	CSOM/ Harris Hall	38
Research Seminar: CNS involvement in SLE	5/26/2016	CSOM/ Harris Hall	20
Research Seminar: Treating developing vs. developed brain: translating preclinical mouse and human studies	6/23/2016	CSOM/ Harris Hall	48
PBL Experiential Workshop	8/1/2016	CSOM/ Harris Hall	10
POM3 Training: Physical Diagnosis	8/24/2016	CSOM/ Harris Hall	6
PBL Facilitation	8/27/2016	CSOM/ Harris Hall	11
Physical Diagnosis Training	9/6/2016	CSOM/ Harris Hall	7
Teaching on the Fly	9/6/2016	SBHHS	80
Giving and Receiving Feedback	9/15/2016	CSOM/ Harris Hall	9
Journal Club: Getting Real: Embracing the conditions of the third-year clerkship	9/21/2016	CSOM/ Harris Hall	9
POM3 Training: Post Encounter Notes	9/21/2016	CSOM/ Harris Hall	7
Research Seminar: Sex-dependent effects of Taurine as a potential treatment for cocaine use/Being 13	9/29/2016	CSOM/ Harris Hall	23
Self-Directed, Active, and Engaged Learning Definitions and Approaches	10/6/2016	CSOM/ Harris Hall	16
IAMSE: Educating Medical Students in a Clinical Environment	10/8/2016	CSOM/ Harris Hall	7
Journal Club	10/19/2016	CSOM/ Harris Hall	12
Test Item Analysis	10/20/2016	CSOM/ Harris Hall	12

Journal Club: When the majority is the minority	10/21/2016	CSOM/ Harris Hall	10
Research Seminar: Function and regulation of DNY Ligase IV/socio-ecological approaches to HIV prevention	10/27/2016	CSOM/ Harris Hall	22
Research Seminar: Lipid bilayer surprises in the architecture of living membranes	11/1/2016	CSOM/ Harris Hall	18
Evaluating Students in Small Groups	11/3/2016	CSOM/ Harris Hall	13
Research Seminar: Novel interactions between brain-derived proteins and inflammatory receptor CD14/lifestyle medicine: What the Sophie faculty need to know	11/10/2016	CSOM/ Harris Hall	22
POM3/LCE Faculty Retreat/Orientation	11/27/2016	SBHHS	3
POM3/LCE Faculty Retreat/Orientation	11/29/2016	Urban Health Plan	3
POM3/LCE Faculty Retreat/Orientation	11/30/2016	SBHHS	5
POM3/LCE Faculty Retreat/Orientation	12/1/2016	SBHHS	3
Test Item Writing	12/1/2016	CSOM/ Harris Hall	20
Direct Observation of Clinical Encounters	12/2/2016	SBHHS	18
POM3/LCE Faculty Retreat/Orientation	12/2/2016	SBHHS	3
POM3/LCE Faculty Retreat/Orientation	12/5/2016	SBHHS	1
POM3/LCE Faculty Retreat/Orientation	12/7/2016	SBHHS	4
Lessons Learned in Flipping a Biochemistry Classroom	12/15/2016	CSOM/ Harris Hall	18
Research Seminar: Molecular mimicry…/Treatment for Alzheimer's	12/22/2016	CSOM/ Harris Hall	25
Research Seminar: NOSH-Aspirin in cancer	1/26/2017	CSOM/ Harris Hall	23
Facilitator Discussion	2/2/2017	CSOM/ Harris Hall	12
Journal Club: Resilience among medical students	2/15/2017	CSOM/ Harris Hall	7
Research Seminar: Virus-like particle for vaccine development	2/23/2017	CSOM/ Harris Hall	18
IAMSE Web Seminar (for all faculty/educators)	3/2/2017	CSOM/ Harris Hall	11
IAMSE Web Seminar (for all faculty/educators)	3/16/2017	CSOM/ Harris Hall	13
Research Seminar: Unconventional functions of Kinesin Motors in epithelial cells	3/23/2017	CSOM/ Harris Hall	19
IAMSE Web Seminar	3/30/2017	CSOM/ Harris Hall	9
Research Seminar: Translational approaches to multiple sclerosis	4/27/2017	CSOM/ Harris Hall	29
IAMSE Web Seminar	5/4/2017	CSOM/ Harris Hall	2
Journal Club: Kathryn and breaking the stigma	5/17/2017	CSOM/ Harris Hall	7
LCMS+ Training (learning management system)	5/17/2017	CSOM/ Harris Hall	14

Facilitator Forum	6/15/2017	CSOM/Harris Hall	13
Creating a chronic disease curriculum	7/6/2017	CSOM/Harris Hall	14
Journal Club: Intraining Evaluations	7/16/2017	CSOM/Harris Hall	6
Journal Club: Medical Students' perspectives on curricular change	8/16/2017	CSOM/Harris Hall	9
Student presentation on national conference	9/7/2017	CSOM/Harris Hall	16
POM 3 M2 LCE Faculty Orientation	9/19/2017	St. Barnabas	2
POM 3 M2 LCE Faculty Orientation	9/20/2017	St. Barnabas	2
POM 3 M2 LCE Faculty Orientation	9/21/2017	St. Barnabas	3
POM 3 M2 LCE Faculty Orientation	9/25/2017	St. Barnabas	1
POM 3 M2 LCE Faculty Orientation	9/26/2017	St. Barnabas	2
LCE and Annual Faculty Orientation	9/28/2017	Urban Health Plan	9
Journal Club: Tensions in post-examination feedback	10/18/2017	CSOM/Harris Hall	10
Faculty Orientation	12/18/2017	Urban Health Plan	17
Journal Club: Restorative Justice	11/15/2018	CSOM/Harris Hall	4

4.6 RESPONSIBILITY FOR EDUCATIONAL PROGRAM POLICIES

At a medical school, the dean and a committee of the faculty determine the governance and policymaking processes of the program.

4.6 NARRATIVE RESPONSE

a. If there is an executive committee or other similar medical school leadership group responsible for working with the dean to determine medical school policies, describe its membership, its charge, its authority or purpose as specified in the faculty bylaws, and how often it meets. Provide examples of the committee's priority areas during the most recent academic year and describe how those priorities were set.

As specified in the CSOM governance plan, CSOM Executive Faculty Committee will transact the business of CSOM in between meetings of the Faculty Council (consisting of all full-time faculty), and will meet at least monthly. The dean will consult with the Executive Faculty Committee on the allocation of institutional resources, research, and training grants, exchange programs, and awards and honors for students and faculty. The Executive Faculty Committee may establish and charge special *ad hoc* committees as it may deem necessary, including a committee to review the Governance Plan for possible amendments periodically.

The dean will serve as chair and will be *ex officio* with voice but without vote except to break a tie. Membership of the Executive Faculty Committee will include:

1) All CSOM department chairs.
2) One faculty member from each department, to be elected by the Faculty Council from a slate of selected or self-nominated faculty presented by each department.
3) The associate and assistant deans of CSOM as *ex officio* members with voice but without vote.

The dean may invite other administrative officers of CSOM to attend meetings of the Executive Faculty Committee; these individuals will not be members of and will not have a vote on the Executive Faculty Committee.

Priority areas addressed by the Executive Faculty Committee in FY16 included, among other areas:

- Strategic planning--quadrennial review of the school's strategic plan
- Review of immediate institutional needs for implementing the new medical education program:
  - Assessment of research infrastructure support needs
  - Establishment of, and appointment of clinical faculty to, the new Department of Clinical Medicine.

STANDARD 5: EDUCATIONAL RESOURCES AND INFRASTRUCTURE

A medical school has sufficient personnel, financial resources, physical facilities, equipment, and clinical, instructional, informational, technological, and other resources readily available and accessible across all locations to meet its needs and to achieve its goals.

SUPPORTING DATA REQUIRED FOR STANDARD 5

Table 5.0-1 | Medical School Revenue Sources

Provide the requested revenue total from the LCME Part I-A Annual Financial Questionnaire (AFQ) for each indicated fiscal year (FY) and the percentage of total revenues represented by each amount. Use the "total revenues" from the AFQ for this calculation.

	FY 2015		FY 2016	
	$ in Millions			
	$	% of Total Revenues	$	% of Total Revenues
Total tuition and fees	-	-	-	-
Medical students	-	-	-	-
Other students	-			
Revenues from T&F assessed to grad. students in medical school programs				
Revenues from continuing medical education programs		-	-	-
Other tuition and fees revenues)				
Total government and parent support	9,721,898	61%	10,682,539	62%
Federal appropriations	-			
Adjusted state and parent support	9,678,326	61%	10,620,473	62%
Local appropriations	43,572	0%	62,066	0%
Total grants and contracts	2,760,529	18%	3,976,329	23%
Federal direct	1,050,492	7%	1,656,626	10%
State and local direct	191,707	1%	702,491	4%
Other direct	795,267	5%	740,500	4%
Total facilities and administration (indirect)	723,063	5%	876,712	5%
Practice plans/Other medical services	-		-	
Total hospital revenues	-		-	
University-owned	-		-	
Department of Veterans Affairs	-		-	
Other affiliated hospitals	-		-	
Total gifts	143,081	1%	71,987	0%
Restricted gift funds	743,075	5%	221,288	1%
Revenues from unrestricted gift funds				
Endowment income	511,830	3%	348,526	2%
Restricted endowment funds				
Income from unrestricted endowment funds				
Other revenues	1,857,521	12%	1,874,997	11%
Total revenues	$15,737,936	100%	$17,175,670	100%
Total expenses and transfers	$12,885,750		$15,119,680	

5.1 ADEQUACY OF FINANCIAL RESOURCES

The present and anticipated financial resources of a medical school are derived from diverse sources and are adequate to sustain a sound program of medical education and to accomplish other programmatic and institutional goals.

5.1 NARRATIVE RESPONSE

a. Summarize trends in the funding sources available to the medical school, including an analysis of their stability. Describe any substantive changes to the medical school during the two fiscal years prior to the date of the provisional survey in the following areas:

1. Total revenues

CSOM has experienced continued increase in revenue from the broad revenue mix used to fund operational costs. In the two years prior to the provisional survey, CSOM has seen an increase from $15.7 million in FY15 to $17.2 million FY16. The current fiscal year, ending in June 2017 will exceed $20 million. With the additional revenue stream created by the addition of a tuition-based program, CSOM will continue to trend higher, crossing the $30 million level within the next five years. Given the structure and sources of CSOM funding, all streams are consistent and foreseeably stable. A breakdown of all relevant revenue streams and trends follow.

Base Tax Levy

CUNY receives funding from the state and allocates base budgets to all CUNY schools on the basis of historical spending and projected needs. CSOM received $9,721,898 from CCNY, in state tax levy funds for FY15 (2014--15) and $10,682,539 in FY16 (2015--16). Current year levels exceed $17.5 million and will stabilize at this level. CSOM's allocation has been rising incrementally over the previous five years. Although CCNY has experienced financial difficulty in recent years, it has not impacted the finances of CSOM in the two fiscal years prior to the provisional year. The financial impact in the provision year is addressed in section 5.1b. below.

Service Agreement Revenue

The service agreement revenue is included in "other revenue" on the 5.0 Table for the Medical School Revenue Sources. Under the school's former model, all students entering the school sign an agreement for a post-graduation service commitment as part of their acceptance to the program. The agreement states that, upon completion of a primary care residency training program, they will provide full-time primary care service for two years in a designated physician shortage area in New York State. If graduates fail to complete this agreement, they must pay the school the sum of $75,000, which is approximately the cost of two years of medical school at the state level, for which the students paid CUNY a tuition of only approximately $6,000 per year. Approximately 200 graduates are currently paying the school at an average of $1,336,300 per year over a five-year period. We expect this revenue to continue at this rate with modest increases until approximately 2032, when the repayment period of the graduating class of 2017 ends.

This revenue source has been used to provide additional student scholarships, to cover unexpected operational costs, and to establish reserve funds for the school. Under the new model of the medical program starting in the fall of 2016, students will no longer be obligated to repay the school because they will already be paying medical school tuition. In short, we expect this stream of revenue to continue at its present rate, then begin to drop incrementally until it closes in 2032.

UPDATED 12.29.17

Gifts and Donations

Over the past five years (since 2009), the average support provided to CSOM was approximately $500,000 until the departure of the school's principle fundraiser in early 2014. As a result, since then annual collections have decreased. As part of a plan to increase fundraising, CCNY's Development Office hired a consultant in 2014, who devoted considerable effort to fundraising for CSOM. In addition, a full-time campaign director for CCNY's Development Office is dedicated to CSOM and is responsible for alumni cultivation to promote engagement and to enhance the donor base. CCNY has authorized CSOM to recruit for a dedicated development officer at the rank of executive director who will report directly to the dean and will lead a staff consisting of the alumni relations director (mentioned above), communications officer and a support staff position (in the initial phase). The anticipated hire date of this person is spring 2018. The search committee for the communications officer is currently reviewing resumes and will be interviewing candidates within the next two weeks. A search committee for the development position has been established and recruitment plan was submitted September 5, 2017. The position is currently posted until January 28, 2018. The executive director will be responsible for the development and implementation of a philanthropic strategic plan targeted to raise scholarships and fellowships for medical students in addition to identifying faculty research opportunities as they work in collaboration with our students, and fellowship and grant support for areas designated as priorities by the dean of the medical school. Working closely with leadership of the medical school and the CCNY foundation executive director and development staff, a case for support is being developed that will help our efforts to secure philanthropy. The draft of the case statement has been completed and is currently (September 2017) under review by the dean for final approval before sending to the graphic designer. Concurrently, efforts are underway to identify individual prospects from among alumni and friends who have major gift capacity and an inclination to support the mission of the medical school. In addition to individuals, potential corporations and foundations will also be identified with a focus on those that fund programs and themes aligned with our medical school. As of September 2017, influential individuals and connections with foundations were identified. The City College 21st Century Foundation executive director and an outside development consultant have regularly scheduled meetings/phone calls with the dean to move things forward.

An advisory board, comprised of thought and philanthropic leaders, will play a vital role in the growth and advancement of the medical school. The board will focus on bringing philanthropic support to the school and promoting our mission to their external networks. At this time, four individuals have agreed to serve as members of the advisory board, with the initial goal of recruiting 5--10 individuals. The City College 21st Century Foundation executive director and an outside development consultant have and will continue to set up meetings with the dean and potential board members throughout the fall 2017. As of September 2017, the dean continues the recruitment process for the remaining board member positions. We will review the status of the CSOM Board at the end of the 2018 spring semester.

CCNY expects to host a series of public cultivation events in support of the new medical school, including a private reception to be hosted by the chancellor of the City University of New York at a future date. This event will welcome both donors and prospects of the medical school and give them an opportunity to learn more about the school from the senior administration of the college and the CUNY system.

UPDATED 12.29.17

We currently have $75,000 per year in scholarship for medical students (currently 3 percent of the tuition). We are also in the process of establishing a new service-based scholarship to be made available for eight students per class (in the medical school years) that will cover approximately 50 percent of the annual tuition costs (a total of $608,000/year when fully implemented). The source of these funds are generated by current alumni under the old model who elected not to fulfill the service agreement to serve in primary care for two years in New York State. We expect this source of funds to continue until approximately 2032 when the agreement with the last cohort under the former school model expires. A committee was formed in fall 2017 to establish recipient criteria and the selection process. In 2018, we will make the request to the CUNY Board of Trustees (BOT) to be able to use these funds as scholarship. We anticipate the first awards to be issued by 2019 (pending approval by the CUNY BOT). Once all four years of students have scholarship money (in 2022--23, it will total $927,000 or 9 percent of the tuition.

Research Grant Revenue

Although CSOM does not have faculty members whose primary responsibility is to conduct research, 15 faculty are engaged in funded research in 16,631 ft^2 of dedicated research space on campus in the Marshak Science Building, Harris Hall and the new campus CUNY Advanced Science Research Complex. Over the past five years, these faculty members have received $8,700,000 in NIH funding capturing $2,441,870 in FY16 and exceeding $3,162,934 YTD. Most indirect recovery income is retained by CCNY to cover its operational costs. By collaborating with SBHHS, our new clinical partner, we anticipate that additional research opportunities will emerge. However, we will continue to support the basic science faculty in their scholarly work, and we project a stable income in research dollars for the future.

University Subsidy

Not captured in the LCME Part 1 Financial Questionnaire are the significant in-kind contributions that CCNY and CUNY make in support of CSOM demonstrating their commitment and support of the medical school. CUNY absorbs fringe costs. This contribution includes support for physical space, building upgrades, maintenance, utilities, IT, and centralized institutional administrative support services on behalf of CSOM by the following CCNY offices and entities below.

Procurement	Governmental Relations
Fiscal Services	Public Relations
Human Resources	Development
Public Safety	Information Technology
Library	Facilities Management
Affirmative Action	Legal Services
Payroll	Registrar
Bursar	Veterans Affairs
Disability Services	Labor Relations

The estimate of cost for the services provided is based on applying CUNY's current Federal Indirect Cost recovery rate of 57 percent to the total school's salary expenses. CCNY pays for all of the costs for buildings and maintenance of infrastructure (e.g., painting, moving, repairs, heating and electric, telephone, IT, security, and general supplies and services).

2. Operating margin

In the two years prior to the provisional survey, CSOM's operating margin was stable. In FY15, with total revenues totaling $15,737,939 and expenses and transfers equaling $12,885,750; CSOM operated on an average 8.1 percent margin. In FY16, with total revenues of $17,175,670 and total expenses and transfers of $15,119,680, the operating margin remained comparable. Over a three-year span, operating margin was an average of 8.4 percent. Given the certain increases in multiple funding sources, in combination with a sound expansion strategy, we expect that margins will remain in that general area. However, CSOM operates on a breakeven basis and thus, seeks to retain minimal margins. As of FY17, the university and CCNY agreed that any unused portion of the budget or funds generated from tuition will be transferred to a reserve fund known as CUTRA. Also see section 5.1a.5. In FY17, CSOM recorded $3.1 million in reserve funding.

3. Revenue mix

CSOM has seen increases in all areas of its revenue mix and managed to diversify the revenue mix in an effort to negate any reliance on any individual source. The revenue mix of nine contributing sources has not changed over the previous two years.

4. Market value of endowments

The school has an endowment of $6 million to provide a revenue stream for the school. This revenue has been used to provide student scholarships since the establishment of the endowment more than 20 years ago. At an annual rate of return of 6 percent, we expect to generate $360,000 per year.

5. Medical school reserves

As mentioned in section 5.1a medical school reserves or cash on hand are not captured in the 5.0 table. As of FY15, CSOM has approximately $900,000 in restricted reserves, and $3 million in unrestricted reserves generated from student commitment revenue. However, the school does not rely on reserves to balance the operating budget and has operated on a break-even or better basis since 2005. In the event that deficits do occur, the school's reserves will be used or expense reductions will be made so as to ensure that increasing student tuition or increasing class size will not be used to increase revenue to balance the budget. In addition to these reserve funds, as mentioned in section 5.1a2, CSOM has $3.8 million in reserve funds generated from unused funds from our annual budget (CUTRA).

6. Debt service

The school has no debt service.

7. Outstanding debt

The school has no outstanding debt.

8. Departmental reserves

CSOM academic departments have modest amounts in reserves (<$100,000). These funds are separate from the school's funds and are for the exclusive use of the departments and so are not included in the 5.0 Table for Medical School Revenue Sources.

b. Describe any substantive changes anticipated by the medical school in the following areas during the two fiscal years following the provisional survey, and explain the reasons for any anticipated changes.

1. Total revenues

CSOM's total revenue will see a significant increase in multiple funding sources in the two years following the provisional year, enhancing CSOM's operational health.

Base Tax Levy

For the two years following the provisional year, CSOM is projected to receive a base tax levy budget of $17.2 million in FY18 and FY19, which represents approximately 45 percent of total revenue generated. This includes contributions by CUNY of $2.8 million in FY17 and an additional $2.8 million in FY18.

Tuition

Tuition for the four years of the medical school, (M1--4) is collected and retained by the school. The projected tuition revenue for the clinical years is based on 70 students per class. Therefore, each of the 70 students in the entering class in 2016 pay $38,000 in tuition, generating $2.6 million in tuition revenue in FY17. CUNY increased tuition across all schools and programs in the university beginning in the fall of FY18. The medical school tuition increased from $38,000 per year to $39,200 per year. The increase follows the same model for New York State SUNY medical schools who increased tuition in FY17 fiscal year to $41,770 per year. Tuition will generate $5.4 million in FY18 and $8.1 million in FY19. When the full complement of 280 students is enrolled starting in 2020, the annual tuition revenue will increase to $10.8 million. All tuition revenue for the MD portion of the program (M1--4) will be retained by the school and composes approximately 24 percent of total revenue over a five-year period from the anticipated beginning of the CSOM program in 2016 to 2020. Tuition revenue is offset by less than 1 percent that we currently give in scholarships per year. That percentage will increase to 6 percent when the new scholarship program is implemented. Regarding the impact of the increase of tuition on students, the cost of attendance was adjusted accordingly to allow for an increase in loans in order to fulfill the financial obligation.

Student Fees

Students in the 28-month Physician Assistant graduate program are charged an academic excellence fee of $800 per student per semester (total of seven semesters) to cover supplies, equipment, materials, and expenses related to clinical training. These charges will generate approximately $84,000 in FY17, $196,000 beginning in 2018 and beyond. The $800 academic excellence fee for the Physician Assistant graduate program is collected and retained by the school.

Tuition and fees will not exceed 50 percent of the total revenues for CSOM. Commitments for dedicated support from CUNY and the state will result in a balanced distribution of revenue sources. Tuition and fees will compose approximately 17 percent of the total revenue.

Clinical Partner Contribution

Also not captured in the LCME Part 1 Financial Questionnaire are the in-kind contributions associated with providing medical education training at offsite locations and has been calculated on the basis of the number of required clerkship and elective rotations. These costs include physicians' time, staff time, operating expenses, and faculty costs. Our primary clinical affiliate, SBHHS, and other affiliated hospitals and health systems will cover the costs of physicians who will teach our students in all

clinical courses and clerkships, including physician and the majority of administrative support. The cost estimate has been based on two methods of calculation: (1) the number of faculty members required to oversee and teach in the required clerkships and courses and (2) the rate of $500 per week per rotation (70 students in Year 3 (U3) with 48 weeks of required clerkships, and 70 students in Year 4 (M1) with 14 weeks of required clerkships). The two methods of calculation yielded similar results. We project that the cost for in-kind services provided by our clinical partners in Years 6 and 7 (M3--M4) to average $6.5 million per year. Although this contribution is not considered revenue for the medical school, CCNY and CUNY have asked us to quantify our clinical partner's in-kind services to determine the true cost of their contribution and to demonstrate their shared commitment to the mission and goals of CSOM.

2. Revenue mix
   The revenue mix for CSOM will expand by three sources in the two years, FY18 and FY19, following the provisional year. The addition of student fees, tuition, and expanding reserves, will further minimize operational and funding reliance on any single source. Given the expectation of increases in all previously covered revenue streams, the additional streams represent increased margins and sustained funding viability.

3. Obligations and commitments (e.g., ongoing commitments based on prior chair searches)

   The school's most significant annual obligations and commitments relate to salaries for faculty and staff and the costs of supporting the educational program. These obligations are expected to grow proportionately over the next three years and are factored into CSOM's growth plan and are completely funded by the school's present capital plan. In addition, historically, the university has received and allocated additional funds from the state to cover union contractual increases. Of these funds, CSOM received an additional $1.2 million in FY17 to cover salary increases and retroactive pay. We expect this trend to continue for future union contract negotiations.

4. Reserves (amount and sources)
   As noted, the school does not rely on reserves to balance the budget and operates on a break-even basis. Unused funding from our annual budget is carried over to reserves. In FY17, CSOM recorded $3.8 million in reserves. This is separate from the reserve funds we have generated from the service commitment fund mentioned in section 5.1a.1.

c. Describe the medical school's annual budget process and the budgetary authority of the medical school dean.

CSOM's budget is developed through a consolidated budget process, led by the dean, and includes all medical school departments and consultation with the deputy dean for medical education and when hired, the associate dean for research. Because CSOM does not own a clinical practice plan or hospital, there are no other entities involved in the budget process. Annually, each department chair submits his or her budget request to the dean. These requests are reviewed and incorporated into the annual budget proposal for the medical program and is submitted by the dean to the college for approval by the CCNY president and budget office. The college submits CSOM's budget request to CUNY who incorporates the request into CUNY's consolidated budget proposal for all its 24 colleges and schools for review and approval by the board of trustees. Finally, CUNY submits its consolidated budget request to the State for approval and the State allocates funding to CUNY. CUNY then allocates funding to its 24 colleges and schools which includes CSOM. Of note, although CCNY is involved in reviewing and approving the CSOM budget request, funding is provided directly to CSOM by CUNY. The dean has full

budgetary authority for the medical school. As of FY18, CSOM's finances are consolidated with and managed by CCNY. This decision was made by CUNY and CCNY in an effort to streamline administrative oversight and reporting to CUNY. CSOM's budget will be allocated to CCNY who will then distribute funding to CSOM. Despite CCNY's current financial issues, the college has maintained their commitment to the financial well-being of the medical school. This new arrangement has presented new challenges for CSOM in maintaining control of its finances as its funding is now subject to the same reductions to funding as other schools and divisions within CCNY to address the college's budget deficits. In FY17, CSOM experienced a one-time cut of 11 percent ($1.2 of $11.2 million) and a 6 percent cut in FY18 ($.7 of $11.2 million) to its funding. These cuts have had minimal impact to CSOM's finances, since in both fiscal years FY17 and FY18, CUNY allocated an additional $2.8 million in funding for each year.

d. Describe the ways in which the medical school's governance, through its board of directors and its organizational structure, supports the effective management of its financial resources. Describe how lines of authority are defined, the internal controls that are in place, the degree of oversight provided by the state/parent/governing board in managing medical school resources, and the relationship between the medical school dean and department chairs in managing departmental resources.

Fiscal controls and overall oversight are provided by the state, college and CUNY, however, the dean has the final authority over the usage of the medical school's allocated budget.

All accounting transactions flow through the assistant dean of administration and finance and her staff, who ensure compliance with all CUNY accounting policies and procedures. In addition, the assistant dean of administration and finance is involved in all planning meetings for CSOM and works closely with the deputy dean, the associate dean, the assistant deans, and faculty and staff in all areas.

The assistant dean of administration and finance reports directly to the dean of CSOM. She has a master's degree in public administration with more than 10 years of previous experience in fiscal oversight at CSOM. She possesses the credentials and experience necessary for managing the financial resources of the school.

The activities of the assistant dean of administration and finance and CSOM are also monitored by the college's senior vice president (SVP) and vice president (VP) for finance. The SVP and VP are responsible for the financial management, investment, long-range planning, and auxiliary services of CCNY and for the overall effective management of CSOM's financial resources. In addition, CUNY's Vice Chancellor for Budget and Finance oversees and manages the university's finance and business relationships for its 24 colleges. He also serves as the primary liaison to the finance, audit, and investment committees of the Board of Trustees, which provides oversight by authorizing CUNY's budget. If the medical program has additional needs, the dean works in collaboration with the SVP and the president to secure funding supported by CCNY and CUNY.

The assistant dean of administration and finance also works closely with the CCNY departments of human resources, facilities management, and information services to ensure timely and effective management in all administrative areas. The dean and the assistant dean of administration and finance meet with the department chairs and directors annually to review financial activity and to plan the budget for the coming year. The dean holds final authority to set departmental budgets for the medical program.

e. Describe the ways that current and projected capital needs for the missions of the medical school are being addressed. Describe the medical school's policy with regard to the financing of deferred maintenance of medical school facilities (e.g., roof replacement).

CUNY has appropriated approximately $7,000,000 for capital improvements to Harris Hall; these improvements are currently underway with the expectation of completion by December 2017. Once these improvements have been completed, no further major renovations are expected within the next six years. The capital improvement plan for Harris Hall building includes the renovation of approximately, 7,000 ft^2 of space on the second, third and fourth floors of the building which will create a multipurpose educational venue. The renovated space will include 20 large-group and small-group learning rooms and examination facilities with the network capacity to support the current teaching techniques and collaborative learning pedagogy. The renovation will accommodate large seminar or lecture activities with the flexibility for reconfiguration into small-group teaching rooms. The renovated space will be hard-wired for computer-based testing (via laptop) for 90 students and will serve as a back-up to testing facilities in the North Academic Center (NAC) building. The renovation will also include the reconfiguration of existing administrative, laboratory, and classroom spaces located on the second and third floors of Harris Hall to accommodate the relocation of employees and functions currently housed on the fourth floor and to accommodate the expansion of faculty and staff for the medical program. The space plan is appended. (See Appendix 5-01 Space Plan Phase 1 and 5-01 Space Plan Phase 2).

CCNY's facilities department is responsible for determining current and projected capital needs for CCNY, including CSOM, and makes ongoing determinations about the renovation and replacement needs of the physical facilities. To date, all required renovations and repairs for the space that CSOM has occupied since its inception have been addressed in a timely and expeditious manner. Funds in the amount of $50,000 have been included in the annual operating budget to address any unanticipated repairs and maintenance that may be required but is not covered by CCNY. Although this is a modest amount, the school has not had to use these funds in more than 10 years. However, if there were an unexpected capital need that exceeded that amount, reserve funds would be available to cover the cost.

CSOM's home, Harris Hall, as part of CCNY, is included in CCNY's capital improvement plans. Any major infrastructure renovation or repair will be supported by CCNY's capital funding. Upgrades to equipment and minor interior architectural changes will be supported by CSOM. For example, the school budgets approximately $50--75,000 per year for equipment upgrades (i.e., desktops, monitors, printers and copiers are replaced every 3--5 years). As mentioned in Section 5.1 e, for FY16 CUNY has appropriated $7,000,000 for capital improvements to Harris Hall; these improvements are scheduled to be completed by December 2017. Annually, data about CSOM resources (number and status of rooms, equipment, technology, and other resources) are reviewed to assess the needs for capital improvement. In addition, department chairs assess their needs annually before preparing their budget requests. No additional major renovations are expected within the next decade. After this renovation, it is anticipated that the capital needs of CSOM above that supported by CCNY will be minimal.

f. Describe the extent to which financial reserves have been used to balance the operating budget in recent years.

As noted, CSOM does not rely on reserves to balance the operating budget and has operated on a break-even or better basis since 2005. In the event that deficits do occur, CSOM's reserves will be used or expense reductions will be made so as to ensure that increasing student tuition or increasing class size will not be used to increase revenue to balance the budget.

g. Summarize the key findings resulting from any external financial audits of the medical school (including medical school departments) performed during the most recently completed fiscal year.

Financial statements for CSOM are consolidated with CCNY and CUNY. See Appendix 5-01.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 5.1

1. The school's responses to the most recent LCME Part I-A Annual Financial Questionnaire, consisting of:
    a. Signature Page
    b. Current Funds Revenues, Expenditures and Transfers - Data Entry Sheet
    c. Schedules A-E inclusive; and
    d. Revenues and Expenditures History

    See Appendix 5-01

2. The school's responses to the web-based companion survey to the LCME Part I-A Annual Financial Questionnaire, the "Overview of Organization and Financial Characteristics Survey."

    See Appendix 5-01

3. A revenue and expenditures summary for the fiscal year in which the provisional survey takes place (based on budget projections) and for each of the prior three fiscal years. Use the format and row labels from the "Revenues and Expenditures History" from the school's completed LCME Part I-A Annual Financial Questionnaire.

    See Appendix 5-01

4. A copy of the most recent audited financial statements for the medical school and/or the medical school's parent organization or company. Medical schools owned or operated by a parent organization or company, and those that do not have separate audited financial statements for the medical school, should submit consolidated audited financial statements for the parent organization or holding company. Provide the most current information available in the material submitted three months prior to the survey visit.

    See Appendix 5-01

5.2 DEAN'S AUTHORITY/RESOURCES

The dean of a medical school has sufficient resources and budgetary authority to fulfill his or her responsibility for the management and evaluation of the medical curriculum.

5.2 NARRATIVE RESPONSE

a. Note if the dean is designated as the chief academic officer (CAO), who is the individual responsible for the educational program for medical students. If the dean is not the CAO, and responsibility for the medical education program is delegated to an associate dean or other individual, provide the name and title of this individual, as well as the percent of time he or she devotes to this administrative responsibility.

Name:	Maurizio Trevisan, MD, MPH
Title:	Dean

Delegated responsibility for the medical education program:

Name	Title	% Time (if applicable)
Erica Friedman, MD	Deputy Dean	100

b. Describe how the CAO participates in institution-level planning so that the resource needs of the medical education program (e.g., funding, faculty, educational space, other educational infrastructure) are considered.

The deputy dean for medical education reports to the dean of CSOM and is responsible for providing overall leadership and oversight of the educational and student affairs programs of CSOM. Working with the dean and the assistant dean of administration and finance, she is responsible for obtaining and allocating resources (i.e., funds, space, and faculty) for the educational programs to ensure their quality, maintain appropriate accreditation, be responsive to the needs of the students and faculty, and be reflective of the health care needs of the region and nation. Weekly meetings are held with the dean and assistant dean for administration and finance to review the needs of the educational program. A three-year plan was developed for the needs of faculty, staff and other educational resources for the medical program and is reviewed annually as the medical school grows and needs increase. In addition, the dean and deputy dean meet regularly with course directors and department chairs regarding requirements for educational resources for non-clinical courses. This includes needs for faculty, educational technology, space and other educational infrastructure.

Specifically the deputy dean will be responsible for the following:

- Developing, implementing, and overseeing the undergraduate and medical (BS/MD) curriculum of CSOM, ensuring that it meets the mission of the school and occurs in an environment that supports learning
- Managing the promotion and graduation of CSOM students
- Providing administrative leadership to the faculty committee on Student Academic Progress

UPDATED 12.29.17

- Developing policies and procedures for maintaining the academic standards and integrity of the students
- Developing, monitoring, and evaluating programs for students who experience academic difficulty
- Supervising and improving the divisions of CSOM that support academic efforts including the Learning Resource Center; Office of Postgraduate Affairs; Office of Academic Records and Course Administration
- Managing and leading the efforts aimed at improving the baccalaureate and medical degree program curricula
- Providing administrative leadership to the faculty committee on curriculum
- Developing and improving methods of student evaluation
- Ensuring the timely completion of all education-related reports and surveys of the reporting programs and their submission to required university, local, regional, and national offices and organizations
- Participating in strategic planning activities of CSOM
- Developing, maintaining, and improving relationships with clinical affiliates and developing new relationships, as appropriate
- Serving as the deputy to the dean and as stand-in for the dean as needed for executive functions
- Representing CSOM at appropriate venues, such as the meetings of the Association of American Medical Colleges and the Associated Medical Schools of New York

c. Describe how and by whom the budget to support the medical education program is determined and allocated. Note if funding allocation to departments and other units with teaching responsibility is done according to a formula (e.g., based on the amount of teaching done by a department) or based on some other method (e.g., historical precedent).

CSOM's budget is developed by the dean in consultation with the deputy dean for medical education and associate dean for research (when hired). Because CSOM does not own a clinical practice plan or hospital, the primary focus in managing financial resources is on the school's educational programs. Annually, each department chair submits his or her budget request to the dean. These requests are reviewed and approved by the dean and then are incorporated into the annual budget proposal submitted by the dean to the college.

d. Briefly describe the organizational locus (e.g., an office of medical education) of administrative and/or academic support for the planning, implementation, evaluation, and oversight of the curriculum and for the development and maintenance of the tools (such as a curriculum database) to support curriculum monitoring and management. Note the reporting relationships of the director(s) of any such office(s)/unit(s).

The school's Department of Medical Education and Office of Academic Affairs serve as the organizational locus of administrative and academic support for the planning, implementation, evaluation, and oversight of the curriculum. The deputy dean for medical education provides oversight to this department and office, working collaboratively with the associate dean for curriculum and assessment, assistant deans for basic science and for clinical curricula and assistant dean for medical education and faculty development, who provide vision and oversight for development and implementation of basic science and clinical curriculum to assure alignment with educational program objectives and competencies as well as compliance with LCME and MSCHE standards.

UPDATED 12.29.17

Reporting to the assistant dean for medical education and faculty development, the director of educational research and evaluation reviews and assesses curricular content and outcomes data managed and maintained by the assessment and evaluation specialist and the curriculum specialist. (Appendix 5.02 Curriculum Management Chart)

e. Provide the names and titles (director of assessment) of the individuals responsible for providing administrative or academic support for the planning, implementation, and evaluation of the curriculum and for student assessment. Include the percent of time contributed by each individual to this effort and the number of individuals reporting to the leader. Add rows as needed.

Name of staff leader	Title	% Time (if applicable)	# of staff reporting to leader
*Rosa Lee, MD	Associate Dean for Curriculum and Assessment	100	2
Open	Assistant Dean for Clinical Curriculum		
Serafin Pinol-Roma, PhD	Assistant Dean for Basic Science Curriculum	100	1
Nicole Roberts, PhD	Assistant Dean for Medical Education and Faculty Development	100	3
Ana Motta-Moss, PhD	Director of Evaluation and Research	100	2
Latoya Ridgeway	Curriculum Specialist/Chief Proctor	100	
Miesha Etheridge, MA	Assessment and Evaluation Specialist	100	
Nancy Sohler, PhD	Chair, Curriculum Committee	5	
Alicia Smith	Assistant Director of Curriculum and Student Data and Policy Compliance	100	

*Dr. Rosa Lee was promoted from Assistant Dean for Clinical Curriculum to Associate Dean for Curriculum and Assessment in November 2017. Currently, the Assistant Dean for Clinical Curriculum is open and the search is ongoing.

5.3 PRESSURES FOR SELF-FINANCING

A medical school admits only as many qualified applicants as its total resources can accommodate and does not permit financial or other influences to compromise the school's educational mission.

5.3 NARRATIVE RESPONSE

a. Supply the percent of total revenue derived from tuition and fees for FY15 and FY16 and, if available for FY17. If tuition and fees or any other revenue source comprises more than 50 percent of the medical school's total annual revenues, describe any plans, including timelines, to diversify revenue sources.

Given that CSOM has a relatively short history, parent and state support comprise a disproportionate amount (74 percent) of operating revenue. Although this revenue is reliable and has not experienced any significant reductions in years, CSOM intends to diversify its revenue mix. With the addition of tuition and fees, deployment of designated fundraising staff, as well as
UPDATED 12.29.17

cultivating the gift and donor base, CSOM's reliance on this source will significantly lessen. Initial projections show a gradual, but consistent decrease to 57 percent by FY20. Also, CSOM will continue to find ways to improve its revenue mix on an ongoing basis. Although this seems like a large percentage, it does not take into account in kind funds that balance out to breakeven.

b. Describe how and at what institutional level (e.g., the medical school administration, the university administration, the board of trustees) the size of the medical school entering class is set. In making decisions about class size, describe how medical school resources, such as space, faculty numbers, and teaching responsibilities of the faculty, are taken into account.

The CAO provides recommendations to the dean and jointly determines class size and faculty numbers based upon available teaching space, and our clinical partner, SBHHS' ability to accommodate students in clinical rotations. The new medical school is built upon the previous five-year Sophie Davis program that included undergraduate curriculum and the first two years of medical school. For over 40 years the program recruited and could accommodate around 90 students each year based upon the number of faculty, size of the classrooms and cooperating school sites. Because students come in as high school students, and most combined BS/MD have attrition rates of 10--20%, with our recent attrition rates being close to 20%, our graduate numbers were approximately 55--60 students. When we were developing the medical program, our discussions with our primary clinical affiliate, SBHHS concluded that 70--75 students could be adequately accommodated in clinical rotations with the presumption that our attrition rate would continue and result in an entering medical school class (Year 4 or M1) of 70 students. In addition, when planning the reconfiguration of teaching space in Harris Hall, we planned to be able to accommodate 90--95 students entering the BS program. This resulted in our decision to keep the admission number to the BS program to approximately 90 students. However, within the last 4 years, our attrition rate has decreased to around 5 percent. This will result in an increase in the size of the entering medical school student class to between 80-90 students for the next 3 years. Beginning with the students entering the undergraduate portion of the 7-year program in 2018, we will decrease our entering class size to around 75 students to result in a medical school class size of between 70-75 students.

c. Describe how and by what individual(s) and/or group(s) the medical school tuition and fees are set.

Tuition is determined by the dean in consultation with CUNY and requires approval by the CUNY Board of Trustees. Tuition was set in 2016 as the same as tuition at the four SUNY medical schools, which, is set by the SUNY trustees, at $38,000 per year. While the SUNY medical schools have increased their tuition for 2017--18 to $40,150, we have kept our annual medical school tuition at $38,000 (2017 tuition will increase to $39,200).

d. Describe any current institutional pressures for the medical school to generate revenue from tuition, clinical care, and/or research and how these pressures are being managed to ensure the ongoing quality of the medical education program.

CSOM's financial projections are conservative. We anticipate that sufficient resources from all revenue sources will be available to fund projected expenditures for the educational program. In addition, since CSOM will not have a practice plan or clinical facility, there will be no competing pressures for available resources, most of which will be dedicated to the educational program.

UPDATED 12.29.17

5.4 SUFFICIENCY OF BUILDINGS AND EQUIPMENT

A medical school has, or is assured the use of, buildings and equipment sufficient to achieve its educational, clinical, and research missions.

5.4 SUPPORTING DATA

Table 5.4-1 | Year 1 Classroom Space

Provide the requested information on the types of classroom space (e.g., lecture hall, laboratory, clinical skills teaching/simulation space, small group discussion room, etc.) used for each instructional format during year one of the medical curriculum. Only include space used for regularly-scheduled medical school classes, including laboratories. Add rows as needed. **See Appendix 5-04 Classroom Space Detail.**

Room Type/Purpose	No. of rooms of this size/type	Seating Capacity (provide a range if variable across rooms)	Building(s) where rooms are located
Laboratory/gross anatomy instruction	1	106	Marshak
Computer Laboratory/examination	1	102	North Academic Center (NAC)
Lecture Hall/Lecture	3	113-248	NAC
Small group	10	8-16	Harris Hall
Classroom/lecture/small group	2	40	Harris Hall
Clinical skills instruction (classes are split into 2 sections)	1	50	Harris Hall
Clinical skills instruction	1	200	Bellevue Hospital

Table 5.4-2 | Year 2 Classroom Space

Provide the requested information on the types of classroom space (e.g., lecture hall, laboratory, clinical skills teaching/simulation space, small group discussion room, etc.) used for each instructional format during year two of the medical curriculum. Only include space used for regularly-scheduled medical school classes, including laboratories. Add rows as needed.

Room Type/Purpose	No. of rooms of this size/type	Seating Capacity (provide a range if variable across rooms)	Building(s) where rooms are located
Laboratory/gross anatomy instruction	1	106	Marshak
Computer Laboratory/examination	1	102	North Academic Center (NAC)
Lecture Hall/Lecture	3	113-248	NAC
Small group	10	8-16	Harris Hall
Classroom/lecture/small group	3	40	Harris Hall

UPDATED 12.29.17

Clinical skills instruction (classes are split into 2 sections)	1	50	Harris Hall
Clinical skills instruction	1	200	Bellevue Hospital
Clinical skills instruction	1	80	Jacobi Medical Center

Table 5.4-3 | Faculty Offices and Research Labs

Provide the number of faculty offices and research laboratories in each academic department of the medical school. Add rows as needed.

Department name	No. of full-time faculty	No. of offices	No. of research labs*
Medical Education	12	14	0
Community Health and Social Medicine	8	8	2
Molecular, Cellular, and Biomedical Sciences	27	29	25

** If the medical school uses a system of open laboratories (multi-faculty), list the number of these and include the number of faculty assigned to each.*

5.4 NARRATIVE RESPONSE

a. If educational spaces used for required classes in years/academic periods one and two of the medical curriculum (e.g., lecture halls, laboratories, small group rooms) are shared with other schools/programs, provide the office or individual responsible for scheduling the spaces and note if the medical education program has priority in any scheduling decisions.

The office of course support reports to the deputy dean for medical education and is responsible for scheduling the rooms needed to support medical student teaching. CSOM has dedicated space in Harris Hall and the NAC building of CCNY to support the medical program. The three lecture halls are shared with CCNY; however, scheduling classes has not been problematic. CSOM has sole use of two of the three lecture halls and priority use of the third. We do not anticipate that the increase in students will cause scheduling issues because even though there will be the addition of M3 and M4 students (140) to the medical program, roughly 90 percent of their time will be spent in clinical settings off campus.

b. Describe any recent challenges in obtaining access to needed teaching space and how these have been resolved.

Harris Hall was under renovation during the 2016--17 academic year and swing space in the Marshak building was used as small-group teaching and as study space when classes were not in session. Although there were no issues regarding access to space for teaching, there were concerns regarding the suitability of the swing space for teaching/studying as the majority of the swing space rooms were designed for bench research. Student surveys revealed concerns about cleanliness and noise in the swing space rooms as the Marshak building is also undergoing renovation and some of the swing space rooms are adjacent to areas under construction. CCNY Facilities responded to these issues by increasing efforts to maintain cleanliness and scheduling renovation work when classes were not in session.

UPDATED 12.29.17

The completed renovated space in Harris Hall will provide a permanent solution to the issues raised above. See section 5.11c.

In addition to this, the school will hire a dedicated facilities coordinator by the spring 2018 semester, who will be responsible for the monitoring and maintenance of the student spaces in the Harris Hall building.

c. Describe the facilities used for teaching and assessment of students' clinical and procedural skills. Note if this space is also used for patient care. Identify any students from other health professions programs or residents that also use these facilities and describe how scheduling conflicts are resolved.

The recently renovated 3,000 ft^2 clinical skills laboratory in Harris Hall includes rooms for students to learn and practice patient interaction, history taking, physical examination, and procedural skills. This clinical skills laboratory includes one large room for group sessions and 15 smaller ones, furnished as clinical offices, including examination tables, otoscopes and ophthalmoscopes, and sphygmomanometers. Each room is equipped with digital cameras, display monitors, microphones, etc. The lab is also outfitted with a control room to record patient simulations. This facility is used for the day to day teaching and formative OSCEs.

CSOM uses the facilities of the New York Simulation (NYSim) Center for the Health Sciences for standardized patient, objective structured clinical examination (OSCE), and group objective structured clinical examination (GOSCE) sessions. Created through a partnership with CUNY and NYU's Langone Medical Center, NYSim is a state-of-the-art, 25,000 ft^2 facility located at Bellevue Hospital in lower Manhattan, established for the training of NYU and CUNY health professions students, residents and practicing physicians, and nurses at NYU's Langone Medical Center. We use this center for our summative OSCEs. In addition, medical office and clinic space has been available at SBHHS for teaching and learning the genitourinary and gynecologic examinations.

The NYSim Center is composed of three wings:
OR/OB Simulation Wing (5 rooms)
OSCE/Clinical Wing (14 rooms)
ICU/Trauma Simulation Wing (6 configurable bays)
Each wing is outfitted with audiovisual equipment that can record all simulations and debriefings. Additionally, each wing has three main control stations, each equipped with 40" display monitors; centralized controlling of display outputs; overhead paging and camera controls; a computer station for recording, playback and live view from any room throughout the center; wireless intercom systems; and wireless lapel microphones for instructor communication to the control room. Each wing has two conference or debriefing rooms (total of six) equipped with cameras, 40" plasma screens, and CD/DVD and VHS players. One conference room is specially equipped for video conferencing purposes.

In addition, CSOM is at the final stages of an affiliation agreement with the NYC Health + Hospitals 10,000 ft^2 Simulation Center at the Jacobi Medical Center in the Bronx, NY. Established in 2010 to provide simulation experiences to all New York City Health and Hospital Corporation health care providers, they have over 20 simulation instructors and over 2,500 learners per year. As part of our affiliation agreement, we will have free access to the simulation center programs and instructors to train our students in advanced physical examination skills, procedural skills, team work, patient safety and for us in our Introduction to Internship Boot

Camp course in the last year of medical school.

d. Describe any recent renovations to or construction of teaching space.

In addition to the construction of the clinical skills lab described in section 5.4c, the second, third and fourth floors are currently being renovated to provide 20 small-group teaching rooms with an 8--16 person capacity for most rooms. The rooms will have movable walls to combine or separate the rooms to accommodate small and large groups. Each room will be outfitted with white board surfaces, projection, and wireless internet connectivity. These rooms will also serve as testing space and study space for students during off-hours or when classes are not in session.

e. Describe any substantive changes in facilities for education and/or research anticipated by the medical school over the next three years. If there will be an increase in class size in the near future, note whether teaching space also will expand (e.g., increases in room size and/or number). Note if any renovation or new construction are planned.

Once the renovations noted above and in section 5.1e are completed, we do not anticipate any further changes in facilities that will impact teaching over the next three years. Regarding research facilities, assignment of research space is made in consultation with the dean and the chairs. At this time, all research faculty have adequate space to fulfill their research needs. When new faculty are hired, research needs are part of the negotiation process and space is identified before onboarding.

5.5 RESOURCES FOR CLINICAL INSTRUCTION

A medical school has, or is assured the use of, appropriate resources for the clinical instruction of its medical students in ambulatory and inpatient settings and has adequate numbers and types of patients (e.g., acuity, case mix, age, gender).

5.5 SUPPORTING DATA

Table 5.5-1 | Clinical-site Patient Volume

Provide the requested information for each hospital that will be used for the inpatient portion of one or more required clinical clerkships (or longitudinal integrated clinical clerkships). Schools with regional campuses should include the campus name for each facility. Add rows as needed.

Facility Name/Campus (if applicable)	No. of beds in use	Average daily occupancy	No. of admissions per year	No. of outpatient visits per year
St. Barnabas Hospital (SBHHS)	365	219	14,517	141,154
Staten Island University Hospital (SIUH)	714	694	63,103	18,000 (outpatient clinic) 16,601 (ambulatory surgery)

Table 5.5-2 | Inpatient Teaching Facilities*

Provide the requested information for each required clinical clerkship (or longitudinal integrated clinical clerkship) taking place at an inpatient facility. Only provide information for services used for required clinical clerkships at each hospital. Schools with regional campuses should include the campus name for each facility. Add rows as needed.

Facility Name/Campus (if applicable)	Clerkship	Average daily inpatient census	Anticipated Average No. of Students Per Clerkship (number on inpatient service at any time)*	
			School's medical students	Medical students from other schools
SBHHS	Internal Medicine (only 50% inpatient)	116	6-8 (3-4)	**
SBHHS	Pediatrics (only 33% inpatient)	5	6-8 (3-4)	**
SBHHS	Obstetrics/Gynecology (only 33% inpatient)	9	8-10 (4-5)	**
SBHHS	Surgery (only 50% inpatient)	22	8 (4)	**
SBHHS	Psychiatry (only 50% inpatient)	44	8 (4)	**
SBHHS	Neurology	0***	3	**
SIUH	Internal Medicine	412****	4 (2-4)	8
SIUH	Neurology	****	4 (2-4)	2
SIUH	Obstetrics/Gynecology	27	2	2

SIUH	Pediatrics	24	4 (2-4)	5
SIUH	Psychiatry	64	4 (2-4)	2
SIUH	Surgery (only 50% inpatient)	55*****	4 (2)	9

*All clerkships have a significant ambulatory experience so the numbers listed are students in the entire clerkship and actual number on the inpatient service is indicated in parentheses
**As per affiliation agreement, visiting medical students will be allowed to rotate through each service only after all CUNY School of Medicine students have been accommodated on any required rotation.
*** Consultation service only; there is not a separate Neurology Inpatient Service
****Family Medicine/Neurology: These patents are admitted to the medicine service
*****Does not include Urology, ENT or Neurosurgery

Table 5.5-3 | Inpatient Teaching Sites by Clerkship

List all inpatient teaching sites where the charter class of medical students will take one or more required clerkships. Indicate the clerkship(s) offered at each site by placing an "X" in the appropriate column. List other major core clerkships offered in different subjects (e.g., Interdisciplinary Primary Care, Women's and Children's Health). Schools with regional campuses should include the campus name for each facility. Add rows as needed.

Facility Name/Campus (if applicable)	Family Medicine	Internal Medicine	Ob-Gyn	Pediatrics	Psychiatry	Surgery	Other: Neurology
SBHHS		X	X	X	X	X	X
SIUH		X	X	X	X	X	X
Glen Cove							
Southside							
Phelps							
Plainview							
Peconic Bay							

Table 5.5-4 | Ambulatory Teaching Sites by Clerkship SBHHS

For each type of ambulatory teaching sites where the charter class of medical students will take one or more required clerkships, indicate the clerkship(s) where students will spend time at this type of site by placing an "X" in the appropriate column. Add other major core clerkships offered in different subjects (e.g., Interdisciplinary Primary Care, Women's and Children's Health). Schools with regional campuses should include the campus name for each facility. Add rows as needed.

Facility Type	Family Medicine	Internal Medicine	Ob-Gyn	Pediatrics	Psychiatry	Surgery	Other Neurology
University Hospital Clinic							
Community Hospital Clinic		X	X	X	X	X	X
Health Center*	X	X		X			
Private Physician Office							
Rural Clinic/AHEC							
Other (list)							

*Union Health: under SBHHS but has separate affiliation agreement

Table 5.5-4 | Ambulatory Teaching Sites by Clerkship SIUH

For each type of ambulatory teaching sites where the charter class of medical students will take one or more required clerkships, indicate the clerkship(s) where students will spend time at this type of site by placing an "X" in the appropriate column. Add other major core clerkships offered in different subjects (e.g., Interdisciplinary Primary Care, Women's and Children's Health). Schools with regional campuses should include the campus name for each facility. Add rows as needed.

Facility Type	Family Medicine	Internal Medicine	Ob-Gyn	Pediatrics	Psychiatry	Surgery	Other Neurology
Staten Island University Hospital Clinic		X	X	X	X		X
Community Hospital Clinic							
Health Center							
Private Physician Office						X	
Rural Clinic/AHEC							
Other (list)							

Table 5.5-4 | Ambulatory Teaching Sites by Clerkship GLEN COVE

For each type of ambulatory teaching sites where the charter class of medical students will take one or more required clerkships, indicate the clerkship(s) where students will spend time at this type of site by placing an "X" in the appropriate column. Add other major core clerkships offered in different subjects (e.g., Interdisciplinary Primary Care, Women's and Children's Health). Schools with regional campuses should include the campus name for each facility. Add rows as needed.

Facility Type	Family Medicine	Internal Medicine	Ob-Gyn	Pediatrics	Psychiatry	Surgery	Other Neurology
University Hospital Clinic							
Community Hospital Clinic	X						
Health Center							
Private Physician Office							
Rural Clinic/AHEC							
Other (list)							

Table 5.5-4 | Ambulatory Teaching Sites by Clerkship SOUTHSIDE

For each type of ambulatory teaching sites where the charter class of medical students will take one or more required clerkships, indicate the clerkship(s) where students will spend time at this type of site by placing an "X" in the appropriate column. Add other major core clerkships offered in different subjects (e.g., Interdisciplinary Primary Care, Women's and Children's Health). Schools with regional campuses should include the campus name for each facility. Add rows as needed.

Facility Type	Family Medicine	Internal Medicine	Ob-Gyn	Pediatrics	Psychiatry	Surgery	Other Neurology
University Hospital Clinic							
Community Hospital Clinic	X						
Health Center	X						
Private Physician Office	X						
Rural Clinic/AHEC							
Other (list)							

Table 5.5-4 | Ambulatory Teaching Sites by Clerkship PHELPS

For each type of ambulatory teaching sites where the charter class of medical students will take one or more required clerkships, indicate the clerkship(s) where students will spend time at this type of site by placing an "X" in the appropriate column. Add other major core clerkships offered in different subjects (e.g., Interdisciplinary Primary Care, Women's and Children's Health). Schools with regional campuses should include the campus name for each facility. Add rows as needed.

Facility Type	Family Medicine	Internal Medicine	Ob-Gyn	Pediatrics	Psychiatry	Surgery	Other Neurology
University Hospital Clinic							
Community Hospital Clinic							
Health Center	X						
Private Physician Office	X						
Rural Clinic/AHEC							
Other (list)							

Table 5.5-4 | Ambulatory Teaching Sites by Clerkship Institute for Family Health

For each type of ambulatory teaching sites where the charter class of medical students will take one or more required clerkships, indicate the clerkship(s) where students will spend time at this type of site by placing an "X" in the appropriate column. Add other major core clerkships offered in different subjects (e.g., Interdisciplinary Primary Care, Women's and Children's Health). Schools with regional campuses should include the campus name for each facility. Add rows as needed.

Facility Type	Family Medicine	Internal Medicine	Ob-Gyn	Pediatrics	Psychiatry	Surgery	Other Neurology
University Hospital Clinic							
Community Hospital Clinic							
Health Center	X						
Private Physician Office							
Rural Clinic/AHEC							
Other (list)							

5.5 NARRATIVE RESPONSE

a. Have all clinical teaching sites (both inpatient and ambulatory) that will be used for core clinical clerkships for the first cohort of medical students been identified? If not, note the timeline for completing this task.

A fully executed affiliation agreement exists between CSOM and its principal clinical partners, SBHHS in the Bronx, New York and Northwell. SBHHS currently has sufficient capacity and resources to provide clinical experiences for Years 6 and 7 (M3 and M4) of the charter class in all of the core clinical clerkships except for Family Medicine. The school has secured additional clinical

UPDATED 12.29.17

sites for the Family Medicine clerkship with Northwell Health hospitals/health centers and the Institute for Family Health, and we have received fully executed affiliation agreements.

b. Describe how the medical school will ensure that the mix of inpatient and ambulatory settings used for required clinical clerkships provides adequate numbers and types of patients in each discipline.

Each core clinical clerkship has identified required clinical encounters (see standard 6.2), specifying particular clinical conditions that all students will be required to encounter during the clerkship. Students will log their clinical encounters on the school's learning management system, LCMS+. These student logs will be tracked and monitored during each clerkship to ensure that each required clerkship provides students with adequate opportunities for these clinical encounters in both the inpatient and ambulatory settings. If any sites or clerkships are found to be deficient in providing students with opportunities for these required clinical encounters, replacements or modifications to the site assignments will be made to remedy these deficiencies.

c. Describe any substantive changes in clinical teaching sites anticipated by the medical school over the next three years based on increases in class size or other circumstances.

We will likely have an unexpected increase in class size at the school over the next three years. Because we admit students from high school for the seven-year program, we had a historical graduation attrition rate of around 20--25 percent (students would begin the program but be dismissed for academic reasons or resign). To plan an entry class of 70 students, we admitted 90, expecting to have close to 70 students enter the medical school. In 2014, we implemented a tracking system to monitor students and also improved our tutoring and remediation. This is likely the cause of the decrease in our attrition rate, which is now under 10 percent. Our current U3 class has 90 students. While not all may successfully complete the undergraduate requirements in order to enter medical school, we anticipate having around 85 entering students for the next several years. This will only result in an additional 2--3 students in each clerkship rotation and we should have sufficient clinical teaching sites to accommodate this increase. However, the school is continuing to seek additional clinical teaching sites to ensure sufficient clerkship sites for students, as described in section (a).

5.6 CLINICAL INSTRUCTIONAL FACILITIES/INFORMATION RESOURCES

Each hospital or other clinical facility affiliated with a medical school that serves as a major location for required clinical learning experiences has sufficient information resources and instructional facilities for medical student education.

5.6 SUPPORTING DATA

Table 5.6-1 | Inpatient Hospital Clerkship Resources
List each inpatient hospital that will be used for a required clinical clerkship. Indicate whether the indicated resource is available for medical student use at that site by placing an "X" under the appropriate column heading. Schools with regional campuses should include the campus name for each facility. Add rows as needed.

Clerkship Data					
Name of Clerkship	Lecture/Conference Room	Study Area	Computers for Student Use		
SBHHS			Yes/No	How Many	Room Number(s)
Emergency Medicine Selective	Conference Room, Main Building, 1st floor	Medical Library, Braker Building, 5th floor	Yes	2	Medical Library
Family Medicine	Union Board Room, 1st floor 260 East 188th Street, Bronx, NY	SBH Library Braker Building, 5th floor	Yes	See Below UCHC Note	Multiple Sites (See Below UCHC Note)
Medicine	Conference Room, 3rd floor, Mills Building	Medical Library, Braker Building, 5th floor	Yes	2	Mills Building, 3rd floor
OB/GYN	Annex Building, 2nd floor OB/GYN Conferrence Room	Annex Building, 2nd floor Conference Room or Medical Library, Braker Building, 5th floor	Yes	2	Medical Library, 2nd floor conf room
Pediatrics	Conference Room, 4th Floor, Mills Building	Conference Room, 4th Floor, Mills Building or Inpatient Unit Conference Room, Main Building, 1st floor, Medical Library Braker Building, 5th floor	Yes	Mills: 1 Inpatient: 1 Medical Library 2	Pediatric Conference Room
Psychiatry	Main Hospital, 6th floor Psychiatry Conference Room	Main Hospital, 6th floor, Administrative Conference Room Work Area; Kane 2 or 3 Conference Rooms	Yes	2	Psych Conference Room
Surgery Specialties	Department of Surgery Conference Room, Mills Building, 2nd floor	Medical Library Braker Building, 5th floor	Yes	2	Medical Library

Note: Family Medicine (Private Offices, FQHC Clinic, Nursing Home, SBHHS Hospital, all exam rooms are equipped with computers w/internet access.

Table 5.6-1 | Inpatient Hospital Clerkship Resources			
List each inpatient hospital that will be used for a required clinical clerkship. Indicate whether the indicated resource is available for medical student use at that site by placing an "X" under the appropriate column heading. Schools with regional campuses should include the campus name for each facility. Add rows as needed.			
Facility Name/Campus (if applicable)	Lecture / Conf. Room	Study Area(s)	Computers
SIUH	X	X	X

5.6 NARRATIVE RESPONSE

a. Comment on the adequacy and availability of resources that will be available to support medical student education at each inpatient site used for required core clinical clerkships, including space for clinical teaching (conferences/rounds), access to library resources, information technology (computers and internet access), and study space.

As documented in the information located in 5.6-1 table above, there are adequate resources available to support medical student education at each inpatient site. Students are required to have personal laptops but in addition, there are computers with internet access and library facilities available for medical student use at each clerkship site. In addition, the library resources are jointly shared by the CSOM and SBHHS and are online and accessible to students. There is also a medical library and an assigned conference room available for use at each clerkship site. SIUH has the Regina McGinn Education Center which houses conference rooms, SIM Lab and medical library, all of which the students can access.

5.7 SECURITY, STUDENT SAFETY, AND DISASTER PREPAREDNESS

A medical school ensures that adequate security systems are in place at all locations and publishes policies and procedures to ensure student safety and to address emergency and disaster preparedness.

5.7 SUPPORTING DATA

Instructional Site/Survey Question	YEAR 1
Adequacy of safety and security on campus	Somewhat satisfied 50.00%/Very satisfied 43.75%

5.7 NARRATIVE RESPONSE

a. Describe the security system(s) in place and the personnel available to provide a safe learning environment for medical students during the following times/situations. If the medical school has geographically distributed campuses, describe the security systems in place at each campus.

1. During regular classroom hours on campus

CSOM is located on the campus of the CCNY. CCNY's main campus grounds, the entry gates, the contiguous geographic perimeter of the main campus, and the parking areas are patrolled on a 24-hour basis (vehicle patrols and interior patrols) by Public Safety Officers. Exterior guard booths are staffed 24 hours each day. The use of closed-circuit surveillance supplements these posts. The closed-circuit surveillance can be monitored in the Public Safety Office.

Public Safety Officers are sworn law enforcement New York State Peace Officers under Criminal Procedure Law 2.10 subsection 79 and have the power to make arrests. Additionally, CCNY employs campus security assistants who are assigned to fixed posts. All public safety personnel report potential safety and security hazards, entry door problems, and elevator malfunctions.

During daytime hours and early evening Monday through Saturday, CCNY provides regular shuttle bus service through the campus, to CCNY's residence hall (The Towers), and to local subway stations. Access to campus buildings is limited to employees, students, and visitors who are conducting official college business. When entering campus facilities, employees and students are required to display CCNY-issued identification cards. Visitors must obtain temporary ID cards from the Office of Public Safety, and contractors performing work on campus must sign in and are issued a pass.

CCNY has Memoranda of Understanding with the New York City Police Department (NYPD) for emergency, nonemergency, and investigative response. The NYPD is contacted immediately in all matters involving violent threats or actions, actual or reported; possession of dangerous weapons; and any felonious or victimizing crimes.

2. Outside of regular classroom hours on campus

All buildings are locked after scheduled classes or special events. CSOM employees and students are issued key cards by the Office of Public Safety for restricted access to Harris Hall during nonbusiness hours. CCNY also maintains a central alarm monitoring system on campus.

The Public Safety Department also provides a security escort service to students and employees 24 hours a day. CSOM has arranged for a shuttle service to transport groups of students between the CCNY campus and the primary hospital partner, St. Barnabas Hospital Health System (SBHHS).

The Towers (Residence Hall)

The Towers has continuous security posted at the main building entrance. Towers security personnel monitor guest and resident traffic. Security personnel assist in contacting Towers office staff in cases of medical, psychological, or maintenance emergencies; they work cooperatively with CUNY and CCNY's Public Safety Offices and the New York City police, fire, and emergency services.

Other than during emergencies, entrance to and exit from The Towers is possible only at the main entrance, which is serviced by 24-hour security officers. Fire exits are alarmed and monitored. All rooms and apartments are equipped with smoke detectors, and each apartment is equipped with a sprinkler system. Several fire alarm pull stations are located on each corridor. This equipment is routinely monitored to ensure proper working condition. For compliance with state and local fire regulations and for fire safety education, unannounced fire drills are conducted each semester.

St. Barnabas Hospital Health System (SBHHS)

The SBHHS Security Program is designed to monitor and manage the security risks presented to patients, staff, and visitors by the internal and external environment of SBHHS. Security personnel protect individuals and property against harm or loss, including workplace violence, theft, infant abduction, and restricted access to medications. The program is further designed to ensure the identification of general and high security risks and to minimize the risk of personal injury or property loss and workplace violence and to develop effective response procedures.

This plan is also applied to the offsites of Union Community Health Center (UCHC), Fordham-Tremont Community Mental Health Clinics (CMHC at 20--21 Grand Concourse), the Ambulatory Clinic, the Hemodialysis Center, the Methadone Maintenance Treatment Program (MMTP), and the St. Barnabas Nursing Home as applicable.

The security director is responsible for monitoring all aspects of the security program. The director is assisted by one deputy director, two lieutenants, and eight security supervisors. There are currently 50 full-time security officers, for which 4.5 FTE's are used exclusively to provide security to the St. Barnabas Nursing Home and one FTE is used to provide security coverage for the MMTP. The security department is also supplemented by trained guards who are provided by a contract security guard service. In addition, the offsites (UCHC, Fordham-Tremont CMHC) are safeguarded by 6 FTE's and are supplemented by trained guards that are provided through a contracted security guard service. The security needs and responses of the Ambulatory Clinic and the Hemodialysis Center are met by the security staff from the main hospital and by assistance from the NYPD as needed.

The director of security or his or her designee provides orientation to new hires and to new employees of the department and, as appropriate, to job- and task-specific procedures. Department heads who manage security-sensitive areas are assisted by the security director, as appropriate, in developing training for their staff in any special security procedures or precautions. Individual staff members are responsible for learning and for following job and task-specific procedures for secure operations.

Employees, contractors, and vendors, as well as law enforcement officers guarding prisoner patients in the hospital, are responsible for learning applicable procedures and following hospital and departmental procedures for security.

The senior vice president of human resources coordinates a staff identification program. The director of security and all supervisory personnel manage the enforcement of the identification program. The security director also maintains the integrity of hospital identification cards by documenting each occurrence of theft or loss and by purging the system of identification cards that have become inactive through terminations or resignations. The Security Department also tracks and activates replacement identification cards, which are issued by the Human Resources Department.

Hospital administration maintains policies for the identification of patients, staff, visitors, and vendors. All employees are required to display a badge on their upper body while on duty. Identification badges are to be displayed with the picture side showing. Personnel who fail to display identification badges are counseled individually by their department head. Personnel return identification badges upon termination.

Visitors to the hospital are issued color-coded passes, which indicate the visitors' destination in the hospital. The passes entitle the visitors to be present on a specific floor. At the end of the visit, the passes are discarded. The vendor is required to register for each visit and is given a contractor identification card. The badges are controlled by requiring the vendors to sign out at the end of each visit and by entering a code that is provided on the vendor ID.

All three (3) entrances to the hospital campus are monitored by security officers. Visitors, vendors, and contractors to the offsite locations are required to sign a log at the security desk after proper identification and temporary badges have been issued.

The director of security works with the administrators to identify security-sensitive areas by using risk assessments and analysis of incident reports. During their orientation, personnel are informed about the areas of the facility that have been designated as sensitive. Personnel assigned to work in sensitive areas receive annual education that focuses on special precautions or responses that pertain to their areas. SBHHS uses a system of controlled access to sensitive areas. This system involves the use of coded identification cards and magnetic card readers, which either grant or deny access. All activity of these card readers is recorded in a mainframe computer located within the Security Department. Reports are available to indicate the dates and times when access was granted. Access to sensitive areas is gained only with appropriate coding of the ID cards. A senior security department supervisor grants the coding on the basis of written authorization of a department head.

The security department is operational 24-hours a day, seven days a week, and can be contacted by telephone (numbers are provided to all employees, residents, and students). The entire campus, including the parking garages, is under continuous closed-circuit surveillance with more than 150 cameras. Employees, students, and residents may request a security escort at any time, day or night. All staff, physicians, residents, and students wear picture identification. Access to security-sensitive areas is controlled by badge access. Only authorized or screened personnel may enter restricted areas.

With accommodations made through the SBHHS medical staff office, residents and students are provided with secured sleep quarters within the hospital building. Upon request, on-campus

housing is also available on a limited basis. Students have secure lockers for their personal belongings.

SBHHS security is tested twice per year, and the responses are documented, evaluated, and critiqued. As appropriate, corrective activity, additional training, or program improvements are made.

STAT notifications to the Security Department are made by an overhead page from the operator or by dialing extension 4444. Upon notification of a security incident, the security director or his or her designee will assess the situation and implement the appropriate response procedures. The security director will notify administration, if necessary, to obtain additional support. Security incidents that occur in the Emergency Department will be managed initially by the officer on duty, who will follow the appropriate policies and procedures for that area. The security director will be notified about the incident as soon as possible. (See Appendix 5-07 SBHHS Security Management Plan).

b. Describe how medical students and faculty are informed of institutional emergency and disaster preparedness policies and plans.

CCNY participates in the university-wide CUNY Alert System, an emergency notification system that enables CUNY to advise students and employees of an emergency situation in a timely fashion to protect lives and minimize campus disruption. Depending upon the severity of the incident, CUNY Alert messages can range from specific instructions to general warnings**.** At orientation sessions, new students and employees are provided with information about signing up for CUNY Alert. (http://www.cuny.edu/news/alert.html.)

CCNY conducts evacuation and fire drills three (3) times per year for all buildings. Each building has assigned fire and evacuation floor wardens who provide training and direction to the CCNY community during drills and actual emergency events. All occupants of a building are made aware of routes of egress during scheduled fire drills on a building-by-building basis.

SBHHS

SBHHS's security personnel receive annual training about emergency safety and defense measures against biological, chemical, or other hazardous attack, including procedures for decontamination, evacuation, facility lockdown, and securing of the hospital perimeter (See Appendix 5-07 SBHHS Security Procedures Internal External Disasters).

SIUH

SIUH mails a packet to all medical students which contains all SIUH policies and information about rotations. It is in a pdf format which is emailed to them. Included in this packet are all procedures and policies related to emergency and disaster preparedness. (See Appendix 5-07 SIUH Disaster Preparedness Plan)

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 5.7

1. Copies of medical school or university emergency and disaster preparedness policies, procedures, and plans, as they relate to medical students, faculty, and staff.

Each building has an emergency evacuation plan that includes egress routes and exterior assembly areas. These evacuation plans are posted at all elevator locations within the buildings. In addition, emergency procedures posters are displayed in the public areas of offices and on the public safety website (https://www.ccny.cuny.edu/safety/emergencies).

Campus peace officers are trained in evacuation procedures, as are selected civilian staff members. Officers are issued specific assignments for each tour in the event of an emergency or campus lockdown. Emergency evacuations or building lockdowns may occur at a single location or at multiple locations simultaneously. Consequently, a campus-wide alert is initiated only after a careful and deliberate process has been completed and when issuing an alert will not compromise the situation.

Depending on the specific circumstances of a situation that could pose an immediate threat or a substantial disruption to the CCNY community, the Department of Public Safety may issue a notice through the CUNY Alert system or post a notice on the CCNY website (www.ccny.cuny.edu), unless issuing the alert will compromise the situation. The CUNY Alert warning will be sent to all those registered (public access is available) to receive alerts by e-mail, text messages, or landline and cellular mass dialers. The system is tested monthly for administrative users, and one full-scale test of the system to all users (students, faculty, and staff) is conducted annually.

UPDATED 12.29.17

5.8 LIBRARY RESOURCES / STAFF

A medical school provides ready access to well-maintained library resources sufficient in breadth of holdings and technology to support its educational and other missions. Library services are supervised by a professional staff that is familiar with regional and national information resources and data systems and is responsive to the needs of the medical students, faculty members, and others associated with the institution.

5.8 SUPPORTING DATA

Survey Question	YEAR 1 (2016/2017)
Ease of access to library resources and holdings via the library website and hours of operation	Somewhat Satisfied 51.6%/ Very Satisfied 34.4%
Quality of library support and services	Somewhat Satisfied 42.2%/ Very Satisfied 28.1%

Table 5.8-2 | Medical School Library Resources and Space

Provide the requested information on library resources for the most recent academic year. Schools with regional campuses should list all libraries/campuses.

Library/Campus (as appropriate)	Total No of journal subscriptions (all formats)	No. of book titles (all formats)	No. of databases	Total user seating	No. of public workstations
CCNY Libraries** (5)/ CCNY campus	127,098	2,136,186	223	1861	386
Science-Engineering Library/CCNY Campus (the physical space for the Medical Library)	Counted in the total above	Counted in the total above	Counted in the total above	240	14
Medical Library*- virtual 24/7	4,793 (excluding open source journals)	E-Books=12,116 E-Books open access titles=15,000+ Print=16,791	56 (excluding open access databases)	N/A	N/A

*The Medical Library's resources and services support the educational and the research needs of the students, faculty, and the clinical staff of CUNY School of Medicine/ Sophie Davis Biomedical Education Program. The library maintains access to major biomedical and health sciences resources listed in **Appendix 05-08**. The medical resources are augmented by the CCNY libraries' resources summarized in **Table 5.8-2.**

**In addition to seating in CCNY Libraries, students have access to the Tech Center located on the first floor of NAC and is available to all CCNY students including CSOM students (Seating=340; Workstations =300).

UPDATED 12.29.17

Table 5.8-3 | Medical School Library Staffing	Source: School-reported

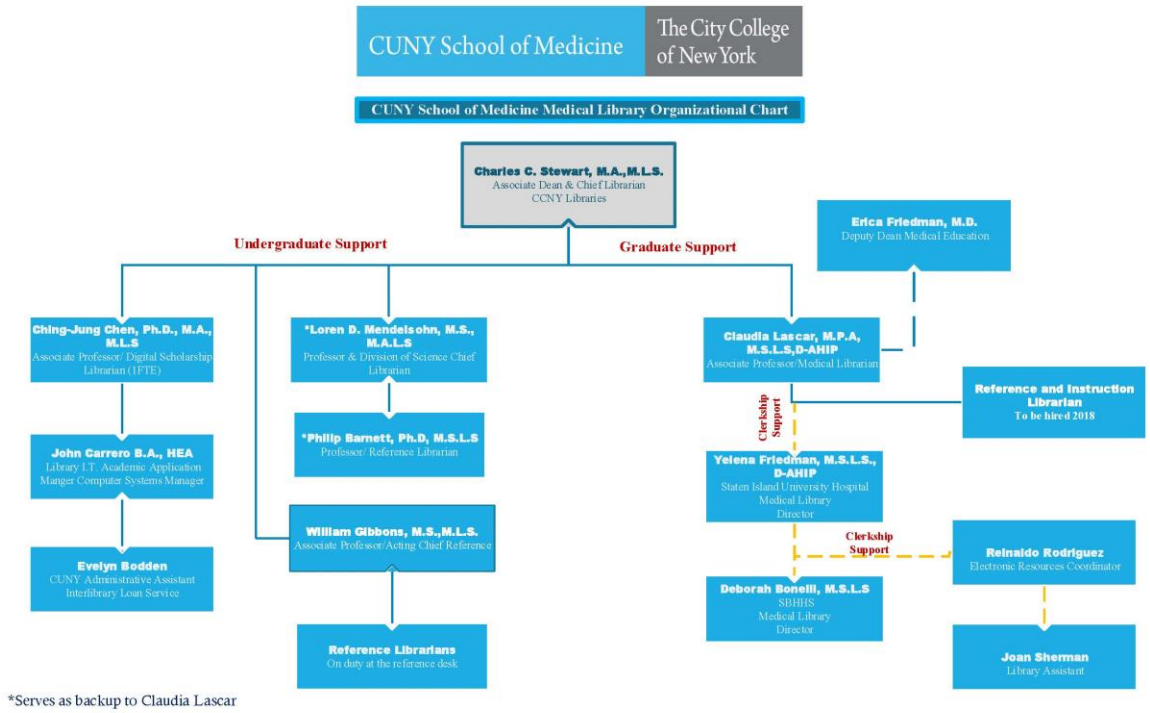
Provide the number of staff FTE's in the following areas, using the most recent academic year. Schools with regional campuses may add rows for each additional library/campus.		
Professional Staff	Technical and Paraprofessional Staff	Part-time Staff (e.g., student workers)
The Medical Librarian has primary responsibilities in areas marked by an asterisk (1 FTE): * **Acquisitions & Resource Management** (makes decisions related to library budget, services, collections, and technologies. The faculty and students requests for collections are taken very seriously into consideration) ***Electronic Resource and Serials Management** (negotiates licensing for new and renewed electronic journals & books, responsible for the coordination and administration of all electronic service operations for the Medical Library) ***Instruction** (done through a variety of modalities including face-to-face, workshops, webinars for faculty) ***Web Services** (makes decisions related to the development, maintenance, functionality, and usability of the Library's web presence, and in the future its social media presence) **Research Assistance** (specialized research and consultation services in person, by telephone or electronically by email) is provided by the medical librarian in collaboration to expert subject librarians: • BS students are helped by the CCNY Cohen librarians for non-medical related questions (2 FTE) • BS, PA, M1, M2 students are helped by the CCNY Science-Engineering librarians (2 FTE) • M3, M4 students will be helped during clerkships by the medical librarians at their training hospitals—SBHHS or SIUH (2 FTE) ***Scholarly Communications** (assists with issues of copyright, predatory journals, and publishing.) • Digital Scholarship Librarian (CCNY Library) • Scholarship Communications Librarian at the Office of Library Services at CUNY, serves the entire University (>.1FTE)	Technical and Paraprofessional Staff from the CCNY Libraries support the Medical Library in the following areas: Interlibrary loan assistant (1 FTE for all CCNY Libraries) Public & Access Services (4 FTE for Cohen, Science and Engineering Libraries) IT Technical Services (2 FTE for all CCNY Libraries)	Academic Year 2016-2017 work-study students (1.5 FTE) Academic Year 2016-2017 College Assistants (1 FTE)

UPDATED 12.29.17

NARRATIVE RESPONSE

a. Provide the title and organizational locus of the library director and the individual to whom the library director reports.

Associate Professor Claudia Lascar is the medical librarian for CSOM-SDBEP. She is a distinguished member of the Academy of Health Information Professionals (AHIP), the Medical Library Association's peer-reviewed professional development and career recognition program. She reports to the associate dean & chief librarian of CCNY Libraries, and the Deputy Dean Dr. Erica Friedman, of the CSOM.



UPDATED 12.29.17

b. List any other schools and/or programs served by the main medical school library.

The Medical Library is the primary library for the Sophie Davis Biomedical Education's BS program, the MS degree for PA program, and the CUNY School of Medicine's MD program. The Medical Library offers access to medical resources to the affiliate faculty of CSOM, who supervise and work with our students during preclerkship and clerkship clinical experiences (SBHHS and SIUH).

c. Describe how the library staff supports medical education. For example, are library staff involved in curriculum planning, curriculum governance (e.g., by participation in the curriculum committee or its subcommittees), or in the delivery of any part of the medical education program?

The medical librarian contributes in the planning, delivery, and assessment of relevant library services, collections, information literacy programs, and technologies.

The medical librarian works closely with CSOM faculty to provide support to medical students in terms of curriculum instruction and orientations of core medical resources, research support and consultations, and assistance with searches and medical education projects.

The medical librarian interacts with the Curriculum Committee and its' subcommittees via *ex officio* membership. She also is a member of the Library Committee and is an *ex officio* member of the Information Technology Committee.

d. Describe access to electronic and other library resources across all sites, including regional campuses. Are the library collections listed above available to medical students and faculty at sites separate from the medical school campus?

There is only one site, the CCNY site, and we have registered only one set of IP addresses. The licensing agreements limit the access to medical resources as follows:

- CSOM students and faculty can access onsite/ offsite **ALL** resources on the Medical server, CCNY Server and Clinical Server.
- Clinical affiliate faculty of CSOM can access onsite/ offsite (mostly) only the medical resources available on the Clinical Server.
- These servers are located at CCNY, and maintained by the Library IT and the CCNY IT. The login for everybody is the same using the CCNY/ Citymail email name and password.

The clinical faculty from SIUH have access to resources from their medical library (the Northwell Health network) and our library resources as well.

UPDATED 12.29.17

e. Briefly summarize any partnerships that extend the library's access to information resources. For example, does the library interact with other university and/or affiliated hospital libraries?

Member of CUNY Consortia agreements:

CUNY's library system is a federation of 31 libraries. The CUNY Central Office of Library Services (OLS) is supporting the University's 24 campuses and 100+ research centers and institutes. The CUNY Central Office of Library Services licenses electronic resources to all members of the CUNY community. These centrally funded resources are listed at http://www2.cuny.edu/libraries/e-resources/ and include medical subscriptions to CINAHL Complete, Medline Complete, JAMA, NEJM, etc.

The CUNY Central Office of Library Services helps any number of member libraries with license negotiations to achieve lower overall costs, such as the purchase of the "Mental Measurements Yearbook."

However, the individual CUNY Libraries also negotiate their own agreements and, therefore, provide additional resources for members of their local communities. CSOM is such an example. Many new licenses had to be negotiated for the medical resources, since there is no other medical school in CUNY.

Member of Waldo:

Waldo (Westchester Academic Library Directors Organization Inc.) is a procurement agency; many reputable vendors offer their products at subscription rates of a 20 percent discount. Many CUNY Libraries, including CCNY Libraries use Waldo. CSOM-SDBEP bought several resources from Waldo, such as BrowZine, at a discount.

Member of IDS Project:

CCNY Library is a member of IDS (Information Delivery Services) which represents the ILLIAD System used for interlibrary loan. CSOM/SDBEP uses ILLIAD as the system for all interlibrary loans, since this activity is centralized at CCNY.

Interactions with SBHHS and SIUH Medical Libraries:

SBHHS is our main affiliate hospital. Most interactions with SBHHS's Medical Library have occurred virtually or occasionally by telephone. These interactions so far consist of resource sharing. The medical librarian has been in close communication with the library director at SBHHS's Medical Library to make sure that the clinical staff that will be teaching and supervising our students will have access to the same resources as our students. The access is via the Clinical Server and CCNY email addresses are used for authentication. All library resources needed by our students during the clinical clerkships will be provided by our Medical Library. The SIUH medical librarian has confirmed that our students will have access to their library resources while at SIUH in addition to the CSOM Medical Library.

f. List the regular library hours. If there are additional hours during which medical students have access to all or part of the library for study, describe these as well.

Medical students have 24/7 access onsite/offsite to the digital content of the Medical Library via the proxy servers by using their Citymail email credentials, on their computers or on their mobile devices, (mobile access is clearly marked for each resource).

The physical space for the medical students is provided by the CCNY Libraries, with the Science-Engineering Library, which is across the street, serving as the main physical space for CSOM.

All five libraries are within a block of the medical school building (Harris Hall). Library hours vary among the five CCNY libraries; the libraries are generally open as follows:

Cohen Library (next door to Harris Hall**)**: Monday--FRI, 8:00 AM--11:00PM; SAT, 9:00 AM--6:00 PM; SUN, noon - 6:00 PM
Architecture Library: MON--TH 10:00AM--9:00PM; FRI 10:00AM--6:00PM; SAT noon--5:00PM; closed SUN.

DSI Dominican Library: MON & THU 9:00AM--8:30PM; TU, W, FRI 9:00 AM--5:00 PM; SAT noon--5:00PM; closed SUN
Music Library: MON--TH: 10:00AM--7:00PM; FRI 10:00AM--5:00PM; closed SAT and SUN
Science-Engineering Library: MON--TH, 9:00 AM--11:00 PM; FRI--SAT, 9:00 AM--6:00 PM; SUN, noon--6:00 PM

The medical students have opportunities for quiet study space, and group study space at the following locations within CCNY Libraries:

The Cohen Library dedicates floors 4 and 5 to quiet study and floors 2 and 3 to collaborative group work.
The reading room and the lounge on the main floor of the Architecture Library are for quiet study; on the mezzanine level two group-study rooms for up to 14 people each, accommodate collaborative work.
The DSI Dominican Library's main floor is for quiet study.
The Music Library lower floor is available for group study; the main floor is dedicated to quiet study.
The Science-Engineering Library has a dedicated group study room for 14 people, and the entire main reading room is reserved for quiet study.
Harris Hall, the medical school building, has a study room center, accessible 24/7, dedicated to the medical students. It has one large open space for studying, 15 computer stations, 3 group-study rooms for collaborative study for 8 to 10 students, and 7 smaller rooms for 1 or 2 students each for quiet study. There are also 20 small-group rooms that are available for study space after hours and when classes are not being held in them.

Our medical students during their clinical clerkship have opportunity for quiet study space at SBHHS's Medical Library:

The library has two small study rooms, a large study room, a conference or journal reading room, and an AV room for quiet study. There is also a study space in the on-call area.
UPDATED 12.29.17

The SBHHS's Medical Library is open as follows:
Monday-Thursday 7:30 AM to 5:30 PM
Friday 9:00 AM to 4:00 PM (opened earlier for meetings upon request)
Closed Saturdays, Sundays and Holidays

Our medical students during their clinical clerkship will have opportunity for quiet study space at **SIUH, Charles N. Accettola, MD, Medical Library**, during the week from Monday to Friday: 9:00 am--5:00 pm.

g. Describe how the library staff receives input and feedback from faculty and students regarding adequacy of library resources and hours of operation?

The Medical Library website has a "Medical Library Feedback Form" providing students and other users the opportunity to express their opinions with respect to resources, site access, services, and others. In addition, we have instructions on the medical website of how to report problems to the medical librarian. Also, the medical librarian attends the monthly course directors' meetings and

solicits feedback from course directors about any issues. In addition, CSOM students reach out to the library staff with questions or help with researching the literature, accessing resources, etc.

The medical librarian works with CSOM faculty to provide adequate resources for their students. The new virtual bookstore Academos, lists all required textbooks by the medical school curriculum. The medical librarian has administrator access to the system to be able to view the required materials, in each course.

To date, we have had no complaints thus far, regarding the hours of operation of all CCNY libraries, since the medical students have 24/7 access to Harris Hall study room center, and the Medical Library is virtual.

UPDATED 12.29.17

5.9 INFORMATION TECHNOLOGY RESOURCES / STAFF

A medical school provides access to well-maintained information technology resources sufficient in scope to support its educational and other missions. The information technology staff serving a medical education program has sufficient expertise to fulfill its responsibilities and is responsive to the needs of the medical students, faculty members, and others associated with the institution.

5.9 SUPPORTING DATA

Survey Question	YEAR 1
Adequacy of computer learning resources	Somewhat satisfied 39.06%/Very satisfied 32.81%
Ease of access to electronic learning materials	Somewhat satisfied 43.8%/Very satisfied 46.9%
Accessibility of computer support	Somewhat satisfied 40.6%/Very satisfied 26.6%

Table 5.9-2 | Medical School IT Resources

Provide the following information based on the most recent academic year. Schools with regional campuses should specify the campus in each row.

Campus (if applicable)	How many computer classrooms are accessible to medical students?	How many computers or workstations are in each computer classroom?	Is there a wireless network on campus? (Y/N)	Is there a wireless network in classrooms and study spaces? (Y/N)	Are there sufficient electrical outlets in educational space to allow computer use? (Y/N)
CUNY School of Medicine Harris Hall	3	20/13/25 TOTAL 58	Y	Y	Y
CCNY (within a one block radius)	23	Variable per room; TOTAL 1218	Y	Y	Y

Table 5.9-3 | Medical School IT Services Staffing

Provide the number of IT staff FTE's in the following areas, using the most recent academic year. Schools with regional campuses may add rows for each additional campus.

Total No. of IT Staff FTE's	Professional Staff	Technical and Paraprofessional Staff	Part-time Staff (e.g., student workers)
5	0	3	2

CCNY IT Staff

Total No. of IT Staff FTE's	Professional Staff	Technical and Paraprofessional Staff	Part-time Staff (e.g., student workers)
71	6 (1 AVP + 5 Directors)	39	30

UPDATED 12.29.17

5.9 NARRATIVE RESPONSE

a. Is a wireless network available in classrooms and study spaces? If not, describe the adequacy of internet access points in educational spaces (e.g., in large classrooms, small classrooms, student study space).

CCNY is responsible for the IT infrastructure and function of all areas of the CCNY, including CUNY School of Medicine. Currently, a 1-Gigabit connection to the Internet exists through CUNY as our Internet service provider. In the fall of 2014, CCNY upgraded the core network to a 10-Gigabit connection. Since 2013, ten (10) network switches in Harris Hall were upgraded, and the number of access points was increased from sixteen (16) to thirty-five (35) wireless access points in 16,700 ft^2 of education space in Harris Hall.

In part because of the students' feedback that the low ratings on accessibility of computer support is due to Wi-Fi issues, as part of the renovation project in Harris Hall during 2017, access points will be upgraded and expanded throughout the building to increase internet connectivity. In addition, wireless bandwidth was recently increased for CSOM students to enhance access to library resources.

CCNY's information services organization has been engaged with SBHHS Information Services since the affiliation was announced. This interaction includes face-to-face meetings, conference calls, and emails. These interactions are paramount to ensure that our students, faculty, and staff are fully integrated into both IT infrastructures.

b. Describe the availability of telecommunications technology that links all instructional sites/campuses and how Information Technology (IT) services support(s) the delivery of distributed education. Describe how medical students, residents, and faculty are able to access educational resources (e.g., curriculum materials) from off-campus sites.

IT support for the medical school is provided in three levels. Level 1 and level 2, are delivered at the divisional level and includes two full-time and two part-time staff dedicated to the medical school and provides desktop, network, active directory, audio-visual, conferencing, email, and LCMS+ support. Level 3 support is delivered by the college's central IT office and provides support for network, active directory, telephone, voicemail, Blackboard, VPN access, etc. Each group has expertise in certain areas and knowledge and support are shared as needed.

Off-campus Access technology

1. Blue Jean –video conference tool and Polycom Conference phone are two technologies that link all our instructional sites/campuses.

2. At CSOM, we currently have two LCMS (Learning Content Management System) ; namely (a) Blackboard (URL= https://ssologin.cuny.edu/cuny.html?resource_url=https%3A%2F%2Fhome.cunyfirst.cuny.edu%252Fpsp%252Fcnyepprd%252FEMPLOYEE%252FEMPL%252Fh%252F%3Ftab%253DDEFAULT and LCMS+ (URL= https://csomlcms.cuny.edu/lcms/logon.php)

3. Medical students, residents, and faculty are able to access educational resources using the above two LCMS from off-campus sites. CSOM staff and faculty members have the additional ability to remote desktop using a VPN connection from off-campus locations.

UPDATED 12.29.17

c. Describe the ways that staff members in the IT services unit are involved in curriculum planning and delivery. For example, do IT services staff assist faculty in developing instructional materials, assist in developing or maintaining the curriculum database or other curriculum management applications, or help faculty learn to use the technology for distance education?

The following are the ways IT staff members are involved in the curriculum planning and delivery:

1. Identifying and supporting education technology resources that will facilitate teaching, learning, assessing, surveying and communicating (audience response systems, podcasting, smartboards, audio and video conferencing, survey tools such as RedCAP)
2. Training faculty and students on using new education technologies
3. Creating Network drives with special permissions.
4. Posting materials on the website and Blackboard.
5. Developing instructional materials.
6. Assisting and supporting staff, faculty, and students with password resets via online web tool (https://reset.ccny.cuny.edu/med). By February, 2018 CSOM and CCNY users will be prompted via email regarding their password expiration. Instructions to reset will be included.
7. Maintaining and ensuring that the learning management system LCMS+ and library resources are accessible at campus and other locations.
8. Providing IT support to faculty, staff members and students on-campus and while they are on the affiliate sites. CSOM users will email CAsupport@med.cuny.edu with their queries.
9. Ensuring that CSOM data is securely backed-up on regular intervals at multiple sites, on-campus and off-campus. CSOM and CCNY data tapes are stored off campus by GRM. For additional information on this please view the document, "Backup and Restore CSOM and CCNY".

d. Provide the title and organizational locus of the IT director and the individual to whom the IT director reports.

Title of IT Director: Academic Technology Manager & Director of Course Administration.

Organizational locus: Course Administration staff consists of seven staff members, which report to the IT Director. In addition to the above, CCNY and CUNY IT also provide support and resources to CSOM. The IT Director is also the chair of IT Strategic Planning Committee. The committee consists of members from CCNY IT, CSOM IT, Saint Barnabas Hospital IT and Staten Island University Hospital IT. The mission statement of the committee is to:

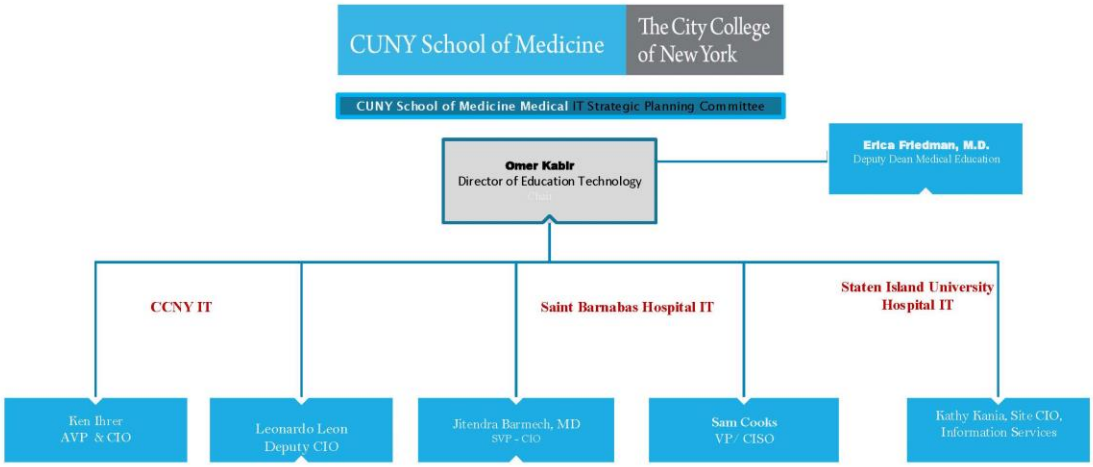
(a) Ensure that the technology at CSOM and its affiliates effectively supports the requirements of our students, staff and faculty members, and provide appropriate data security/privacy.

(b) Support CSOM's teaching, research, and service missions by reviewing and evaluating strategies, plans, policies concerning the use of information technology (IT), and impact of new technology etc.

UPDATED 12.29.17

(c) Make recommendations to the authorities concerned for action to achieve above-mentioned objectives for CSOM and its partnership with the affiliates.

The IT Director reports to: Dr. Erica Friedman, M.D., Deputy Dean of CSOM.



The committee minutes of its 2017 meeting are in Appendix 5-09.

e.

List any other schools or programs served by the IT services unit(s).

1. Physician Assistant Program
2. SBHHS (only for connectivity for library services)

5.10 RESOURCES USED BY TRANSFER / VISITING STUDENTS

The resources used by a medical school to accommodate any visiting and transfer medical students in its medical education program do not significantly diminish the resources available to already enrolled medical students.

We do not accept transfer or visiting students.

5.10 SUPPORTING DATA

Table 5.10-1 | Transfer Students		
	2015-16	2016-17
Provide the number of transfer students into the second year of the curriculum for the indicated academic years.	N/A	N/A

5.10 NARRATIVE RESPONSE

a. Describe how and by whom the decision to accept transfer students is made.

b. Describe how the medical school ensures that resources are adequate to support the numbers of transfer students that are accepted.

This element is not applicable to the CUNY School of Medicine, because we do not accept any visiting or transfer students.

5.11 STUDY / LOUNGE / STORAGE SPACE / CALL ROOMS

A medical school ensures that its medical students have, at each campus and affiliated clinical site, adequate study space, lounge areas, personal lockers or other secure storage facilities, and secure call rooms if students are required to participate in late night or overnight clinical learning experiences.

5.11 SUPPORTING DATA

Table 5.11-1 | Student Satisfaction with Study Space	
Survey Questions	**1st Year – class 2020**
Adequacy of lecture halls, large group classroom facilities	Somewhat satisfied 43.8%/Very satisfied 15.6%/0% NA
Adequacy of small-group teaching spaces on campus	Somewhat satisfied 34.4%/Very satisfied 12.5%/0% NA
Adequacy of student relaxation space	Somewhat satisfied 29.7%/Very satisfied 17.2%/0% NA
Adequacy of student study space	Somewhat satisfied 21.9%/Very satisfied 12.5%/1.6% NA
Quantity of student study spaces in undergraduate program	Somewhat satisfied 25.0 %/Very satisfied 10.9%/7.8% NA
Quality of student study spaces in undergraduate program	Somewhat satisfied 32.8%/Very satisfied 9.4%/7.8% NA
Maintenance of quality of student study space from undergraduate program to medical school	Somewhat satisfied 18.8%/Very satisfied 7.81%/6.3% NA
Access to secure storage space for personal belongings	Somewhat satisfied 37.5%/Very satisfied 20.3%/15.6% NA

Table 5.11-2 | Student Satisfaction with Relaxation Space by Curriculum Year	
Survey Question	**1st Year – Class 2020**
Adequacy of student relaxation space	Somewhat satisfied 29.7%/Very satisfied 17.2%/0% NA

Table 5.11-3 | Study Space

Place an "X" under each type of study space available at the listed locations, as applicable. If a type of study space is not available at all affiliated hospitals or geographically distributed campuses, describe the locations where such study space is available for these students.

	Library	Central Campus Classroom Building(s)	Affiliated Hospitals (St. Barnabas)	Geographically Distributed Campus(es)
Small room used only for group study	X	X	X	NA
Classroom that may be used for study when free	X	X	X	NA
Individual study room	X	X	X	NA
Individual study carrel	X	X	X	NA
Individual seating	X	X		NA

5.11 NARRATIVE RESPONSE

a. Describe the locations of lounge/relaxation space on the central campus and on each regional campus (if applicable). Note if the space is solely for medical student use or if it is shared with others.

The CSOM student lounge is located in Harris Hall, the administrative center of CSOM on the CCNY campus. The lounge provides students with a small refrigerator, a microwave, tables, chairs and sofas. It also includes a recreation area that contains a pool table, a ping-pong table, a foosball table, a large-screen television, and a baby grand piano. The lounge in Harris Hall is dedicated solely to CSOM student use.

CSOM students may also use various accessible student lounge spaces throughout CCNY, including the CCNY Student Lounge and Game Room, and the Hoffman Student Lounge/Bare Planet Café, both located on the main level of the North Academic Center building and the Marshak Café in the Marshak Building. Students also have access to CCNY's fitness center in the Wingate Hall, which offers fitness classes in Pilates, spinning, yoga, Zumba, and cross-fit/cardio boxing. The fitness center also promotes fitness through activities such as cardiovascular and strength training, basketball, and volleyball.

Study space for students exists at SBHHS. In the hospital library, there are three individual study rooms (which have a maximum capacity of 22 people), eight individual study carrels and six computer stations. Additionally, classroom/conference rooms exist in the following department offices and may be used by students for study when free: ICU, Pediatrics, Medicine, Emergency Medicine, Surgery, OB-GYN, Psychiatry, and the Auxiliary Conference room. Each clinic and inpatient floor has a charting/conference room that may also be used by students for group or individual study when not otherwise in use. There are additional small rooms on Floors 1, 2, 5, 6, and 7 of the hospital. These rooms are also available to students for study purposes when not otherwise in use. There are no dedicated student lounge/relaxation spaces at SBHHS. However, the hospital has a cafeteria that includes seating areas that students can use at any time. St. Barnabas is also working to designate secure on-call rooms for student use.

b. Describe the availability of personal lockers or other secure storage areas for student belongings on the central campus and at each affiliated clinical site.

Lockers are available for students in Harris Hall, in the vicinity of the student lounge and study areas. Lockers will be purchased by the School and made available for student use at SBHHS in the basement of the Braker Building. Student lockers will be located next to the residents' lockers. At SIUH, all departments provide students with lockers.

c. How does the school determine if study space is adequate and available?

The administration meets with students at the monthly Dean's Luncheon, which is open to all students across all seven years of the program. Students are invited to communicate their needs and concerns at that time. In addition, the deputy dean for medical education, the associate dean for student affairs and other administrators meet individually with each class once per semester, where any issue, including those relating to space, can be raised. Students are also informed that they may raise concerns at any time through their class representatives or through individual

UPDATED 12.29.17
communication with the associate dean for student affairs. All reported issues are responded to as quickly as possible.

The ISA survey revealed that space is clearly an issue for the students. Regarding most of the space questions (there were eight questions on the student survey, as the students added three questions) less than half the class was either "somewhat" or "very satisfied." They expressed concerns about both the quantity and quality of the space, which means we have room for improvement in this area. The completion of the renovation of student space in Harris Hall will be done by October 2017 and will substantially address these issues. When the renovation is finished, we will have 20 small-group rooms (8--16 person capacity) that will have movable walls to accommodate small and large groups. Each room will be outfitted with smart boards, white board surfaces, projection, and Wi-Fi connectivity. These rooms as well as three other classrooms (40 person capacity), which are located on the ground and first floors of the building, will serve as added study space during off hours and when classes are not in session. These spaces will augment the dedicated student study center on the ground floor in Harris which is accessible 24/7 and has a 30--person capacity. All of these spaces, if filled to capacity, will be able to accommodate approximately 390 students.

In addition to this, the school will hire a dedicated facilities coordinator by the spring 2018 semester, who will be responsible for the monitoring and maintenance of the student spaces in the Harris Hall building.

UPDATED 12.29.17

5.12 REQUIRED NOTIFICATIONS TO THE LCME

A medical school notifies the LCME of any substantial change in the number of enrolled medical students; of any decrease in the resources available to the institution for its medical education program, including faculty, physical facilities, or finances; of its plans for any major modification of its medical curriculum; and/or of anticipated changes in the affiliation status of the program's clinical facilities. The program also provides prior notification to the LCME if it plans to increase entering medical student enrollment on the main campus and/or in one or more existing geographically distributed campuses above the threshold of 10 percent, or 15 medical students in one year or 20 percent in three years; or to start a new or to expand an existing geographically distributed campus; or to initiate a new medical education track.

5.12 SUPPORTING DATA

Table 5.12-1 | New Medical Student Admissions

Provide the number of new medical students who were or will be admitted in each of the indicated academic years. If plans are uncertain, leave the column blank.

AY 2016-17	AY 2017-18	AY 2018-19	AY 2019-20
69	70*	80-85*	80-85*

We currently accept 90 students into U1 and have resources for them to complete all seven years of the curriculum. However, we expect the current attrition of 20% to 22% in the first three years to continue, so that approximately 70 of the initial 90 students will enter M1 of the curriculum.

5.12 NARRATIVE RESPONSE

a. Describe the plans for increases in class size and note if these plans are tentative or have been approved through institutional channels.

There are no plans for increases in class size, however, because of decreasing attrition rates, our M1 class size will increase for the entering classes of 2018, 2019 and 2020 then should return to ~ 70 students per class.

In our seven-year continuum, students enter from high school, obtaining a BS degree in Biomedical Sciences after three years and then moving into the four-year medical school. Upon receipt of preliminary accreditation, we enrolled our first class into the medical school in AY16--17. The students were initially admitted to the BS program in AY12--14, and underwent a separate admissions process in Year 3 (U3) in order to gain acceptance to the medical school. The current U3 year students entered in AY13--14 and will also undergo a separate admissions process in the spring semester to be accepted as first-year students to Year 4 (M1) of the preliminarily accredited MD program. During our transition to a seven-year program, there will be two admissions processes: (1) around 90 students were accepted into the seven-year program directly from high school and (2) students currently in our program who were admitted before we obtained preliminary accreditation were admitted to the first year of the medical program (M1 of the seven-year program). After preliminary accreditation is obtained, all future students will be admitted to the seven-year program from high school. See 5.3b and 5.5c for an explanation regarding the temporary increase in medical school class size.

STANDARD 6: COMPETENCIES, CURRICULAR OBJECTIVES, AND CURRICULAR DESIGN

The faculty of a medical school define the competencies to be achieved by its medical students through medical education program objectives and is responsible for the detailed design and implementation of the components of a medical curriculum that enable its medical students to achieve those competencies and objectives. Medical education program objectives are statements of the knowledge, skills, behaviors, and attitudes that medical students are expected to exhibit as evidence of their achievement by completion of the program.

STANDARD 6 SUPPORTING DATA

Table 6.0-1 | Year/Phase 1 Instructional Formats

Using the most recently-completed academic year, list each course from year one of the curriculum and provide the total number of instructional hours for each listed instructional format. Note that "small group" includes case-based or problem-solving sessions. Provide the total number of hours per course and instructional format. Provide a definition of "other" if selected. Add rows as needed.

	Number of Formal Instructional Hours Per Course					
Course	Lecture	Lab	Small Group	Patient Contact	Other (Describe)	Total
Narrative Medicine			45			45
MED11209–Sociomedical Sciences	33		6			39
MED22309–Fundamentals of Epidemiology and Biostatistics	30	13				43
MED29309–Practice of Medicine (POM) 1 (I)	15		15			30
MED29409–POM1 (II)	15		15			30
MED20400–Molecules to Cells (I)	52		8			60
MED30501–Molecules to Cells (II)	38		4		8 (Presentations); 4 (review)	54
MED20000–Introduction to Human Genetics	22		25		20 (presentations by small groups and class discussion)	67
MED22409–Population Health and Community Health Assess.	40		5			45
MED24409–Evaluation in Health Care Settings	23		24	128		175
MED32509–U.S. Healthcare System and Policy	17		5		19 (online lectures)	41
MED3000–Introduction to Biomedical Ethics	27		13			40
MED39509–POM2 (I)	15		30			45
MED39609–POM2 (II)	15		9	21		45
MED33609–Clinical Anatomy	49	47				96
MED37609–Fundamentals of Organ Systems	125	19	49		17 hours review and clinical cases	210
MED47719 / 47729 / 47739 / 47819 / 47829 / 47839 / 47849–Organ Systems	216	65	244			525
MED49709 / 49809–POM3	50		40	70	15 (Workshops)	175
MED40709 / 40809–Research Selectives	32		32			64
MED43709 / 43809–Evidence-Based Medicine (EBM)	12		12			24
Total	826	143	544	219	83	1,808

Table 6.0-2 | Year/Phase 2 Instructional Formats

List each course from year two of the curriculum and provide the total number of instructional hours for each listed instructional format. Note that "small group" includes case-based or problem-solving sessions. Provide the total number of hours per course and instructional format. Provide a definition of "other" if selected. Add rows as needed.

	Number Of Formal Instructional Hours Per Course					
Course	Lecture	Lab	Small Group	Patient Contact	Other (Describe)	Total
MED57919 / 57929 / 57939 / 58019 / 58039–Organ Systems	179	35	119			333
MED58909 / 59009–POM 3	27		43	56	Workshop 10	136
MED50909 / 51009–Research Selectives	20		20			40
MED53909 / 54009–EBM	8		8			16
Total	234	43	182	56	10	525

Table 6.0-3 | Planned Year/Phase 3-4 Weeks/Length and Formal Instructional Hours per Clerkship

Provide the planned clerkship length (total number of weeks) and formal instructional hours (lectures, conferences, and teaching rounds) for each required clerkship in years three-four of the curriculum. Provide a range of hours if there is significant variation across sites. Note that hours devoted to patient care activities should NOT be included.

Clerkship	Total Weeks	Typical Hours per Week of Formal Instruction
Pediatrics	8	Inpatient 4 hours per week /Outpatient 4 hours per week
Internal Medicine	8	Inpatient 8 hours per week/Outpatient 3
Surgery	6	Inpatient 4 hours per week
Ob-Gyn	6	Inpatient 4 hours per week/Outpatient 4 hours per week
Psychiatry	6	Inpatient 2 hours per week /Outpatient 2 hours per week
Family Medicine	8	4 hours per week
Neurology	2	Inpatient and Outpatient 4 hours per week
Subinternship	4	10 hour per week
Emergency Medicine	4	7 hours per week
Intensive Care	4	5 hours per week

STANDARD 6 NARRATIVE RESPONSE

a. Describe the general curriculum structure, by year/academic period. Following is a diagram of the overall structure of the educational program.

CURRICULUM, YEARS 1 - 7

YEAR	FALL	SPRING	SUMMER	
U1	BIO207 - Biology of Organisms (4)	MED102 - Principles of General Chemistry (5)		
	FIQWS - Freshman Inquiry Writing Seminar (6)	PHYS204 - General Physics II (4)		
	PHYS203 - General Physics I (4)	USSO101 - Devel. U.S. and Its People (3)		
	NSS100 - New Freshman Seminar (0)	MED112 - Sociomedical Sciences (3)		
	WCIV101/102 - World Civilizations (3)	ENGL210 - Writing for the Sciences (3)		
U2	MED203 - Bio-Organic Chemistry (5)	MED204 - Molecules to Cells (4)		B.S.
	MED223 - Fundam. Epidemiology & Biostatistics (4)	MED224 - Pop. Health & Community Health Assessmt. (3)		
	PSY102 - Applications of Psych. in Modern World (3)	MED200 - Intro. to Human Genetics (3)		
	ELECTIVE (3)	ELECTIVE (3)	MED244 -Eval. Hlth. Care Settings (6)	
	MED293/MED294 - PRACTICE OF MEDICINE [POM 1] (4)			
U3	MED305 - Molecules to Cells II (4)	MED376 - FUNDAMENTALS (15)		
	MED325 - US Healthcare Systems and Policy (3)			
	MED300 - Intro. to Biomedical Ethics (3)	MED336 - Clinical Anatomy (5)		
	ELECTIVE (3)			
	MED395/MED396 - PRACTICE OF MEDICINE [POM 2] (4)			
M1	MED477 - ORGAN SYSTEMS (15)	MED478 - ORGAN SYSTEMS (20)		
	MED497/MED498 - PRACTICE OF MEDICINE [POM 3] (9)			
	MED437/MED438 - Evidence-Based Medicine (2)			
	MED407/MED408 - Selectives in Population Health, Clinical Epidemiology, or Health Services Evaluation (4)			
M2	MED579 - ORGAN SYSTEMS (15)	MED580 - ORGAN SYSTEMS (12)	CLINICAL CLERKSHIPS	M.D.
	MED509/MED590 - PRACTICE OF MEDICINE [POM 3 continued] (7)			
	MED539/MED540 - Evidence-Based Medicine [continued from Year 4] (2)			
	MED509/MED510 - Selectives Pop. Health, Clinical Epi., or Health Services Eval. [Cont'd from Year 4] (3)			
M3	CLINICAL CLERKSHIPS			
M4	CLINICAL CLERKSHIPS			

The first three years (U1–U3) of the curriculum constitute the BS component of the program, and the remaining four years (M1–M4) constitute the MD component, as indicated in the diagram above.

Years U1--U3 provide the Liberal Arts foundation of the BS component of the program, fulfill the Pathways (core requirements) of the City University of New York, and encompass the requirements for the BS degree. The foundations on which the medical curriculum is built include the following:

- ***Population Health:*** Includes the following: Sociomedical Sciences, Epidemiology and Biostatistics, Population Health and Community Health Assessment, Evaluation in Healthcare Settings, and U.S. Healthcare System. These courses begin in Semester 2 of Year U1 and continue through the fall of Year U3. Research Selectives in Population Health are an integral part of Years M1 and M2 (see below).
- ***Reflective Practice:*** Starts in Year U1 with the Freshman Inquiry Writing Seminar (FIQWS), which consists of a required 3-credit Narrative Medicine course, and recurs

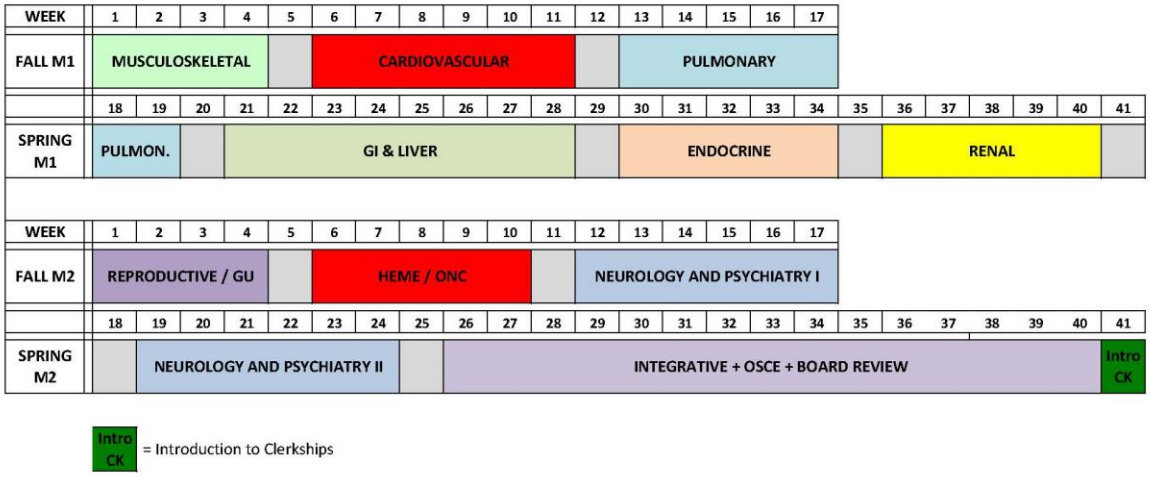
through Sociomedical Sciences and Practice of Medicine (POM) 1 and 2.

- ***Practice of Medicine (POM):*** Consists of Parts 1 and 2, introduced in Years U2 and U3. POM proceeds as a continuum throughout the program, continuing with POM3 in Years M1 and M2.
- ***Introduction to Biomedical Ethics:*** Presented in fall of Year U3. It introduces students to issues in biomedical ethics, the theoretical tools bioethicists use to analyze them, and methodology for resolving clinical ethical dilemmas.
- ***Introduction to Human Genetics:*** Presented in spring of Year U2. It introduces the principles and methods of molecular genetics as they relate to human variation and disease and is coordinated with Molecules to Cells, with which it runs concurrently.
- ***Molecules to Cells:*** Includes the following: Biochemical, Genetic, and Cellular Foundations in Health and Disease. It begins in Semester 2 of Year U2 and continues through Semester 1 of Year U3.
- ***Clinical Anatomy:*** Presented in the spring of Year U3. It emphasizes, gross anatomy and the overall structural and functional relationships of organ systems, and includes laboratory work and dissection.
- ***Fundamentals of Organ Systems:*** Presented in the spring of Year U3. It integrates fundamental concepts of anatomy, histology, physiology, pharmacology, microbiology, immunology, and pathology that apply to all organ systems, in preparation for a more detailed exploration of each of the organ systems in Years M1 and M2.

Years M1 and M2 center on three main components: Organ Systems, Practice of Medicine (POM), and Population Health Research Selectives. These three components are coordinated temporally to maximize integration amongst components. The implementation of the three components is closely coordinated by the respective course directors.

The Organ Systems component of the curriculum provides comprehensive coverage of the normal and abnormal structure and function of each of the organ systems (see Organ Systems, Years M1 and M2, in the table below). An integrative block at the end of Year M2 provides a whole-body integrated capstone to the Organ Systems curriculum with assessments including OSCEs, and review and preparation for the USMLE Step 1 examination. A weeklong introduction to clinical clerkships takes place at the end of the semester. Grey boxes indicate blocks set aside specifically for synthesis, reflection, and assessment.

ORGAN SYSTEMS, YEARS M1 and M2



The Practice of Medicine, Population Health, and Organ Systems components are concurrent and provide ample opportunities for integration of all three (see Curriculum Map for Years 1--7). A schematic diagram of the schedule for a typical week in Years M1 and M2 is depicted below. Organ Systems curriculum sessions take place in the mornings and consist of a combination of large-group sessions, small-group discussion sessions (PBLs), laboratories, presentation and discussion of clinical cases, and a weekly summary and wrap-up. Afternoon sessions are dedicated to the Practice of Medicine curriculum, Population Health Research Selectives, self-study, and mentored learning (including group study and one-on-one and group reviews with faculty), reflective practice, and self-directed service learning.

UPDATED 12.29.17

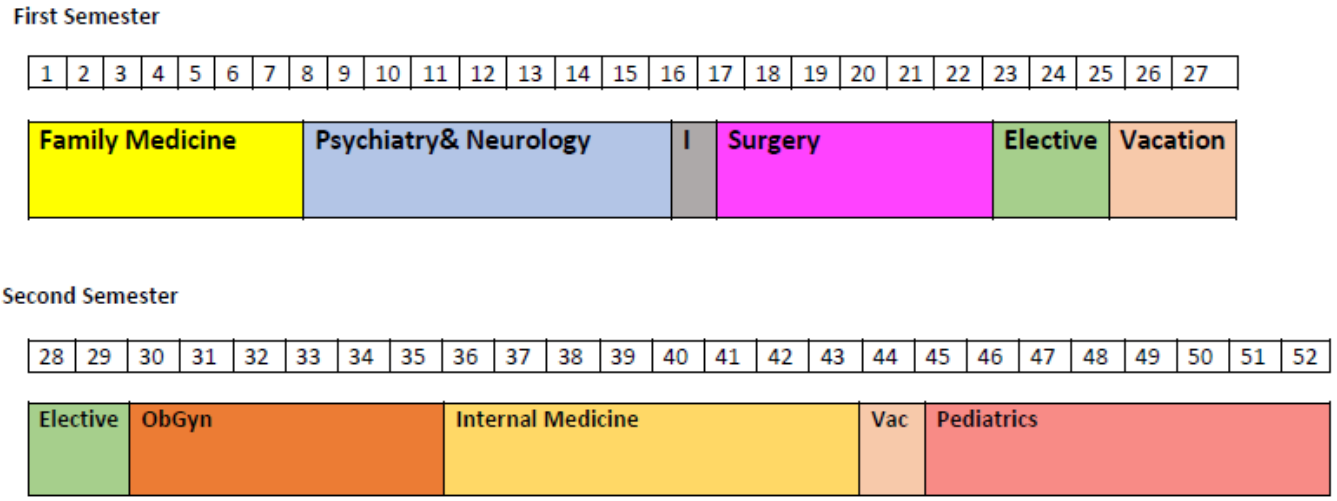
TYPICAL WEEKLY SCHEDULE, YEARS M1 and M2

Day	Monday	Tuesday	Wednesday	Thursday	Friday
9:00	Organ Systems/PBL	OS Large group lecture	Organ Systems/PBL	OS Large group lecture	Quiz and weekly wrap up
10:00		OS Large group lecture		OS Large group lecture	OS Lab
11:00		OS Large group lecture		OS Large group lecture	
12:00	LUNCH				
1:00	POM	Self Study	POM	Research Selectives/EBM	Self Study
2:00					
3:00					
4:00					

Practice of Medicine includes both didactic and on-site and off-site clinical sessions
Research Selectives and EBM are each once per month
Average = 22 hours class per week

Years M3 and M4 constitute the clerkship years. A sample map for Year M3 is presented below. The grey box denotes an intersession.

M3 Map



A schematic map of Year M4 is presented below:

M 4	Weeks	Clinical Rotations
End of Clerkship Clinical Skills Assessment	4	
Required Clinical	4	Inpatient Sub-internship
	4	Intensive care

b. Provide a separate, brief description of each parallel curriculum ("track"). Include the following information in each description, and highlight the difference(s) from the curriculum of the standard medical education program:

1. The location of the parallel curriculum (main campus or regional campus)
2. The focus of the parallel curriculum, including the additional objectives that students must master if the track has a specific focus in addition to that of the regular curriculum
3. The general curriculum structure (including the sequence of courses/clerkships in each curriculum year/phase)
4. The number of students who will be participating in each year of the curriculum

There is no parallel-track curriculum.

6.1 PROGRAM AND LEARNING OBJECTIVES

The faculty of a medical school define its medical education program objectives in outcome-based terms that allow the assessment of medical students' progress in developing the competencies that the profession and the public expect of a physician. The medical school makes these medical education program objectives known to all medical students, faculty, residents, and others with responsibility for medical student education and assessment. In addition, the medical school ensures that the learning objectives for each required learning experience (e.g., course, clerkship) are made known to all medical students and those faculty, residents, and others with teaching and assessment responsibilities in those required experiences.

6.1 SUPPORTING DATA

Table 6.1-1 | Competencies, Program Objectives, and Outcome Measures		
List each general competency and demonstrate the relationship between each general competency expected of graduates, the medical education program objectives, and the outcome measure(s) specifically used to assess students' attainment of each related objective and competency. Add rows as needed.		
General Competency	Medical Education Program Objective(s)	Outcome Measure(s)

GENERAL COMPETENCY I: PATIENT CARE	
Medical Educational Program Objectives	**Outcome Measure(s)**
1.1 Obtain an accurate and thorough patient-centered medical history that covers all essential aspects of the history of patients differing in age, gender, sexuality, and socioeconomic status, using a medical interpreter when appropriate.	-Clerkship evaluation forms -Preceptor observations and evaluations of students' histories and physical examinations of actual patients (mini-CEX) -Standardized patient examinations -Actual patient surveys -Formative and summative multiple-choice examinations -Written assignments in clinical skills assessment -Peer evaluations -Written evaluations by faculty preceptors and residents (when applicable) -Evaluation of simulation sessions -NBME Step II CS and CK
1.2. Perform an accurate and thorough physical and mental examination of patients as part of both a complete and a focused examination.	
1.3. Identify appropriate diagnostic tests and procedures, perform commonly used procedures, and correctly interpret the results for a range of acute and chronic medical problems.	
1.4. Demonstrate the use of sound clinical reasoning and current scientific evidence to formulate a differential diagnosis and treatment plan in the care of patients.	
1.5. Record, present, research, critique, and manage clinical information effectively.	
1.6. Construct appropriate preventive, diagnostic, therapeutic, and palliative management strategies for patients with acute and chronic conditions, including medical, psychiatric, and surgical conditions, and for those requiring short- or long-term rehabilitation.	

1.7. Recognize patients with critical or life-threatening conditions and initiate appropriate therapy for them.	
1.8. Effectively collaborate with healthcare professionals in a multidisciplinary approach to implement optimal and comprehensive patient care strategies.	

GENERAL COMPETENCY II: MEDICAL KNOWLEDGE	
Educational Program Objectives	**Outcome Measure(s)**
2.1. Define the molecular, biochemical, and cellular mechanisms that underlie normal tissue function.	-Formative and summative multiple-choice examinations (including USMLE subject test examinations) -Practical examinations -Faculty evaluations of student presentations in small groups (clinical cases, review of journal articles, review of specific topics) -Written evaluations by faculty preceptors
2.2. Describe the normal structure and function of the body as a whole and of each of its major organ systems.	
2.3. Delineate how normal organ function changes during early development, adolescence, and aging.	
2.4. Identify the causes (genetic, developmental, metabolic, toxicologic, infectious, autoimmune, neoplastic, degenerative, vascular, infiltrative, idiopathic, and traumatic) of major categories of disease and injury and the ways in which they present in clinical practice.	
2.5. Relate the altered structure and function (pathology and pathophysiology) of the body and its major organ systems to various diseases and conditions.	-Formative and summative multiple-choice examinations (including USMLE subject test examinations) -Student presentations -Written evaluations by faculty preceptors -NBME Step I
2.6. Describe the epidemiology of common disorders.	
2.7. Describe the impact of gender, age, socioeconomic, environmental, and behavioral factors on a person's health maintenance and response to disease and injury.	
2.8. Explain the principles of pharmacology, therapeutics, and therapeutic decision making.	
2.9. Explain the scientific basis, interpretation, reliability, and validity of common diagnostic and therapeutic modalities.	
2.10. Demonstrate a sound scientific foundation for incorporating and applying new knowledge in future practice.	-Clerkship evaluation forms -Self-assessment -Formative and summative multiple-choice examinations -Student e-portfolio

GENERAL COMPETENCY III: LIFE-LONG LEARNING	
Educational Program Objectives	**Outcome Measure(s)**
3.1. Identify strengths, deficiencies, and limits in one's knowledge and expertise.	-Clerkship evaluation forms -Resident and preceptor evaluations of student case presentations and literature reviews -Peer evaluations and self-evaluations -PBL facilitator evaluations -Small-group evaluations -Student e-portfolio with review of Academic Achievement Plans, activities, choices of electives, leadership roles, etc. -Self-assessments (reflection activities) -Learning community feedback (including advisors/mentors)
3.2. Establish learning and improvement goals.	
3.3. Identify and perform appropriate learning activities.	
3.4. Systematically analyze practice using quality improvement methods and plans for changes with the goal of practice improvement.	
3.5. Incorporate feedback from formative evaluations into daily practice.	
3.6. Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems.	
3.7. Use information technology to optimize learning.	
3.8. Participate in the education of patients, families, students, residents, and other health professionals.	
3.9. Demonstrate the qualities required for sustaining life-long personal and professional growth, including self-awareness, trustworthiness, leadership, and ability to alter behavior to adjust to change.	

GENERAL COMPETENCY IV: INTERPERSONAL SKILLS AND COMMUNICATION	
Educational Program Objectives	**Outcome Measure(s)**
4.1. Communicate effectively with all patients and their families across a broad range of socioeconomic and cultural backgrounds.	-OSCEs and standardized-patient assessment and feedback -Clerkship evaluation forms -Evaluations of actual patient encounters by preceptors and residents (mini-CEX) -Actual patient evaluations -Peer assessments -Self-reflection/e-portfolio
4.2. Appropriately educate patients and their families about the nature of their illness, prognosis, and treatment options.	
4.3. Converse with patients regarding wellness, prevention, and behavior modification for maintaining good health.	
4.4. Present information to colleagues, in both written and verbal forms, in a clear, concise, effective, and timely manner.	
4.5. Communicate and work effectively with other members of the healthcare team.	
4.6. Communicate with patients and families honestly, sensitively, and compassionately in difficult conversations (such as end-of-life issues, delivering bad news).	

GENERAL COMPETENCY V: PROFESSIONALISM	
Educational Program Objectives	**Outcome Measure(s)**
5.1. Demonstrate honesty and integrity in all professional activities.	-Clerkship evaluation forms -Peer evaluations -Preceptor evaluations of student in small-group performance -Self-reflection/e-portfolio review of paracurricular and extracurricular activities -Professional and ethical documentation forms -Actual patient evaluations -Standardized-patient examinations -Advisor/mentor evaluations PBL facilitator assessment form
5.2. Show respect for patients' privacy and confidentiality in all communications.	
5.3. Exhibit respect and compassion in the care of all patients, acknowledging the diversity of persons and their belief systems in the delivery of care.	
5.4. Advocate for patients' interests even if at the expense of personal interests.	
5.5. Commit to the care of underserved populations.	
5.6. Collaborate effectively with all colleagues, displaying an understanding of the roles that all healthcare professionals bring to the healthcare endeavor.	
5.7. Identify and apply ethical principles and theories related to medicine in resolving ethical dilemmas in clinical practice.	
5.8. Accept the obligation to seek feedback and to engage in self-reflection and assessment in a sustained effort at self-improvement.	
5.9. Commit to the demands of a professional life, while also balancing that commitment with appropriate self-care.	
5.10. Recognize potential conflicts of interest in all professional activities.	

GENERAL COMPETENCY VI: SYSTEMS-BASED PRACTICE	
Educational Program Objectives	**Outcome Measure(s)**
6.1. Describe the various systems of care available for promoting health and preventing disease, and apply this knowledge to provide comprehensive patient care and education.	-Multiple-choice examinations -Preceptor evaluations of student's small-group performance -Group presentations and discussions -Community health assessments -Writing assignments -Written evaluations from Practice of Medicine preceptors -Student e-portfolio -Standardized-patient examinations -Clerkship evaluations -Case presentations
6.2. Define medically underserved areas and the ways in which systems of care are organized in these areas.	
6.3. Advocate broadly for patients and communities.	
6.4. Describe key principles for ways in which clinicians should work collaboratively in interprofessional teams to coordinate patient care, enhance patient safety, and improve the quality of patient care.	
6.5. Identify various approaches to the organization, financing, and delivery of healthcare, and demonstrate sensitivity about the need to incorporate knowledge about payors, cost, quality, and access into the management of individual patients.	
6.6. Describe approaches for evaluating healthcare systems in terms of access, quality, and cost, and understand the main measures used in health services evaluation research; identify quality-improvement methods for improving medical care and population health.	
6.7. Identify factors in the healthcare system that contribute to healthcare disparities; describe the positive impact of the healthcare system workforce in the diversity of health of communities.	
6.8. Describe how health policy can influence the quality and safety of care.	
6.9. Demonstrate respect for cultural and socioeconomic diversity, willingness to work through systems, willingness to work in collaboration with other members of the healthcare team, and willingness to accept at least partial responsibility for the health of populations.	

GENERAL COMPETENCY VII: POPULATION HEALTH AND COMMUNITY-ORIENTED PRIMARY CARE	
Educational Program Objectives	**Outcome Measure(s)**
7.1. Explain the principles of epidemiology that form the scientific basis for public health practice, and apply and interpret appropriate biostatistical tests to compare health outcomes and risk factors across groups of people.	-Multiple-choice examinations -Preceptor evaluations of student's small-group performance -Student group presentations -Community health assessments -Writing assignments -Written Evaluations from Longitudinal Clinical Experience preceptors -Case presentations -Evaluation of presentation of public health research selective project
7.2. Apply the concept of "social determinants of health" at both the individual and the population levels.	
7.3. Appraise the quality of evidence in peer-reviewed medical and public health literature and its implications for guiding policy for patient and population health.	
7.4. Assess the health status of populations using available public health and surveillance data.	
7.5. Recognize the unique healthcare needs of diverse populations and communities, and modify approaches to incorporate this diversity into patient care and community interventions.	
7.6. Identify community assets and resources for improving the health of individuals and populations.	
7.7. Apply population health and demography skills to conduct a community health assessment, and describe interventions that address health and healthcare disparities in populations.	
7.8. Recognize the impact of race, class, urbanicity, gender, age, and other social determinants of health on access to healthcare, delivery of healthcare, the health or disease status of a community, and the ways in which health is defined in a population.	
7.9. Recognize the impact of culture, SES, environment, health literacy, health policy, and advocacy on the patient, the community, and the healthcare system.	
7.10. Recognize the conflicts of interest inherent in research and display the integrity necessary to manage those conflicts.	

6.1 NARRATIVE RESPONSE

a. Describe the process used to develop the medical education program objectives and to link them to relevant competencies. Identify the groups that were responsible for development, review, and approval of the most recent version of the medical education program objectives.

Initial selection of the curricular content

The current curriculum was designed in 2012 by the Curriculum Reform Committee. The program-level competencies for our school were selected after the committee performed an

extensive review of many schools' competency statements, including those from the ACGME, and on the basis of our school's mission. These competencies and objectives are used to define the specific structure, content, and teaching and assessment methods of the school's curriculum. Our mission to focus on healthcare for those underserved, led to the creation of a population health competency and was the impetus for the creation of a four-year integrated population health curriculum that begins with patient advocacy, a required population health research selective, a three-year ambulatory continuity experience, and the placement of most clerkship experiences in the ambulatory setting.

b. Describe the status of identifying specific outcome measures and linking them to each medical education program objective. How will the medical school ensure that the outcome measures selected are sufficiently specific to allow a judgment that each of the medical education program objectives has been met?

The assistant deans for basic science and clinical curriculum and the assistant dean for medical education and faculty development work with the course and clerkship directors and the course/clerkship to plan working groups to ensure that the course/clerkship objectives also meet the program objectives and the competencies as identified by CUNY faculty.

The course or clerkship director is responsible for ensuring that the learning objectives within each course are driven by and linked to the educational program objectives. Using the educational program objectives as the foundation for developing learning objectives for each course, the course and clerkship directors and relevant course working groups have developed specific learning objectives for each educational activity (session) that are driven by and linked to the educational program objectives. The curriculum committee and course/clerkship directors work in close conjunction with our curriculum mapping manager to ensure that the learning objectives of the course are addressed and assessed appropriately. Oversight is also provided to ensure that all objectives are measurable.

c. Describe how medical education program objectives are or will be disseminated to each of the following groups:

1. Medical students

The educational program objectives will be made known to all medical students as follows:

A. At the Beginning of Undergraduate Year (U1):
Formal presentation of educational program objectives will be an integral component of the orientation for entering students and for the annual class orientation.
B. Annual Review:
Students will be asked to review the educational program objectives at the beginning of each academic year. Students will be informed that they can address questions about these objectives to their academic advisor.

C. LCMS+ (learning management system for medical school) and Blackboard (for undergraduate curriculum) Posting:
The detailed educational program objectives will be posted on LCMS+ and Blackboard for students to view at any time. The link will be provided with orientation materials.
D. Beginning of each course/clerkship:
Educational program objectives will be introduced at the beginning of each course or clerkship as part of the process by which the directors review with students how course learning objectives relate to overarching educational program objectives. Course syllabi will include a list of the educational program objectives met by the corresponding course.

2. Faculty with responsibility for teaching, supervising, and/or assessing medical students

The educational program objectives will be made known to all faculty and instructional staff as follows:

A. Full-time and affiliate faculty members have been integral partners in devising and approving the educational program objectives. The educational program objectives will be posted on the CSOM website and on the Blackboard site of the Office of Academic Affairs/Department of Medical Education and on LCMS+. This CSOM website is accessible to all instructional faculty (full time, part time, and voluntary) staff and to students and academic leadership. Educational program objectives on the learning management websites are available for review by all students and faculty.
B. The education program objectives will be discussed during the annual required faculty and staff meetings and the required annual course and clerkship faculty development meetings (required for all full-time, part-time, and affiliate faculty members who teach in a course or clerkship).
C. Adjunct faculty and graduate students will attend required annual educator development sessions that will include a review of the CSOM mission, educational objectives, methods of assessment, expectations regarding teaching and evaluating students, and requirements for a supportive work environment.

3. Residents with responsibility for teaching, supervising, and/or assessing medical students

A. The educational program objectives will be posted on the CSOM website. This site is accessible to all residents.
B. Residents will attend required annual educator development sessions that will include a review of the CSOM's mission, educational objectives, methods of assessment, expectations regarding teaching and evaluating students, and requirements for a supportive work environment.

d. Describe how the learning objectives for each required course are being disseminated to each of the following groups:

1. Medical students

All course-level and session-level learning objectives for each course/clerkship will be posted in each course/clerkship syllabus on LCMS+. Every medical student has access to LCMS+. Also course directors review the objectives with the students during the introductory session of each course.

2. Faculty with responsibility for teaching, supervising, and/or assessing medical students Also see the response to Element 9.1.

   All course-level and session-level learning objectives for each course/clerkship will be posted on LCMS+. All faculty teaching supervising, and/or assessing medical students in each course will be have access to LCMS+. Learning objectives will be reviewed in faculty development meetings prior to the beginning of each course. Also, course/clerkship directors review the objectives with students during the introductory session of each course/clerkship.

6.2 REQUIRED CLINICAL EXPERIENCES

The faculty of a medical school defines the types of patients and clinical conditions that medical students are required to encounter, the skills to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility.

Table 6.2-1 | Required Clinical Experiences

List and describe each required patient type/ clinical condition or required procedure/skill that medical students are required to encounter, along with the corresponding clinical setting and level(s) of student responsibility.

Clerkship/Clinical Discipline	Patient Type/ Clinical Condition	Procedure/Skill	Clinical Setting(s)	Level of Student Responsibility
Preclerkship Clinical Experiences				
POM3a (M1)	Adult or pediatric patient	Elicit a focused medical history from a patient or from a pediatric patient's parent or guardian.	Ambulatory	Manage under supervision
POM3a (M1)	Adult or pediatric patient	Complete review of systems on patient.	Ambulatory	Manage under supervision
POM3a (M1)	Adult or pediatric patient	Take vital signs on patient.	Ambulatory	Manage under supervision
POM3a (M1)	Adult or pediatric patient	Perform a problem-focused physical examination.	Ambulatory	Manage under supervision
POM3a (M1)	Adult or pediatric patient	Counsel patient under preceptor supervision about behavior modification or preventive measures to maintain good health.	Ambulatory	Manage under supervision
POM3b (M2)	Adult or pediatric patient	Elicit a complete medical history from a patient, or from a pediatric patient's parent or guardian.	Ambulatory or Inpatient	Manage under supervision
POM3b (M2)	Adult or adolescent patient	Elicit a social history from a patient, including drug, alcohol, and sexual history.	Ambulatory or Inpatient	Manage under supervision
POM3b (M2)	Adult patient	Perform a complete physical examination.	Ambulatory or Inpatient	Manage under supervision
POM3b (M2)	Adult patient	Perform a thorough mental-status examination.	Ambulatory or Inpatient	Manage under supervision

Family Medicine	Well adult	Independently elicit a complete history and perform a complete physical examination; formulate comprehensive problem lists, assessments and plans; verbally present findings to supervising clinicians; record findings as directed.	Ambulatory	Manage under supervision
Family Medicine	Well child	Independently elicit a complete history and perform a complete physical examination; formulate comprehensive problem lists, assessments and plans; verbally present findings to supervising clinicians; record findings as directed.	Ambulatory	Manage under supervision
Family Medicine	All patients	Independently perform a thorough health-risk assessment.	Ambulatory	Manage under supervision
Family Medicine	Hypertension	Elicit, under observation, a comprehensive history and perform a physical examination; formulate, under supervision, management plans, including diagnostic testing, therapeutic planning, follow-up visits.	Ambulatory	Manage under supervision
Family Medicine	Hyperlipidemia	Elicit, under observation, a comprehensive history and perform a physical examination; formulate, under supervision, management plans, including diagnostic testing, therapeutic planning, follow-up visits.	Ambulatory	Manage under supervision
Family Medicine	Type 2 Diabetes Mellitus	Elicit, under observation, a comprehensive history and perform a physical examination; formulate, under supervision, management plans, including diagnostic testing, therapeutic planning, follow-up visits.	Ambulatory	Manage under supervision

Family Medicine	Asthma/COPD	Elicit, under observation, a comprehensive history and perform a physical examination; formulate, under supervision, management plans, including diagnostic testing, therapeutic planning, follow-up visits.	Ambulatory	Manage under supervision

Family Medicine	Obesity	Elicit, under observation, a comprehensive history and perform a physical examination; formulate, under supervision, management plans, including diagnostic testing, therapeutic planning, follow-up visits.	Ambulatory	Manage under supervision
Family Medicine	Depression	Elicit, under observation, a comprehensive history and perform a physical examination; formulate, under supervision, management plans, including diagnostic testing, therapeutic planning, follow-up visits.	Ambulatory	Participate in the management
Family Medicine	Anxiety	Elicit, under observation, a comprehensive history and perform a physical examination; formulate, under supervision, management plans, including diagnostic testing, therapeutic planning, follow-up visits.	Ambulatory	Participate in the management
Family Medicine	Substance abuse	Elicit, under observation, a comprehensive history and perform a physical examination; formulate, under supervision, management plans, including diagnostic testing, therapeutic planning, follow-up visits.	Ambulatory	Participate in the management
Family Medicine	Headache	Elicit, under observation, a comprehensive history and perform a physical examination; formulate, under supervision, management plans, including diagnostic testing, therapeutic planning, follow-up visits.	Ambulatory	Participate in the management
Family Medicine	Viral upper-respiratory tract infections	Independently elicit focused histories and perform physical examinations; formulate problem-focused assessments and plans; verbally present findings to supervising clinicians; record findings.	Ambulatory	Manage under supervision

Family Medicine	Acute musculoskeletal injuries, including back pain	Independently elicit focused histories and perform physical examinations; formulate problem-focused assessments and plans; verbally present findings to supervising clinicians; record findings.	Ambulatory	Manage under supervision
Family Medicine	Mild abdominal pain/constipation/ diarrhea	Independently elicit focused histories and perform physical examinations; formulate problem-focused assessments and plans; verbally present findings to supervising clinicians; record findings.	Ambulatory	Manage under supervision
Family Medicine	Chest pain	Under observation, elicit, focused histories and perform physical examinations; formulate problem-focused assessments and plans; verbally present findings to supervising clinicians; record findings.	Ambulatory	Participate in the management
Family Medicine	Shortness of breath	Under observation, elicit, focused histories and perform physical examinations; formulate problem-focused assessments and plans; verbally present findings to supervising clinicians; record findings.	Ambulatory	Participate in the management
Family Medicine	All patients	Independently perform a thorough medication review and reconciliation; develop drug interaction profiles.	Ambulatory	Medication reconciliation
Family Medicine	Tobacco use disorder	Elicit, under observation, a comprehensive history and perform a physical examination; formulate, under supervision, management plans, including diagnostic testing, therapeutic planning, follow-up visits.	Ambulatory	Manage under supervision
Family Medicine	All patients	Under supervision complete a venipuncture.	Ambulatory	Venipuncture

Family Medicine	All patients	Under supervision administer a vaccine.	Ambulatory	Vaccine administration
Family Medicine	All patients	Perform, under observation throat swab for culture or rapid strep III.	Ambulatory	Throat swab

Table 6.2-1 | Required Clinical Experiences

List and describe each required patient type/ clinical condition or required procedure/skill that medical students are required to encounter, along with the corresponding clinical setting and level(s) of student responsibility

Clerkship/Clinical Discipline	Patient Type/ Clinical Condition	Procedure/Skill	Clinical Setting(s)	Level of Student Responsibility
Internal Medicine	All patient	Independently perform a thorough medication review and reconciliation; develop drug interaction profiles.	Ambulatory and Inpatient	Manage under supervision
Internal Medicine	Hypertension	Elicit, under observation, a comprehensive history and perform a physical examination; formulate, under supervision, management plans, including diagnostic testing, therapeutic planning, follow-up visits.	Ambulatory and Inpatient	Manage under supervision
Internal Medicine	Hyperlipidemia	Elicit, under observation, a comprehensive history and perform a physical examination; formulate, under supervision, management plans, including diagnostic testing, therapeutic planning, follow-up visits.	Ambulatory and Inpatient	Manage under supervision
Internal Medicine	Diabetes Mellitus	Elicit, under observation, a comprehensive history and perform a physical examination; formulate, under supervision, management plans, including diagnostic testing, therapeutic planning, follow-up visits.	Ambulatory and Inpatient	Manage under supervision
Internal Medicine	Asthma/COPD	Elicit, under observation, a comprehensive history and perform a physical examination;	Ambulatory and Inpatient	Manage under supervision

		formulate, under supervision, management plans, including diagnostic testing, therapeutic planning, follow-up visits.		
Internal Medicine	Obesity	Elicit, under observation, a comprehensive history and perform a physical examination; formulate, under supervision, management plans, including diagnostic testing, therapeutic planning, follow-up visits.	Ambulatory and Inpatient	Manage under supervision
Internal Medicine	Depression	Under supervision, formulate comprehensive management plans.	Ambulatory and Inpatient	Participate in the ongoing care of patients with stable complex disorders
Internal Medicine	Anxiety	Under supervision, formulate comprehensive management plans.	Ambulatory and Inpatient	Participate in the ongoing care of patients with stable complex disorders
Internal Medicine	Osteoporosis	Under supervision, formulate comprehensive management plans.	Ambulatory and Inpatient	Participate in the ongoing care of patients with stable complex disorders
Internal Medicine	AIDS/HIV	Contribute to data gathering, assessment, and management plans.	Ambulatory and Inpatient	Participate in the care of patients with chronic complex disorders
Internal Medicine	Multiple chronic illnesses	Contribute to data gathering, assessment, and management plans.	Ambulatory and Inpatient	Participate in the care of patients with chronic complex disorders
Internal Medicine	Cancer	Contribute to data gathering, assessment, and management plans.	Ambulatory and Inpatient	Participate in the care of patients with chronic complex disorders
Internal Medicine	Abdominal pain	Independently elicit focused histories and perform physical examinations; formulate problem-focused assessments and plans; verbally present findings to supervising clinicians; record findings.	Ambulatory and Inpatient	Manage under supervision

Internal Medicine	Anemia	Independently elicit focused histories and perform physical examinations; formulate problem-focused assessments and plans; verbally present findings to supervising clinicians; record findings.	Ambulatory and Inpatient	Manage under supervision
Internal Medicine	Chest pain/ACS	Under observation, elicit focused histories and perform physical examinations; formulate problem-focused assessments and plans; verbally present findings to supervising clinicians; record findings.	Ambulatory and Inpatient	Participate in the management
Internal Medicine	Fever	Under observation, elicit focused histories and perform physical examinations; formulate problem-focused assessments and plans; verbally present findings to supervising clinicians; record findings.	Ambulatory and Inpatient	Participate in the management
Internal Medicine	Shortness of breath including pneumonia, CHF	Under observation, elicit focused histories and perform physical examinations; formulate problem-focused assessments and plans; verbally present findings to supervising clinicians; record findings.	Ambulatory and Inpatient	Participate in the management
Internal Medicine	Change in mental status	Under observation participate in data gathering (medical history, physical examination, chart review), assessment, and management plans.	Ambulatory, Emergency Department, and Inpatient	Participate in the management
Internal Medicine	Deep venous Thrombosis/PE	Under observation participate in data gathering (medical history, physical examination, chart review), assessment, and management plans.	Ambulatory, Emergency Department, and Inpatient	Manage under supervision
Internal Medicine	Acid base/electrolyte disturbance	Under observation participate in data gathering (medical history, physical examination, chart review), assessment, and management plans.	Ambulatory, Emergency Department, and Inpatient	Participate in the management

Internal Medicine	GI bleed	Under observation participate in data gathering (medical history, physical examination, chart review), assessment, and management plans.	Ambulatory, Emergency Department, and Inpatient	Participate in the management

Internal Medicine	Acute kidney injury	Under observation participate in data gathering (medical history, physical examination, chart review), assessment, and management plans.	Ambulatory, Emergency Department, and Inpatient	Participate in the management
Internal Medicine	Nosocomial infections	Under observation participate in data gathering (medical history, physical examination, chart review), assessment, and management plans.	Ambulatory, Emergency Department, and Inpatient	Participate in the management
Internal Medicine	All patients	Independently elicit, for educational purposes, comprehensive admission histories, perform physical examinations, and formulate assessments and plans; independently conduct daily patient assessment rounds; retrieve laboratory and other diagnostic tests; communicate with family members; access past medical records.	Inpatient and Ambulatory	Participate in the management
Internal Medicine	Geriatric patient	Under observation participate in data gathering (medical history, physical examination, chart review), assessment, and management plans of a geriatric patient.	Inpatient	Participate in the management
Internal Medicine	Proper performance of a 12-lead EKG	Under observation perform a 12-lead EKG.	Inpatient or Ambulatory	Manage under supervision
Internal Medicine	Finger stick puncture	Under observation perform a finger stick puncture.	Inpatient or Ambulatory	Perform under observation finger stick puncture

Table 6.2-1 | Required Clinical Experiences

List and describe each required patient type/ clinical condition or required procedure/skill that medical students are required to encounter, along with the corresponding clinical setting and level(s) of student responsibility

Clerkship/Clinical Discipline	Patient Type/ Clinical Condition	Procedure/Skill	Clinical Setting(s)	Level of Student Responsibility
Neurology	Epilepsy	Under observation and direct supervision, participate in the evaluation of ambulatory neurological patients with new or chronic disorders; observe common neurological diagnostic testing.	Ambulatory and Inpatient	Participate in the ongoing care of patients with stable complex disorders
Neurology	Dizziness	Under observation and direct supervision, participate in the evaluation of ambulatory neurological patients with new or chronic disorders; observe common neurological diagnostic testing.	Ambulatory and Inpatient	Participate in the ongoing care of patients with stable complex disorders
Neurology	Parkinson's and movement disorders	Under observation and direct supervision, participate in the evaluation of ambulatory neurological patients with new or chronic disorders; observe common neurological diagnostic testing.	Ambulatory and Inpatient	Participate in the ongoing care of patients with stable complex disorders
Neurology	Myopathy, myasthenia, muscular dystrophies	Under observation and direct supervision, participate in the evaluation of ambulatory neurological patients with new or chronic disorders; observe common neurological diagnostic testing.	Ambulatory and Inpatient	Participate in the ongoing care of patients with stable complex disorders

Neurology	Headache/ migraine	Under observation and direct supervision, participate in the evaluation of ambulatory neurological patients with new or chronic disorders; observe common neurological diagnostic testing.	Ambulatory and Inpatient	Participate in the ongoing care of patients with stable complex disorders
Neurology	Demyelinating disease	Under observation and direct supervision, participate in the evaluation of ambulatory neurological patients with new or chronic disorders; observe common neurological diagnostic testing.	Ambulatory, Emergency Department, and Inpatient	Participate in the management
Neurology	Infections of the nervous system	Under observation and direct supervision, participate in the evaluation of ambulatory neurological patients with new or chronic disorders; observe common neurological diagnostic testing.	Ambulatory, Emergency Department, and Inpatient	Participate in the management
Neurology	Encephalopathy	Under observation participate in data gathering (medical history, physical examination including full neurologic exam, chart review), assessment, and management plans.	Ambulatory, Emergency Department, and Inpatient	Participate in the management
Neurology	Stroke	Under observation and direct supervision, contribute to admission, daily medication, and patient-care orders; communicate with other professionals; assess and respond to laboratory and other diagnostic tests; chart in the medical record (electronic, written, or both).	Ambulatory, Emergency Department, and Inpatient	Participate in the management

Neurology	Care of a hospitalized patient with a neurological condition admitted for another reason	Participate in the assessment and management of neurological conditions as a consultant.	Inpatient	Participate in the assessment and management
Neurology	Care of the neurological patient requiring complex coordination	Participate in discharge planning, multidisciplinary care meetings, family meetings, code-status determination, end-of-life decisions.	Inpatient	Participate in management

Table 6.2-1d. Obstetrics/Gynecology Rotation

Table 6.2-1 | Required Clinical Experiences

List and describe each required patient type/ clinical condition or required procedure/skill that medical students are required to encounter, along with the corresponding clinical setting and level(s) of student responsibility

Clerkship/Clinical Discipline	Patient Type/ Clinical Condition	Procedure/Skill	Clinical Setting(s)	Level of Student Responsibility
OB/GYN	Well adult female: Periodic health assessment	Independently elicit a comprehensive gynecological history; formulate comprehensive problem lists, assessments, and plans; verbally present findings to supervising clinicians; record findings as directed; under observation, perform a comprehensive gynecological examination, including a pelvic and speculum examination, recommended prevention strategies to women throughout the lifespan.	Ambulatory	Manage under supervision
OB/GYN	General Gynecology: Vulvar, vaginal and cervical disease Sexually transmitted infections (STI) UTIs	Independently perform focused medical history; perform, under observation, a focused	Ambulatory, Emergency Department, Inpatient	Manage under supervision

	Pelvic floor disorders Endometriosis Chronic pelvic pain Disorders of the breast	gynecological examination; independently formulate focused problem lists, problem-focused assessment and plan; verbally present findings to supervising clinicians; record findings as directed.		
OB/GYN	Reproductive Endocrinology: Menstrual cycle (Puberty/menopause/amenorrhea/normal and abnormal uterine bleeding/ dysmenorrhea) Family Planning Infertility	Independently elicit a focused gynecological history; perform, under observation, a focused gynecological examination; independently formulate focused problem lists and problem-focused assessment and plan; verbally present findings to supervising clinicians; record findings as directed.	Ambulatory, Emergency Department, Inpatient	Participate in management
OB/GYN	Healthy pregnant patient: Maternal-fetal physiology Preconception care Antepartum care Intrapartum care Immediate care of the newborn Postpartum Lactation	Independently elicit a comprehensive gynecological and obstetrical history; formulate comprehensive problem lists, assessments, and plans; verbally present findings to supervising clinicians; record findings as directed; perform, under observation, a physical examination and assessment of a pregnant woman during prenatal visits and hospital admissions; participate in, along with supervising clinicians, health professionals, intrapartum care of the mother and newborn,	Ambulatory and Inpatient	Participate in management

		including delivery of a newborn; independently conduct daily postpartum patient assessment rounds; formulate assessment and plans; verbally present findings to supervising clinicians; record findings as directed; perform, under observation, a focused history, physical examination, and assessment of a post-partum patient after discharge from the hospital.		
OB/GYN	Abnormal Pregnancy: Ectopic pregnancy Spontaneous abortion Medical and surgical complications of pregnancy Preeclampsia-eclampsia Abnormal labor Preterm labor Postpartum hemorrhage	Participate, along with supervising clinicians, in obtaining medical history, performing physical examination, gathering data, and creating assessment and management plans.	Ambulatory, Emergency Department, Inpatient	Participate in management
OB/GYN	Neoplasia: Gestational trophoblastic neoplasia Vulvar, vaginal, cervical neoplasms Uterine leiomyoma and cancer Endometrial hyperplasia and cancer Ovarian neoplasms	Participate, along with supervising clinicians, in obtaining medical history, performing physical examination, gathering data, and creating assessment and management plans.	Ambulatory, Emergency Department, Inpatient	Participate in management
OB/GYN	Care of the decompensating hospitalized OB/GYN patient (e.g., deteriorating vital signs, acute abdomen, fetal distress)	Participate in, along with supervising health professionals, the assessment of patients in unstable condition and decisions regarding patient transfers to intensive care units or operating suite.	Inpatient	Participate in management
OB/GYN	Colposcopy and cervical biopsy	Observe a health professional perform a colposcopy and cervical	Inpatient or outpatient	Observe

		biopsy.		
OB/GYN	Endometrial biopsy	Observe a health professional perform an endometrial biopsy.	Inpatient or outpatient	Observe
OB/GYN	IUD or contraceptive	Observe a health professional perform an IUD or contraceptive.	Inpatient or outpatient	Observe
OB/GYN	Dilation and curettage	Observe a health professional perform a dilation and curettage.	Inpatient or outpatient	Observe
OB/GYN	Hysteroscopy	Observe a health professional perform a hysteroscopy.	Inpatient or outpatient	Observe
OB/GYN	Laparoscopy/laparotomy	Observe a health professional perform a laparoscopy /laparotomy.	Inpatient or outpatient	Observe
OB/GYN	Ultrasound	Observe a health professional perform an ultrasound.	Inpatient or outpatient	Observe
OB/GYN	Intrapartum fetal surveillance	Observe a health professional performing intrapartum fetal surveillance.	Inpatient or outpatient	Observe
OB/GYN	Spontaneous vaginal delivery	Observe a spontaneous vaginal delivery.	Inpatient or outpatient	Observe
OB/GYN	Cesarean delivery	Observe a physician perform a cesarean delivery.	Inpatient or outpatient	Observe

Table 6.21-e. Pediatrics Rotation

Table 6.2-1 | Required Clinical Experiences				
List and describe each required patient type/ clinical condition or required procedure/skill that medical students are required to encounter, along with the corresponding clinical setting and level(s) of student responsibility.				
Clerkship/Clinical Discipline	Patient Type/ Clinical Condition	Procedure/Skill	Clinical Setting(s)	Level of Student Responsibility
Pediatrics	Well-child care: Newborn (0--1 month)	Independently elicit a complete medical history (including nutrition and development) from a parent or guardian.	Ambulatory	Manage under supervision
Pediatrics	Well-child care: Infant (1--12 months)	Independently elicit a complete medical history (including nutrition and development) from a child and his or her parent or guardian.	Ambulatory	Manage under supervision
Pediatrics	Well-child care: Toddler (12--60 months)	Independently elicit a complete medical history (including nutrition and development) from a child and his or her parent or guardian.	Ambulatory	Manage under supervision
Pediatrics	Well-child care: School-aged (5--12 years)	Independently elicit a complete medical history (including nutrition and development) from a child and his or her parent or guardian.	Ambulatory and Inpatient	Participate in management
Pediatrics	Well-child care: Adolescent (13--19 years)	Independently elicit a complete medical history (including nutrition and development) from a child and his or her parent or guardian.	Ambulatory and Inpatient	Participate in management

Pediatrics	Growth--parental concerns or abnormalities related to the domain: FTT, poor weight gain, obesity, short stature, microcephaly, macrocephaly, constitutional delay, small for gestational age, large for gestational age	Participate, under observation, by eliciting a medical history, performing a physical examination, and participating in diagnostic or therapeutic procedures when appropriate.	Ambulatory and Inpatient	Participate in management
Pediatrics	Nutrition--parental concerns or abnormalities related to the domain: FTT, breast vs. formula feeding, questions about switching to formula, when to add solids, beginning cow's milk, diet	Participate, under observation, by eliciting a medical history, performing a physical examination, and participating in diagnostic or therapeutic procedures when appropriate.	Ambulatory and Inpatient	Participate in management
Pediatrics	Development--parental concerns or abnormalities related to the domain: delayed or possibly delayed language, gross motor, fine motor, or social adaptive skills	Participate, under observation, by eliciting a medical history, performing a physical examination, and participating in diagnostic or therapeutic procedures when appropriate.	Ambulatory and Inpatient	Participate in management
Pediatrics	Behavior--Parental concerns or abnormalities related to the domain: sleep problems, colic, temper tantrums, toilet training, feeding problems, enuresis, ADHD, encopresis, autistic spectrum disorder, eating disorders, head banging, poor school performance	Participate, under observation, by eliciting a medical history, performing a physical examination, and participating in diagnostic or therapeutic procedures when appropriate.	Ambulatory and Inpatient	Participate in management
Pediatrics	Upper Respiratory Tract: Sore throat, difficulty swallowing, otalgia, pharyngitis, strep throat,	Participate, under observation, by eliciting a medical history, performing a	Ambulatory and Inpatient	Participate in management

	viral URI, herpangina, peritonsillar abscess, common cold, allergic rhinitis, otitis media, sinusitis, otitis externa	physical examination, and participating in diagnostic or therapeutic procedures when appropriate.		
Pediatrics	Lower Respiratory Tract: Cough, wheeze, shortness of breath - bronchiolitis, bronchitis, pneumonia, aspiration, asthma, bronchiectasis	Participate, under observation, by eliciting a medical history, performing a physical examination, and participating in diagnostic or therapeutic procedures when appropriate.	Ambulatory and Inpatient	Participate in management
Pediatrics	Gastrointestinal Tract: Nausea, vomiting, diarrhea, abdominal pain--gastroenteritis, giardiasis, pyloric stenosis, appendicitis, HSP, peptic ulcer disease, gastroesophageal reflux disease	Participate, under observation, by eliciting a medical history, performing a physical examination, and participating in diagnostic or therapeutic procedures when appropriate health assessment and provide a plan of care.	Ambulatory or Inpatient	Participate in management
Pediatrics	Dermatologic System: Rash, pallor--viral rash, scarlet fever, eczema, urticaria, contact dermatitis, toxic shock, thrush, atopic dermatitis, seborrheic dermatitis, acne, anemia	Participate, under observation, by eliciting a medical history, performing a physical examination, and participating in diagnostic or therapeutic procedures when appropriate.	Ambulatory	Participate in management
Pediatrics	Central Nervous System: Lethargy, irritability, fussiness, headache--meningitis, concussion, seizures, ataxia, closed head injury, headache	Observe a healthcare provider caring for a patient.	Ambulatory or inpatient	Observe

Pediatrics	Emergent Clinical Problem: Respiratory distress, shock, ataxia, seizures, airway obstruction, apnea, proptosis, suicidal ideation, trauma, cyanosis--meningitis, shock, testicular torsion, DKA, SIDS, acute life threatening event (ALTE), congestive heart failure, burns, status asthmaticus, status epilepticus, encephalitis, child abuse etc.	Observe a healthcare provider caring for a patient.	Ambulatory or Inpatient	Observe
Pediatrics	Chronic Medical Problem: Seasonal allergies, asthma, cerebral palsy, cystic fibrosis, diabetes mellitus, malignancy (e.g., acute lymphocytic leukemia or Wilms tumor), sickle cell disease, epilepsy, atopic dermatitis, obesity, sensory impairment, HIV/AIDS	Participate, under observation, by eliciting a medical history, performing a physical examination, and participating in diagnostic or therapeutic procedures when appropriate.	Ambulatory or Inpatient	Participate in management
Pediatrics	Unique Condition: Fever without localizing findings--rule out sepsis; urinary tract infection, systemic viral infection (e.g., EBV), autoimmune diseases	Participate, under observation, by eliciting a medical history, performing a physical examination, and participating in diagnostic or therapeutic procedures when appropriate.	Ambulatory or Inpatient	Participate in management
Pediatrics	Unique condition: Neonatal Jaundice--Jaundice	Participate, under observation, by eliciting a medical history, performing a physical examination, and participating in diagnostic or therapeutic procedures when appropriate.	Ambulatory	Participate in management

Pediatrics	Exam, newborn	Participate, under observation, by eliciting a medical history, performing a physical examination.	Ambulatory	Manage under supervision
Pediatrics	Counseling, breastfeeding	Counsel a patient under supervision.	Ambulatory	Manage under supervision
Pediatrics	Counseling, anticipatory guidance	Counsel a patient under supervision.	Ambulatory	Manage under supervision
Pediatrics	Counseling, establish confidentiality	Counsel a patient under supervision.	Ambulatory	Manage under supervision
Pediatrics	Counseling, immunizations	Counsel a patient under supervision.	Ambulatory	Manage under supervision
Pediatrics	Counseling, nutrition and exercise	Counsel a patient under supervision.	Ambulatory	Manage under supervision
Pediatrics	HEADSS examination	Counsel a patient under supervision.	Ambulatory	Manage under supervision
Pediatrics	Child abuse	Counsel a patient under supervision.	Ambulatory	Manage under supervision

Table 6.2-1 | Required Clinical Experiences

List and describe each required patient type/ clinical condition or required procedure/skill that medical students are required to encounter, along with the corresponding clinical setting and level(s) of student responsibility.

Clerkship/Clinical Discipline	Patient Type/ Clinical Condition	Procedure/Skill	Clinical Setting(s)	Level of Student Responsibility
Psychiatry	Any adult patient requiring a comprehensive mental health assessment	Independently elicit a complete psychiatry-specific history and perform a mental status examination; formulate problem lists, assessments, and plans; verbally present findings to supervising clinicians; record findings as directed.	Ambulatory and Inpatient	Manage under supervision
Psychiatry	Follow-up psychiatric patients with any stable clinical condition	Elicit, under direct supervision focused medical and psychiatric histories; perform mental-status examinations.	Ambulatory and Inpatient	Manage under supervision
Psychiatry	Patients with significant cognitive or behavioral disorders	Participate in the ongoing care of patients; help in formulating comprehensive management plans.	Ambulatory and Inpatient	Participate in management
Psychiatry	Patients taking multiple medications	Independently perform a thorough medication review and reconciliation; develop drug-interaction profiles.	Ambulatory and Inpatient	Participate in management
Psychiatry	Mild depression	Manage with supervision common psychiatric disorders; formulate, under supervision, management plans including diagnostic testing, therapeutic planning, follow-up visits, referrals to other health professionals.	Ambulatory and Inpatient	Participate in management

Psychiatry	Seasonal affective disorder	Manage with supervision common psychiatric disorders; formul, under supervision, management plans including diagnostic testing, therapeutic planning, follow-up visits, referrals to other health professionals.	Ambulatory and Inpatient	Participate in management
Psychiatry	Anxiety disorder	Manage with supervision common psychiatric disorders; formul, under supervision, management plans including diagnostic testing, therapeutic planning, follow-up visits, referrals to other health professionals.	Ambulatory and Inpatient	Participate in management
Psychiatry	Major depression	Participate in the ongoing care of patients with stable complex disorders; formulate, under supervision, comprehensive management plan.	Ambulatory and Inpatient	Participate in management
Psychiatry	Dementia	Participate in the ongoing care of patients with stable complex disorders; formulate, under supervision, comprehensive management plan.	Ambulatory and Inpatient	Participate in management
Psychiatry	Schizophrenia	Participate in the ongoing care of patients with stable complex disorders; formulate, under supervision, comprehensive management plan.	Ambulatory and Inpatient	Participate in management
Psychiatry	Substance abuse disorder	Participate in the ongoing care of patients with stable complex disorders; formulate, under supervision, comprehensive management plan.	Ambulatory and Inpatient	Participate in management

Psychiatry	Somatoform disorders, factitious disorder, and malingering	Participate in the ongoing care of patients with stable complex disorders; formulate, under supervision, comprehensive management plan.	Ambulatory and Inpatient	Participate in management
Psychiatry	Personality disorders	Participate in the ongoing care of patients with stable complex disorders; formulate, under supervision, comprehensive management plan.	Ambulatory and Inpatient	Participate in management
Psychiatry	Dementia	Participate in the ongoing care of patients with stable complex disorders; formulate, under supervision, comprehensive management plan.	Ambulatory and Inpatient	Participate in management
Psychiatry	Suicidal patients	Participate in the care of patients with acute complex disorders, contributing to data gathering, assessment, and management plans.	Ambulatory and Inpatient	Participate in management
Psychiatry	Violent behaviors	Participate in the care of patients with acute complex disorders, contributing to data gathering, assessment, and management plans.	Ambulatory and Inpatient	Participate in management
Psychiatry	Care of the hospitalized psychiatric patient with any psychiatric disorder	Independently elicit, for educational purposes, comprehensive admission histories; perform mental status examinations; formulate assessments and plans (for distribution to teaching attending physicians); independently conduct daily patient assessment rounds; retrieve laboratory and other diagnostic tests; communicate with family members; access past medical records.	Inpatient	Participate in management

Psychiatry	Care of the hospitalized psychiatric patient with any medical condition	Under observation and direct supervision, contribute to admission, daily medication, and patient-care orders; communicate with other professionals; assess and respond to laboratory and other diagnostic tests; chart in the medical record (electronic, written, or both).	Inpatient	Participate in management
Psychiatry	Care of decompensating hospitalized psychiatric patient (deteriorating vital signs, acute psychoses, violent behavior)	Participate in, along with other supervising health professionals, the assessment of patients in unstable condition; decisions regarding patient transfers to intensive care or locked units.	Emergency Department, Inpatient	Participate in management
Psychiatry	Care of the hospitalized psychiatric patient requiring complex coordination	Participate in discharge planning, multidisciplinary care meetings, family meetings, code-status determination, end-of-life decisions.	Inpatient	Participate in management

Table 6.2-1 | Required Clinical Experiences

List and describe each required patient type/ clinical condition or required procedure/skill that medical students are required to encounter, along with the corresponding clinical setting and level(s) of student responsibility.

Clerkship/Clinical Discipline	Patient Type/ Clinical Condition	Procedure/Skill	Clinical Setting(s)	Level of Student Responsibility
Surgery	Preoperative patients	Independently elicit a medical history and perform a physical examination of preoperative patients; participate in comprehensive preoperative evaluations, risk assessments, and plans.	Ambulatory and Inpatient	Participate in management

Surgery	Abdominal pain including bowel obstruction	Elicit, under supervision, focused histories and perform physical examinations of acutely ill surgical patients; formulate focused assessments and plans; verbally present findings to supervising clinicians; record findings.	Ambulatory, Emergency Department, and Inpatient	Participate in management
Surgery	Gastrointestinal bleeding	Elicit, under supervision, focused histories and perform physical examinations of acutely ill surgical patients; formulate focused assessments and plans; verbally present findings to supervising clinicians; record findings.	Ambulatory, Emergency Department, and Inpatient	Participate in management
Surgery	GI malignancy	Elicit, under supervision, focused histories and perform physical examinations of acutely ill surgical patients; formulate focused assessments and plans; verbally present findings to supervising clinicians; record findings.	Ambulatory, Emergency Department, and Inpatient	Participate in management
Surgery	Hernia (all types)	Participate in the care of acute or chronically ill patients, eliciting focused histories and performing physical examinations; formulate focused assessments and plans; present findings to pervising clinicians; record findings.	Inpatient and outpatient	Participate in management

Surgery	Breast (benign or malignant)	Participate in the care of acute or chronically ill patients, eliciting focused histories and performing physical examinations; formulate focused assessments and plans; present findings to supervising clinicians; record findings.	Inpatient and outpatient	Participate in management
Surgery	Wound	Independently conduct daily patient assessment rounds; retrieve laboratory and other diagnostic tests; communicate with family members; access past medical records; perform simple procedures under observation; participate in daily team patient rounds; perform procedures.	Inpatient	Participate in management
Surgery	Trauma	Participate in the care of acute or chronically ill patients, eliciting focused histories and performing physical examinations; formulate focused assessments and plans; present findings to supervising clinicians; record findings.	Emergency Department, and Inpatient	Participate in management

Surgery	Critically ill surgical patient	Participate in, along with other supervising health professionals, the assessment of patients in unstable condition; participate in decisions regarding patient transfers to intensive care units; perform moderate-risk procedures.	Inpatient	Participate in management
Surgery	Arterial line insertion	Observe a healthcare professional putting in an arterial line.	Inpatient	Observe
Surgery	Closure of surgical incision	Observe a healthcare professional.	Inpatient	Observe
Surgery	Aseptic dressing change	Participate in the management of a dressing change.	Inpatient/outpatient	Manage under supervision
Surgery	Suture/staple placement/ removal	Remove staples/sutures under supervision.	Inpatient	Manage under supervision
Surgery	IV catheter placement	Under supervision place venous cannulation peripheral intravenous line.	Inpatient	Participate in management
Surgery	NGT placement	Observe a healthcare professional.	Inpatient	Observe
Surgery	Foley male	Observe a healthcare professional.	Inpatient	Observe

Surgery	Foley female	Observe a healthcare professional.	Inpatient	Observe
Surgery	Care and/or removal of surgical drain	Observe a healthcare professional.	Inpatient	Observe
Surgery	I & D abscess	Observe a healthcare professional.	Inpatient	Observe
Surgery	Surgical aseptic technique	Perform under observation aseptic techniques: scrubbing, gowning, gloving.	Inpatient	Manage under supervision

Table 6.2-1 | Required Clinical Experiences Year M4: All students are required to complete 14 weeks of required clinical rotations (three four-week clinical rotations and one two-week clinical rotation) in Year M4: an inpatient subinternship, an intensive care clerkship, an emergency medicine clerkship, and a two-week Introduction to Internship: Boot Camp in the spring of Year M4.

List and describe each required patient type/ clinical condition or required procedure/skill that medical students are required to encounter, along with the corresponding clinical setting and level(s) of student responsibility.

Clerkship/Clinical Discipline	Patient Type/ Clinical Condition	Procedure/Skill	Clinical Setting(s)	Level of Student Responsibility
Subinternship	Hospitalized patient with any disorder (students may select from a subinternship in family medicine, internal medicine, obstetrics/gynecology, pediatrics, or surgery. The table above contains generic expectations for any of these; hence, it lacks discipline specificity.)	Elicit comprehensive admission histories; perform physical examination; formulate assessments and plans.	Inpatient	Manage under supervision
Subinternship	Hospitalized patient with any disorder	Write admission, daily medication, and patient-care orders; present findings to	Inpatient	Manage under supervision

		supervising physicians and communicate with other health professionals; document admission notes and daily assessments in medical records.		
Subinternship	Hospitalized patient with any disorder	Participate in decisions regarding patient care including: creating treatment plans, discharge planning, multidisciplinary care meetings, family meetings, and end-of-life discussions.	Inpatient	Participate in management

Table 6.2-1 | Required Clinical Experiences

List and describe each required patient type/ clinical condition or required procedure/skill that medical students are required to encounter, along with the corresponding clinical setting and level(s) of student responsibility.

Clerkship/Clinical Discipline	Patient Type/ Clinical Condition	Procedure/Skill	Clinical Setting(s)	Level of Student Responsibility
Intensive Care Unit (ICU)	Acutely ill patients	Elicit comprehensive admission histories; perform physical examination; formulate assessments and plans.	Inpatient	Manage under supervision
Intensive Care Unit (ICU)	Acutely ill patients	Write admission, daily medication, and patient-care orders; present findings to supervising physicians and communicate with other health professionals; document admission notes and daily assessments in medical records.	Inpatient	Manage under supervision
Intensive Care Unit (ICU)	Acutely ill patients	Participate in decisions regarding patient care including: creating treatment plans, transfer plans from ICU to other units or discharge planning, multidisciplinary care	Inpatient	Participate in management

		meetings, family meetings, end-of-life discussions.		
Intensive Care Unit (ICU)	Decompensating hospitalized patients (e.g., deteriorating vital signs, bleeding)	Assess patients in unstable condition as part of consulting team and participate in treatment plans for stabilization of patient and transfer to ICU.	Inpatient	Participate in management

Table 6.2-1 | Required Clinical Experiences

List and describe each required patient type/ clinical condition or required procedure/skill that medical students are required to encounter, along with the corresponding clinical setting and level(s) of student responsibility.

Clerkship/Clinical Discipline	Patient Type/ Clinical Condition	Procedure/Skill	Clinical Setting(s)	Level of Student Responsibility
Emergency Medicine	Patients with mild-to-moderate acute disorders	Elicit focused histories; perform physical examination; formulate assessments and plans; write medication and patient-care orders; present findings to supervising physicians and communicate with other health professionals; document assessments in medical records.	Emergency Department	Manage under supervision
Emergency Medicine	Patients with mild-to-moderate acute disorders	Participate in decisions regarding patient care, including creating treatment plans, discharge planning with follow-up care.	Emergency Department	Participate in management
Emergency Medicine	Patients with severe, acute disorders	Elicit focused histories; perform physical examination; formulate assessments and plans;	Emergency Department	Manage under supervision

		write medication and patient-care orders; present findings to supervising physicians and communicate with other health professionals; document assessments in medical records.		
Emergency Medicine	Patients with severe, acute disorders	Participate in decisions regarding patient care, including creating treatment plans, admission planning, family meetings, code status.	Emergency Department	Participate in management
Emergency Medicine	High complex emergency patients (e.g., major trauma, cardiac arrest, status asthmaticus)	Observe other supervising health professional teams in the care of patients in imminent danger; observe high-risk procedures such as pericardiocentesis, central venous line.	Emergency Department	Observe
Emergency Medicine	Patients not requiring hospitalization	Perform discharge planning including arranging follow-up care, counseling on injury or illness prevention.	Emergency Department	Participate in management

Table 6.2-1 | Required Clinical Experiences

List and describe each required patient type/ clinical condition or required procedure/skill that medical students are required to encounter, along with the corresponding clinical setting and level(s) of student responsibility.

Clerkship/Clinical Discipline	Patient Type/ Clinical Condition	Procedure/Skill	Clinical Setting(s)	Level of Student Responsibility
Introduction to Internship: Boot Camp	Acutely ill patients with emergent complaints, such as chest pain, shortness of breath, seizure, hypotension	Perform directed management of simulated patients and mannequins with emergent complaints, including eliciting focused histories, performing physical examinations, making decisions about workup and treatment.	Simulation lab and classroom (no direct patient contact)	Manage under supervision

UPDATED 12.29.17

Introduction to Internship: Boot Camp	Acutely ill patients with emergent complaints, such as chest pain, shortness of breath, seizure, hypotension	Airway management, including intubation.	Simulation lab and classroom (no direct patient contact)	Manage under supervision
Introduction to Internship: Boot Camp	Acutely ill patients with emergent complaints, such as chest pain, cardiac arrest	Cardiopulmonary resuscitation; ACLS protocol.	Simulation lab and classroom (no direct patient contact)	Manage under supervision
Introduction to Internship: Boot Camp	Acutely ill patients with emergent complaints, such as chest pain, shortness of breath, seizure, hypotension	Communicate with other health professionals in handoffs/transfers of acutely ill patients.	Simulation lab and classroom (no direct patient contact)	Manage under supervision

6.2 NARRATIVE RESPONSE

a. Describe the status of finalizing the list of required clinical encounters and procedural skills for each required clinical clerkship and summarize how the list was or is being developed.

The associated dean for curriculum and assessment, the assistant dean for faculty development and medical education, the director of clinical clerkships, and the clerkship directors work as the clerkship planning working group. This working group met every other week for 12 months to design the clerkships. The list of required clinical encounters and procedural skills for each required clinical clerkship was developed by this working group. Each clerkship director reviewed their discipline's educational organization suggested required clinical encounters and procedural skills for their clerkship. The working group reviewed the lists and made adjustments. The lists were presented to and approved by the Curriculum Committee on September 19, 2017.

b. Define the levels of student responsibility provided in Table 6.2-1. We have three levels of student responsibility:

- Manage under supervision: Student may have direct interaction with patient and family under direct or indirect supervision by a resident or attending physician.
- Participate in management: Student is a member of the care team responsible for care coordination and management of the patient.
- Observe: Student will observe a member of the healthcare team responsible for care coordination and management of the patient.

UPDATED 12.29.17

c. Describe how and by which individuals and groups the list of required clinical encounters and skills has been or will be reviewed and approved. Note if the Curriculum Committee or other central oversight body (e.g., a clerkship directors or clerkship planning committee) played a role in reviewing and approving the list of patient types/clinical conditions and skills across courses and clerkships.

The associate dean for curriculum and assessment, the assistant dean for faculty development and medical education, the director of clinical clerkships, and the clerkship directors work as the clerkship planning working group. The working group developed the list of clinical experiences and approved them. The list was presented to and approved by the Curriculum Committee on September 19, 2017.

d. Describe which individuals and/or groups developed or is developing the list of alternatives designed to remedy gaps when students are unable to access a required encounter or perform a required skill. How was or will that list be developed and approved?

The associate dean for curriculum and assessment, the assistant dean for faculty development and medical education, the director of clinical clerkships, and the clerkship directors work as the clerkship planning working group. They will develop a list of alternatives to remedy gaps when students are unable to access a required encounter or perform a required skill.

e. Describe how medical students, faculty, and residents will be informed of the required clinical encounters and skills.

The clerkship directors will meet with students at the start of each clerkship, and the students will be given the list of required clinical encounters. The clerkship directors will meet with teaching faculty and residents twice a year to inform them of required clinical encounters and skills. These will be posted on LCMS+ so that faculty and residents can refer to the list at any time.

6.3 SELF-DIRECTED AND LIFE-LONG LEARNING

The faculty of a medical school ensure that the medical curriculum includes self-directed learning experiences and time for independent study to allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students' self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; and appraisal of the credibility of information sources.

6.3 SUPPORTING DATA

Table 6.3-1 Self-Directed Learning

Survey Question	Year 1--2020
Opportunities for self-directed learning	Somewhat satisfied 49.21%/Very satisfied 47.6%
Overall workload in the first year	Somewhat satisfied 55.6%%/Very satisfied 36.5%

6.3 NARRATIVE RESPONSE

a. Describe the learning activities, and the courses in which these learning activities are occurring during the first two years (phases) of the curriculum, where students engage in all of the following components of self-directed learning as a unified sequence (use the names of relevant courses and clerkships from the Overview tables when answering):

1. Identify, analyze, and synthesize information relevant to their learning needs
2. Assess the credibility of information sources
3. Share the information with their peers and supervisors
4. Receive feedback on their information-seeking skills

The curriculum includes multiple activities throughout in which the students engage in self-directed, life-long learning activities. Our Problem-Based Learning sessions are based upon the traditional framework used at Southern Illinois University. The following are examples:

PHASE 1

Molecules to Cells:

Seminar presentations of correlates of Biochemical, Cellular, and Genetic principles with human diseases. Students are assigned different diseases due to inborn errors of metabolism or of cellular structure and organization. Students work in groups during unscheduled time to identify learning issues centered on their assigned disease; identify, analyze, and synthesize pertinent information, and share that information with peers within their group, as well as with the class as a whole and with instructors in formal presentations. Each group meets with an instructor at least once during this process, in order to provide and receive feedback on the *process* by which the group identifies learning issues and assesses the pertinent information.

Fundamentals of Organ Systems

The Fundamentals of Organ Systems course integrates Problem-Based Learning (PBL) sessions throughout. During these sessions student work in small groups with a faculty

facilitator (about 8--10 students in each group). They share information with one another and with the group facilitator during scheduled sessions, during which the students also engage in exercises of their own design to ensure that all have addressed all of the learning objectives, and to elicit new ones. Students may also share information with one another during unscheduled time. A reflective process meeting at the end of each PBL case provides opportunity for students to share their reflections on their own performance and on that of the group, and to offer and receive feedback to and from others. This process meeting also provides a setting to share feedback on their assessment of the credibility of information sources, as well as on the effectiveness of their information-seeking activities. Formative and summative feedback from the facilitator is provided through online evaluations that use both Likert scale, as well as narrative format.

PHASES 1 and 2

Organ Systems:

Every module in the Organ Systems course contains two Problem Based Learning (PBL) cases, each of which develops over three in-class sessions (one hour for the first one and two hours for each of the remaining two). The students work in groups of seven or eight to identify learning issues pertaining to the case at hand. They identify, analyze, and synthesize relevant information during unscheduled time. They share information with one another and with the group facilitator during scheduled sessions, during which the students also engage in exercises of their own design to ensure that all have addressed all of the learning objectives, and to elicit new ones. Students may also share information with one another during unscheduled time. As indicated above in the Fundamentals of Organ Systems course, there is a reflective process meeting at the end of each PBL case. Formative and summative feedback from the facilitator is also provided.

Practice of Medicine (POM3):

During the intersession small group sessions, students complete an OSCE and then independently identify, analyze, and synthesize information relevant to their learning needs. They bring this information into small-group sessions with a faculty facilitator. The information allows them to reason clinically through a case. Together the students assess the credibility of information source. They are assessed by their peers and by the faculty on both the quality of their presentations skills, and clinical reasoning skills.

Research Selectives

In the yearlong mandatory Research Selectives course, students engage in independent mentored research activities in which they are explicitly asked to define a problem, hypothesize the cause, research the medical literature to find any relevant data, outline a proposal for resolving the issue (collecting and analyzing data) and implementing the plan. Throughout this process, the students perform self- assessments and are mentored and provided with feedback by their preceptors.

b. Referring to the sample weekly schedules requested below, describe the amount of unscheduled time available for medical students to engage in self-directed learning and independent study in the first two years (phases) of the curriculum.

There is protected time scheduled throughout the week for students to engage in self-directed learning and independent study (in addition to evening hours). This includes the hour preceding each morning session, as well as two full afternoons every week (set aside for self-

directed learning, service learning, self-study, and mentored learning). In addition, the equivalent of a third afternoon a week is used for scheduled activities only one week per month. On the remaining weeks, this third afternoon is also protected for students to engage in self-directed learning and independent study.

c. Note if medical students in the first two years/phases of the curriculum have required activities outside of regularly-scheduled class time, such as assigned reading or online modules that include information required to prepare them for in-class activities. Estimate the average amount of time students spend in such required activities and how this "out-of-class" time is accounted for in calculating student academic workload.

Course directors are made aware of the school policy on the amount of time students spend on scheduled activities. Mandatory assignments or online modules that are required as preparation for in-class activities are considered "scheduled activities" and must be included in the hours that are limited to an average of no more than 22 hours per week. (See supporting documentation.)

d. Describe the content of any policy related to the amount of time per week that students spend in required activities during the pre-clerkship phase of the curriculum. Note whether the policy addresses only in-class activities or also includes required activities assigned to be completed outside of scheduled class time. How is/are the effectiveness of the policy (ies) evaluated?

The following policy addresses the amount of time that students will spend in scheduled activities in Years M1 and M2 of the curriculum:

"The amount of time that students spend in scheduled activities during Years M1 and M2 of the curriculum will be limited to an average of no more than 22 hours per week."

This is a reduction in the previous limit of 28 hours per week, to ensure greater flexibility in the amount of time that students spend in self-directed learning activities. This change was voted on and approved at the August 10, 2017, Curriculum Committee meeting.

e. Describe the frequency with which the curriculum committee and/or its relevant subcommittee(s) monitor the academic workload of medical students and their time for independent study in the pre-clerkship phase of the curriculum

Monitoring academic workload is an integral part of the ongoing review of individual courses, semesters, and curriculum as a whole by the Curriculum Committee and its Course Review Subcommittee. Such review includes course director assessment of the workload, as well as feedback from the students.

UPDATED 12.29.17

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 6.3

1. Sample weekly schedules that illustrate the amount of time in the first and second (phases) years of the curriculum that medical students spend in scheduled activities.

TYPICAL WEEKLY SCHEDULE, YEARS M1 and M2

Day	Monday	Tuesday	Wednesday	Thursday	Friday
9:00	Organ Systems/PBL	OS Large group lecture	Organ Systems/PBL	OS Large group lecture	Quiz and weekly wrap up
10:00		OS Large group lecture		OS Large group lecture	OS Lab
11:00		OS Large group lecture		OS Large group lecture	
12:00	LUNCH				
1:00	POM	Self Study	POM	Research Selectives/EBM	Self Study
2:00					
3:00					
4:00					

2. Formal policies or guidelines (as available) defining the amount of scheduled time during a given week during the pre-clerkship phase of the curriculum.

"The amount of time that students spend in scheduled activities during Years M1 and M2 of the curriculum will be limited to an average of no more than 22 hours per week."(policy as stated in the 2017 Student Handbook, pg. 48. See Appendix 3-04 Student Handbook).

UPDATED 12.29.17

6.4 INPATIENT / OUTPATIENT EXPERIENCES

The faculty of a medical school ensure that the medical curriculum includes clinical experiences in both outpatient and inpatient settings.

6.4 SUPPORTING DATA

Table 6.4-1 | Percent Total Clerkship Time

Provide the percent of time that medical students will spend in inpatient and ambulatory settings in each required clinical clerkship. If clerkship names differ from those in the table, substitute the name used by the medical school. If the amount of time spent in each setting varies across sites, provide a range.		
	Planned Percent of Total Clerkship Time (See Appendix 6-04 Inpatient/Outpatient Clerkship Chart for explanation of chart below.)	
	% Ambulatory	% Inpatient
Family Medicine	100	
Internal Medicine	50	50
OB-GYN	67	33
Pediatrics	67	33
Psychiatry	50	50
Surgery	50*	50
Other (list)		
Neurology	50	50
Intensive Care		100
Subinternship		100
Emergency Medicine		100

*Students will participate in 1-2 outpatients per week and ambulatory surgery

NARRATIVE RESPONSE

a. Describe how the curriculum committee or other authority for the curriculum will ensure that medical students spend sufficient time in ambulatory and inpatient settings to meet the objectives for clinical education.

The Course and Clerkship Review Subcommittee of the Curriculum Committee is responsible for evaluating courses and clerkships by working in conjunction with the relevant course and clerkship directors as well as selected content-specific *ad hoc* members. The evaluation encompasses the course/clerkship and session-level objectives, delivery methods, assessment methods, student evaluations, and program objectives that each course/clerkship addresses. The subcommittees and course/clerkship directors work in close conjunction with our curriculum mapping manager to ensure that the learning objectives of the course are addressed and assessed appropriately. Oversight is also provided to ensure that

all objectives are measurable and that unintended redundancies within and between courses are identified and addressed. This review will allow for the subcommittee to assess whether or not students are experiencing outpatient and inpatient patient care as planned. The course/clerkship directors are also asked to create a concrete plan of action of any changes that are deemed necessary. Every course is reviewed in detail by the corresponding subcommittee once a year, and the recommendations that emerge from the review are presented to the Curriculum Committee.

6.5 ELECTIVE OPPORTUNITIES

The faculty of a medical school ensure that the medical curriculum includes elective opportunities that supplement required learning experiences and that permit medical students to gain exposure to and deepen their understanding of medical specialties reflecting their career interests and to pursue their individual academic interests.

6.5 SUPPORTING DATA

Table 6.5-1 | Required Elective Weeks

Provide the number of weeks of elective time in each year of the curriculum that students are required to complete and the amount of elective time that is available in each year.

Year	Number of required weeks of electives	Total available weeks of electives
1	0	0
2	0	0
3	4	4
4	20	20

6.5 NARRATIVE RESPONSE

a. Describe the policies or practices that require or encourage medical students to use electives to pursue a broad range of interests in addition to their chosen specialty.

A total of 24 weeks of electives are required in Years M3 and M4 of the medical school curriculum. For the four weeks of electives in the M3 year, students are required to take these electives only at our clinical affiliates, SBHHS and SIUH. Students may take as many as 20 weeks of electives at other institutions in their senior year of medical school. Students must have prior approval of all electives from the associate dean for student affairs and the medical student advisor in the Office of Student Affairs and from the CSOM Registrar in the Office of Academic Records. Electives at other institutions will be monitored or overseen by the associate dean for student affairs and the medical student advisor to ensure student safety and the suitability of the elective (see 11.3 for more details). Required Year M4 clerkships (Critical Care, Emergency Medicine, a Subinternship, and Introduction to Internship) must be completed at CSOM clinical affiliates.

Although students will be strongly advised to broaden their elective experience, there is no written policy that specifies the areas in which electives are to be pursued during their clerkship years, and they may take as many as eight weeks of electives in the same specialty area.

The following policy relates to electives during the clerkship years and to taking electives at other institutions:

"Students may take no more than 20 weeks of electives at other institutions of the 24 weeks of elective time in total in M3 and M4. Students must have prior approval of all electives from the clinical elective coordinator, and away electives will be monitored/overseen by their clinical advisors and the Associate Dean for Student Affairs to ensure student safety and suitability of the elective. Required M4 clerkships (Critical Care, Emergency Medicine, a Subinternship and Introduction to Internship) must be completed at CUNY School of Medicine clinical affiliates."

6.6 SERVICE-LEARNING

The faculty of a medical school ensure that the medical education program provides sufficient opportunities for, encourages, and supports medical student participation in service-learning and community service activities.

6.6 NARRATIVE RESPONSE

a. Summarize the opportunities, as available, for medical students to participate in the following categories of service learning, including the general types of service-learning/community service activities that are available. See the Glossary of Terms for LCME Accreditation Standards and Elements at the end of this DCI for the LCME definition of service-learning.

    1. Required service learning
    2. Voluntary service learning/community service

    1. Required service learning

    Service learning is emphasized in both the clinical curriculum and the population health curriculum. All students participate in a 6-credit Evaluation in Healthcare Settings course, which is a required service-learning field placement experience during Year U2. All students are placed in community health centers for this service learning and evaluation course. They complete a service component and collect data to complete a pilot quality-assurance study for the community health centers. The overall objectives and expectations of this course are to learn and demonstrate (1) professionalism, (2) accountability, (3) advocacy, (4) verbal and written communication skills, and (5) application of research methodologies to conduct a quality assurance project that will benefit the health center and its patients and staff.

    An important component of the Practice of Medicine courses (1, 2, 3) will be a longitudinal clinical experience (LCE) in primary care. Students are assigned to an outpatient primary care health center beginning in the spring semester of Year U3. During that semester, students engage in faculty-mentored patient advocacy or education projects at the site, identifying patient issues related to health literacy, health disparities, and differences in patients' understanding of wellness and illness. For Years U3 through M2, students are assigned to a primary care physician who serves as their preceptor. Students actively observe their preceptor in monthly clinical sessions and begin to develop basic communication skills with patients during clinical encounters. Students also identify the effects of social needs and demands on care for the patients in their LCE preceptor's practice. In addition, they identify issues related to disparities in, access to, and quality of care and healthcare practice management, and recognize the importance of effective communication and management by the healthcare team in the care of patients.

    Over the course of Years U2 through M2, service learning is a crucial component of required coursework. Students are expected to engage in activities that benefit the healthcare setting, including activities with patients and staff, and activities related to quality assurance and other types of assessments. Health center preceptors are encouraged to draw from the evaluation and community health assessment knowledge and skills that the students have been developing in the Population Health curriculum.

2. Voluntary service learning/community service

Volunteer service is strongly encouraged from entry of first year students throughout the seven years of the program. Virtually every student who enters the school at the first year of college already has an impressive record of volunteer activity in high school and they are encouraged to continue to serve others. There are multiple opportunities for voluntary service:

- Many of the student clubs have a community service component, and members contribute to the community through their club activity.
- The medical school sits on the CCNY campus; students are encouraged to participate in community service activities available through the college as a whole.
- Students are provided the opportunity to volunteer within the school for important activities, most notably as recruiters for the Office of Admissions.
- The school provides space for *In Arms Reach*, a 501-3(c) organization that provides mentoring and an after-school tutoring program for children with an incarcerated parent.

b. Describe how medical student participation in service-learning and community service activities is encouraged. How are students informed about the availability of these activities?

Information regarding service-learning and community service opportunities available throughout the college and in the community is provided to students via email blasts. Information is also posted in public student areas. In addition, as part of the student-advisor group meetings, service-learning opportunities are discussed with the goals of explaining their relevance and encouraging and facilitating participation. Several student organizations proactively develop and participate in community-based service-learning activities. In addition, at the monthly Student Government meetings, all student groups present their goals, activities, and experiences with the goal of recruiting and engaging new members.

c. Describe how the medical school supports service-learning activities through the provision of funding or staff support.

Student engagement in service learning is encouraged through participation in multiple events and fellowship programs, all of which have faculty supervisors or sponsors who assist in the development and structure of these opportunities to maximize learning and outcomes. These opportunities include the following:

- Annual student-designed and -run Sophie Davis Community Health Fair, at which students provide health education and screening (blood pressure, blood glucose, cholesterol) under the supervision of clinical faculty. Clinical faculty are involved at all levels from planning, advertising, implementing, and attending the fair.
- Mentoring and tutoring of local elementary school children in collaboration with *In Arms Reach*, a tutoring and mentoring program for children with an incarcerated parent. The school provides office space and classroom space for the program and 3--5 Leonard Davis Community Service Fellows per year are assigned to work with the program.
- Mentoring and tutoring of high school students through Sophie Davis HPREP, a project of the CSOM-SDBEP Student National Medical Association Chapter. The school provides materials and access to facilities for advertisement of the program, and partial support is provided by the Medical Careers Success Program, funded through CUNY's Black Male Initiative.
- Mentoring and tutoring of high school students over two years as part of the Health

Professions Mentorship Program. This pipeline program compensates 16 students per year for their service.

- Leonard Davis Community Service Fellowship program. This program provides stipends to 12--14 CSOM-SDBEP students each year for performing 200 hours of community service, generally in the Harlem community.
- Colin Powell Community Engagement Fellowship, which provides one-year fellowships (renewable for a second year) awarded to CCNY undergraduates for designing and carrying out a project that addresses a community need in a sustainable way. The program seeks students who are actively involved with their communities, who value awareness of community concerns, and who hope to advocate for positive change through ongoing work with community organizations and community leaders.

d. Provide and discuss data from the Independent Student Analysis on student satisfaction with opportunities to participate in service-learning.

Table 6.6-1 Service Learning

Survey Question	Year 1 - 2020
Opportunities to participate in service learning	Somewhat satisfied 41.3%/Very satisfied 20.6%

6.7 ACADEMIC ENVIRONMENTS

The faculty of a medical school ensure that medical students have opportunities to learn in academic environments that permit interaction with students enrolled in other health professions, graduate, and professional degree programs and in clinical environments that provide opportunities for interaction with physicians in graduate medical education programs and in continuing medical education programs.

6.7 SUPPORTING DATA

Table 6.7-1 | Master's and Doctoral Degree Students Taught by Medical School Faculty

List the number of students enrolled in Master's and doctoral degree programs taught by medical school faculty. Include degree programs in the biomedical or biological sciences where students are taught by medical school faculty. Add rows as needed.

Department or Program	No. of Master's Students	No. of Doctoral Students
CUNY School of Medicine Physician Assistant Masters Program	~ 30 each year (started in August 2016)- total anticipated at 90	
Masters in Translational Medicine	~5 per year	
Biomechanical Engineering (Physiology)	2	8-16
Biology (Neuropharmacology of Neuropsychiatric Diseases)	5-10	4-8
Biology (Human Neuroanatomy)		0-5
Dissertation or Thesis Research in Biology, Psychology or biochemistry		7

Table 6.7-2 | Residents and Fellows NA

Provide the total number of residents and clinical fellows on duty in ACGME-accredited programs that are the responsibility of the medical school faculty for the indicated academic years. If the medical school has one or more regional campuses, provide the campus in the first column. Also see the response to element 3.1.

Campus (if more than one)		AY 2014-15	AY 2015-16	AY 2016-17	AY 2017-18
NA					

Table 6.7-3 | Continuing Medical Education

If the medical school and/or its clinical affiliates are accredited by the ACCME to sponsor continuing medical education for physicians, use the table below, adding rows as needed, to indicate each sponsoring organization's current accreditation status, the length of accreditation granted, and the year of the next accreditation review.

Program Sponsor	Accreditation Status	Length of Accreditation Term
SIUH	Accredited	6 years (due in 2019)
Glen Cove: Hofstra Northwell SOM	Accredited	Full
Southside: Hofstra Northwell SOM	Accredited	Full
Phelps: Hofstra Northwell SOM	Accredited	Full
Plainview: Hofstra Northwell SOM	Accredited	Full
Peconic Bay: Hofstra Northwell SOM	Pending	-
Institute for Family Health	Accredited	Full

6.7 NARRATIVE RESPONSE

a. List the health professions/professional degree programs currently located at the same campus as the medical school.

The CSOM Physician Assistant Program (PA), Clinical Psychology Doctoral Degree and Masters in Translational Medicine Program are located on the same campus (CCNY) as the BS/MD program.

b. Describe current opportunities available for medical students to interact with students in graduate programs and how the medical school encourages such interactions. Note any plans to expand the number of graduate programs.

The BS/MD program is located at the CCNY campus with the above-mentioned graduate programs. Students from all undergraduate and graduate programs at CCNY are invited to attend campus events such as lectures, symposiums, and seminars. A listing of all campus events is posted on the CCNY website's home page (https://www.ccny.cuny.edu/). For the PA program, we have joint student events. Both groups of students are on our Inclusive Excellence Council, and we teach a joint inter-professional education activity with the PA program and CUNY Continuing Professional Education nursing students (see below). Both the PA and BS/MD program share the student study lounge and the administration and many of the classes for both programs are housed in the same building, Harris Hall.

c. Provide examples of opportunities for medical students to interact with students in other health professions education programs during both required and service-learning activities. Also see the response to element 7.9.

Students in the CSOM BS/MD program and PA program interact through required educational activities, as well as school-wide programs and intramural activities. Both PA and BS/MD students (M2) will work with CUNY Nursing students from the CUNY School of Continuing Professional Studies in a planned inter-professional curricular project. Students from all three health professions participate in online and small-group sessions to develop collaborative practice skills by learning about the roles and responsibilities of other care providers and how the team works together to provide care. In addition to this planned inter-professional educational experience, students from the BS/MD and PA program interact through schoolwide committees and intramural activities, including a joint Student Health Fair.

Student representatives from both the BS/MD and PA programs are members of the Inclusive Excellence Council, which works to promote diversity and inclusion throughout the workplace and institutional learning environment. Additionally, both BS/MD students and PA students are invited to participate in programs such as narrative medicine workshops and mindfulness sessions that are open to faculty, staff, and students across CSOM.

d. Describe how medical students are exposed to continuing medical education activities for physicians and note if student participation in any continuing medical education programs will be expected or required.

Students will have the opportunity to participate in the CME programs offered by CSOM's affiliated hospital and will be encouraged to participate in some programs (e.g., Grand Rounds and Clinical Pathologic Correlations) while they are on various services. However, there is no CME requirement for students.

6.8 EDUCATION PROGRAM DURATION

A medical education program includes at least 130 weeks of instruction.

6.8 SUPPORTING DATA

Table 6.8-1 | Number of Scheduled Weeks per Year	
Use the table below to report the number of scheduled weeks of instruction in each academic year/phase of the medical curriculum (do not include vacation time). Refer to the overview section if the medical school offers one or more parallel curricula (tracks).	
Curriculum Year/Phase	Number of Scheduled Weeks
Year/Phase One	41
Year/Phase Two	41
Planned Year/Phase Three	49
Planned Year/Phase Four	38
Total Weeks of Scheduled Instruction	169

STANDARD 7: CURRICULAR CONTENT

The faculty of a medical school ensure that the medical curriculum provides content of sufficient breadth and depth to prepare medical students for entry into any residency program and for the subsequent contemporary practice of medicine.

SUPPORTING DOCUMENTATION REQUIRED FOR STANDARD 7

1. A schematic or diagram that illustrates the structure of the total curriculum. The schematic or diagram should show the approximate sequencing of, and relationships among, required courses and clerkships in each academic period of the curriculum.

The first three years (U1–U3) of the curriculum constitute the BS component of the program, and the remaining four years (M1–M4) constitute the MD component, as indicated in the diagram below (see also Standard 6.0).

CURRICULUM, YEARS 1 - 7

YEAR	FALL	SPRING	SUMMER	
U1	BIO207 - Biology of Organisms (4)	MED102 - Principles of General Chemistry (5)		B.S.
	FIQWS - Freshman Inquiry Writing Seminar (6)	PHYS204 - General Physics II (4)		
	PHYS203 - General Physics I (4)	USSO101 - Devel. U.S. and Its People (3)		
	NSS100 - New Freshman Seminar (0)	MED112 - Sociomedical Sciences (3)		
	WCIV101/102 - World Civilizations (3)	ENGL210 - Writing for the Sciences (3)		
		ELECTIVE (3)		
U2	MED203 - Bio-Organic Chemistry (5)	MED204 - Molecules to Cells (4)		
	MED223 - Fundam. Epidemiology & Biostatistics (4)	MED224 - Pop. Health & Community Health Assessmt. (3)		
	PSY102 - Applications of Psych. in Modern World (3)	MED200 - Intro. to Human Genetics (3)		
	ELECTIVES (6)	ELECTIVES (6)	MED244 -Eval. Hlth. Care Settings (6)	
	MED293/MED294 - PRACTICE OF MEDICINE [POM 1] (4)			
U3	MED305 - Molecules to Cells II (4)	MED376 - FUNDAMENTALS (15)		
	MED325 - US Healthcare Systems and Policy (3)			
	MED300 - Intro. to Biomedical Ethics (3)	MED336 - Clinical Anatomy (5)		
	ELECTIVES (6)			
	MED395/MED396 - PRACTICE OF MEDICINE [POM 2] / LCE (4)			
M1	MED477 - ORGAN SYSTEMS (15)	MED478 - ORGAN SYSTEMS (20)		M.D.
	MED497/MED498 - PRACTICE OF MEDICINE [POM 3] / LCE (9)			
	MED437/MED438 - Evidence-Based Medicine (2)			
	MED407/MED408 - Selectives in Population Health, Clinical Epidemiology, or Health Services Evaluation (5)			
M2	MED579 - ORGAN SYSTEMS (15)	MED580 - ORGAN SYSTEMS (12)	CLINICAL CLERKSHIPS	
	MED509/MED590 - PRACTICE OF MEDICINE [POM 3 continued] / LCE (7)			
	MED539/MED540 - Evidence-Based Medicine [continued from Year 4] (2)			
M3	CLINICAL CLERKSHIPS			
M4	CLINICAL CLERKSHIPS			

Years 1 through 3 (U1--U3 BS component) provide foundational knowledge in Liberal Arts, Population Health and Community-Oriented Primary Care, Patient Care, and Basic Sciences, all running concurrently in parallel tracks.

Years 4 and 5 (M1 and M2) center on three concurrent components: Organ Systems, Practice of Medicine (POM), and Population Health. These components are concurrent and are coordinated temporally to maximize their integration (see Curriculum Map for Years 1–7 above).

The Organ Systems component provides comprehensive coverage of normal and abnormal structure and function of each of the organ systems (see table below). A week (noted with a grey box) is set aside at the end of each module for small-group activities and OSCEs that provide a deliberate integration of the Organ Systems, POM, and Evidence-Based Medicine components of the curriculum. Knowledge enhancement sessions and makeup examinations are also administered during that week for students who need them. An integrative block at the end of Year 5 (M2) provides a whole-body integrated capstone to the Organ Systems curriculum, assessments including OSCEs, and review and preparation for the USMLE Step 1 examination. A weeklong introduction to clinical clerkships takes place at the end of the semester, in preparation for the clerkship years.

ORGAN SYSTEMS, YEARS M1 and M2

WEEK	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
FALL M1	MUSCULOSKELETAL					CARDIOVASCULAR							PULMONARY				

	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
SPRING M1	PULMON.			GI & LIVER									ENDOCRINE						RENAL					

WEEK	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
FALL M2	REPRODUCTIVE / GU					HEME / ONC						NEUROLOGY AND PSYCHIATRY I					

	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
SPRING M2		NEUROLOGY AND PSYCHIATRY II							INTEGRATIVE + OSCE + BOARD REVIEW															Intro CK

Intro CK = Introduction to Clerkships

Years 6 and 7 (M3 and M4) constitute the clerkship years. A sample map for Year 6 (M3) is presented below. The grey box indicates an intersession.

First Semester

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
Family Medicine							Psychiatry& Neurology								I	Surgery						Elective			Vacation	

Second Semester

28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
Elective	ObGyn							Internal Medicine								Vac	Pediatrics							

A schematic map of Year 7 (M4) is presented below:

M 4	Weeks	Clinical Rotations
End of Clerkship Clinical Skills Assessment	4	
Required Clinical	4	Inpatient Sub-internship
	4	Intensive care
	4	Emergency Medicine
Electives	20	Electives 1-5
Vacation and residency interviewing	8	Two four week blocks
Bootcamp	2	
Total	38	

2. A schematic of any parallel curriculum (track).

   There is no parallel curriculum.

7.1 BIOMEDICAL, BEHAVIORAL, SOCIAL SCIENCES

The faculty of a medical school ensure that the medical curriculum includes content from the biomedical, behavioral, and socioeconomic sciences to support medical students' mastery of contemporary scientific knowledge and concepts and the methods fundamental to applying them to the health of individuals and populations.

7.1 SUPPORTING DATA

Table 7.1-1 | Curricular Content

For each topic area, place an "X" under the appropriate column to indicate whether the topic is taught separately as an independent required course and/or as part of a required integrated course. Place an "X" under each column to indicate the year(s) in which the learning objectives related to each topic are taught and assessed.

Topic Areas	Course Type		Years/Phases Topic Areas Are or Will be Taught And Assessed		
	Independent Course	Integrated Course(s)	One*	Two	Three and/or Four
Biochemistry	X	X	X		
Biostatistics and epidemiology*	X		X	X	X
Genetics*	X	X	X	X	X
Gross Anatomy*	X	X	X	X	X
Immunology*		X	X	X	X
Microbiology*		X	X	X	X
Pathology*		X	X	X	X
Pharmacology*		X	X	X	X
Physiology*		X	X	X	X
Behavioral Science		X	X	X	X
Pathophysiology		X	X	X	X

*We are indicating Year 1 here. However, some of this content is taught in classes that are in the undergraduate portion of the seven-year BS/MD program but required curriculum for the MD degree.

Table 7.1-2 Student Satisfaction	
Provide data from the independent student analysis or course evaluations, as available, indicating student satisfaction with the teaching of the curricular content areas listed in the table above. Add rows as needed	
Topic Area	Satisfaction Data
Biochemistry *(Molecules to Cells; U2/U3)*	Overall Course Quality Rate = 4.19 (1)
Biostatistics and Epidemiology *(Fundamentals of Biostatistics and Epidemiology; U2)*	Overall Course Quality Rate = 4.86 (1)
Genetics *(Introduction to Human Genetics; U2)*	Overall Course Quality Rate = 2.71 (1)
Gross Anatomy *(Clinical Anatomy; U3)*	Overall Course Quality Rate = 4.8 (1)
Immunology	*
Microbiology	*
Pathology	*
Physiology	*
Behavioral Science	*
Pathophysiology	*

(1) Data are from end-of course evaluations for the 2016/2017 academic year. Scale is 1 (Unacceptable) to 5 (Excellent)

*These content areas are not taught separately but, rather, are integrated within and included as part of the Fundamentals of Organ Systems (FOS), Organ Systems (OS), and Practice of Medicine (POM) 3 courses in U3, M1, and M2. As a result, separate data on student satisfaction with the teaching of each these individual content areas are not available. OS and POM3 have not been completed yet as they are part of the newly implemented curriculum that is continuing through the M2 year.

Table 7.1-3 | Curricular Content

For each topic area, place an "X" in the appropriate column to indicate whether the topic is taught separately as an independent required course and/or as part of a required integrated course. Place an "X" under each column to indicate the year(s) in which the learning objectives related to each topic are taught and assessed.

	Course Type		Years/Phases Topic Areas are/will be Taught and Assessed		
	Independent Course	Integrated Course(s)	Year/Phase *One	Year/Phase Two	Year/Phase Three and/or Four
Biomedical informatics		X	X	X	X
Complementary/alternative healthcare		X	X	X	X
Evidence-based medicine	X		X	X	X
Global health issues	X	X	X	X	
Healthcare financing	X		X		X
Human development/life cycle		X	X	X	X
Human sexuality		X	X	X	X
Law and medicine					X
Medication management/compliance		X	X	X	X
Medical socioeconomics	X		X		X
Nutrition		X	X	X	X
Pain management			X	X	X
Palliative care		X	X	X	X
Patient safety		X	X	X	X
Population-based medicine	X	X	X	X	X

*We are indicating Year/Phase 1 here. However, some of this content is taught in classes that are in the undergraduate portion of the seven-year BS/MD program but required curriculum for the MD degree.

7.1 NARRATIVE RESPONSE

1. Summarize any recent or intended changes in the extent or curricular placement of any of the content areas included in the tables above and describe the reasons for the change(s).

   We are not planning any changes to the above chart at this time.

7.2 ORGAN SYSTEMS / LIFE CYCLE / PRIMARY CARE / PREVENTION / WELLNESS / SYMPTOMS / SIGNS / DIFFERENTIAL DIAGNOSIS, TREATMENT PLANNING, IMPACT OF BEHAVIORAL / SOCIAL FACTORS

The faculty of a medical school ensure that the medical curriculum includes content and clinical experiences related to each organ system; each phase of the human life cycle; continuity of care; and preventive, acute, chronic, rehabilitative, end-of-life, and primary care in order to prepare students to:

- Recognize wellness, determinants of health, and opportunities for health promotion and disease prevention.
- Recognize and interpret symptoms and signs of disease.
- Develop differential diagnoses and treatment plans.
- Recognize the potential health-related impact on patients of behavioral and socioeconomic factors.
- Assist patients in addressing health-related issues involving all organ systems.

7.2 SUPPORTING DATA

Table 7.2-1 | Curricular Content

For each topic area, place an "X" under the appropriate column to indicate whether the topic is/will be taught separately as an independent required course and/or as part of a required integrated course. Place an "X" under each column to indicate the year(s) in which the learning objectives related to each topic are taught and assessed.

Topic Areas	Course Type		Years/Phases Topic Areas Are or Will be Taught and Assessed			
	Independent Course	Integrated Course(S)	One	Two	Three	Four
Preventive care	X	X	X	X	X	X
Acute care		X	X	X	X	X
Chronic care		X	X	X	X	X
Continuity of care/primary care		X	X	X	X	
Rehabilitative care					X	X
End-of-life care		X		X	X	X
Determinants of health	X	X	X	X	X	X
Health promotion/ wellness	X	X	X	X	X	X

7.2 NARRATIVE RESPONSE

a. Describe the location(s) in the pre-clerkship and planned clinical curriculum in which objectives related to the subjects listed below are or will be taught and assessed. Refer to the overview section in the responses.
   1. Normal human development and the life cycle
   2. Adolescent medicine
   3. Geriatrics
   4. Continuity of care
   5. End-of-life care

1. Normal human development and the life cycle

The Anatomy course in undergraduate Year 3 (U3) teaches embryology along with anatomy. The integrated Organ Systems course in Years M1 and M2 teaches students both embryology and normal organ function over the lifespan. The course presents normal organ structure and function alongside the pathophysiology, pathology, therapeutic interventions, and prognosis for diseases pertinent to each particular organ system. An integrative module at the end of the Organ Systems course includes Geriatrics, with a focus on the physiology of aging. The Practice of Medicine 3 (POM3) clinical skills course is taught concomitantly and is aligned with the basic science curriculum in Years M1 and M2. Students are taught to take a history and perform a physical examination on patients at different stages of the life cycle. The Longitudinal Clinical Experience (LCE) course, beginning in Year 3 (U3) as part of the POM2 course, pairs students with primary care physicians for a preclerkship clinical experience in primary care. In the LCE component of the POM courses, students are placed in primary care practices with physician preceptors to learn about the components of health promotion and health assessments for patients of different age groups. The cognitive and psychosocial stages of normal human development are also taught as a component of the POM3 course's behavioral medicine curriculum. The Pediatrics clerkship will include objectives related to normal childhood and adolescent development as well as preventive care and health promotion. Geriatrics will be included as a component of the Internal Medicine and Family Medicine clerkships. Specific objectives in these clerkships will pertain to the care of geriatric patients, including health promotion and geriatric health assessments.

2. Adolescent Medicine:

The Organ Systems course includes objectives related to normal growth and development of adolescents during puberty, as well as abnormal growth and development. Within each organ systems module, students will learn about medical conditions that are more common in the adolescent patient population and learn to identify the signs and symptoms of these conditions. The concomitant POM3 clinical skills course has specific objectives related to adolescent medicine. Students will learn interviewing and communication skills for adolescent patients as well as screening tools, such as the HEADSS assessment. The behavioral medicine curriculum within the POM3 course teaches students about normal adolescent psychosocial development and sexuality. It also teaches students about conditions such as substance abuse, eating disorders, and psychiatric disorders. The Pediatrics clerkship includes objectives related to adolescent medicine. Students will be expected to participate in the care of adolescent patients and identify appropriate measures for health promotion, as well as the evaluation and management of adolescent patients with medical conditions. Ethical issues pertaining to the care of adolescent patients, such as patient confidentiality, and surrogate decision making on behalf of minors, are taught in the Introduction to Bioethics course and reinforced during the Pediatrics clerkship.

3. Geriatrics:

In the Organ Systems course, students are taught about the normal process of human aging, as well as the presenting features and mechanisms of diseases that commonly affect geriatric patients within each organ system. Age-related changes in drug metabolism and medication management in elderly patients are also taught in the organ systems course as part of the pharmacology curriculum within each organ systems module. The final, integrative module of the organ systems course includes geriatrics and highlights the aforementioned topics. Cases involving geriatric patients are included in the PBL cases of the organ systems course and both formative and summative OSCEs. In the POM3 course, students are taught interviewing and communication skills to assess functional status in geriatric patients, and to discuss advance directives and end-of-

life care. These skills are taught and assessed through standardized patient encounters. Psychiatric and social issues pertinent to geriatrics, such as dementia and elder abuse, are taught in the POM3 course. Palliative care is also introduced in the POM3 course and further taught in the clinical clerkships, specifically Internal Medicine and Neurology clerkships. Students are required to see geriatric patients and to participate in didactic sessions and seminars on specific geriatric issues during the family medicine and internal medicine clerkships.

4. Continuity of Care:

Students begin to learn patient communication skills in the POM2 course (U3) through early training in health coaching. The principles of health coaching set an early framework for provider-patient relationships that is based upon continuity of care. Students use this as a foundational framework from which they further develop patient-centered communication skills throughout the rest of the medical school curriculum.

During the LCE, students have opportunities to see the breadth of primary care, including health promotion and counseling; evaluation and management of common acute and chronic diseases; primary, secondary, and tertiary prevention of disease; transitions of care; and rehabilitative care. A focus of the LCE sessions is for students to recognize not only the scope of primary care but also the impact of social determinants on patients' health. Students are placed at the same primary care site for three years (U3, M1, M2); continuity of care is emphasized. The goal for students to observe and ultimately participate in the care of patients longitudinally.

All core clinical clerkships, particularly Family Medicine, Pediatrics, and Internal Medicine, emphasize ambulatory clinical care and continuity of care. Students will spend an extensive portion of these clerkships in primary care settings and participate in longitudinal patient care experiences.

5. End-of-Life Care:

End-of-life care is taught in the medical school curriculum through a variety of disciplines. Ethical issues regarding end-of-life care, such as defining death and euthanasia, are introduced in the Introduction to Biomedical Ethics course (U3). During the POM3 course (M1), students learn and practice skills of delivering bad news and discussing advance directives with patients through standardized patient sessions. Narrative medicine sessions on death, dying, and bereavement are also components of the POM3 course and provide students with an opportunity for reflection on this topic. The POM3 course also addresses ethical and legal issues surrounding end-of-life care, such as surrogate decision making. Palliative care is introduced in the POM3 course and additionally taught in the internal medicine and neurology clerkships, with scheduled visits to a hospice facility during the ambulatory block of the internal medicine rotation. The clinical clerkships include objectives related to end-of-life care, such as advance directives and medical futility.

7.3 SCIENTIFIC METHOD/CLINICAL/TRANSLATIONAL RESEARCH

The faculty of a medical school ensure that the medical curriculum includes instruction in the scientific method (including hands-on or simulated exercises in which medical students collect or use data to test and/or verify hypotheses or address questions about biomedical phenomena) and in the basic scientific and ethical principles of clinical and translational research (including the ways in which such research is conducted, evaluated, explained to patients, and applied to patient care).

7.3 NARRATIVE RESPONSE

a. List the course(s) that include instruction in and assessment of content related to the scientific method. Include hands-on or simulated exercises in which medical students collect or use data to test and/or verify hypotheses or to experimentally study biomedical phenomena. Do not include laboratory sessions where the main purpose is observation or description. For each listed experience, include the format used for the exercise (e.g., hands-on laboratory sessions, simulations).

See chart below.

b. List all required courses that currently include and clerkships that will include formal learning objectives that address the basic scientific and ethical principles of clinical and translational research and the methods for conducting such research. Note the location(s) in the curriculum in which medical students learn how such research is conducted, evaluated, explained to patients, and applied to patient care and how students' acquisition of this knowledge is assessed.

Course	Year Taught (U=undergrad M=Med School)	Objectives Covered	Methods of Teaching	Methods of Assessment
Population Health and Community Health Assessment	U2	• Appraise the quality of evidence in peer-reviewed medical and public health literature and its implications for guiding policy for population health. • Apply population health and demography skills to conduct a community health assessment, and describe interventions that address health and healthcare disparities in populations. • Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems. • Recognize the conflicts of interest inherent in research and display the integrity necessary to manage those conflicts.	Small-group workshops and breakout sessions (both group and individual work)	Writing assignments Community health assessment

Evaluation in Healthcare Settings	U2	• Apply population health and demography skills to conduct a community health assessment, and describe interventions that address health and healthcare disparities in populations. • Recognize the conflicts of interest inherent in research and display the integrity necessary to manage those conflicts.	Weekly small-group work Fieldwork with preceptor	Community project final paper Fieldwork preceptor evaluation
Molecules to Cells	U2 spring and U3 fall	• Explain the scientific basis, interpretation, reliability, and validity of common diagnostic and therapeutic modalities.	Small-group work	Student presentations
Fundamentals	U3 spring	• Explain the scientific basis, interpretation, reliability, and validity of common diagnostic and therapeutic modalities. • Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems.	Problem-Based Learning sessions	Problem-Based Learning sessions Facilitator evaluations
Introduction to Biomedical Ethics	U3	• Identify and apply ethical principles and theories related to medicine in resolving ethical dilemmas in clinical practice. • Recognize the conflicts of interest inherent in research and display the integrity necessary to manage those conflicts.	Small-group discussions	2 Written papers 1 Case examination Small-group session evaluations
Organ Systems and Intersessions (jointly part of Organ Systems and Practice of Medicine courses)	M1, M2 all year	• Appraise the quality of evidence in peer-reviewed medical and public health literature and its implications for guiding policy for population health. • Explain the scientific basis, interpretation, reliability, and validity of common diagnostic and therapeutic modalities. • Identify and apply ethical principles and theories related to medicine in resolving ethical dilemmas in clinical practice. • Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems.	Problem-Based Learning Sessions Small-group sessions during intersession	Problem-Based Learning sessions Facilitator evaluations Intersession small-group facilitator evaluations OSCEs
Practice of Medicine 3	M1 and M2	• Explain the scientific basis, interpretation, reliability, and	Small-group sessions	Preceptor evaluations

		validity of common diagnostic and therapeutic modalities. • Identify and apply ethical principles and theories related to medicine in resolving ethical dilemmas in clinical practice. • Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems. • Recognize the conflicts of interest inherent in research and display the integrity necessary to manage those conflicts.	Evidence-Based Medicine sessions with a clinical case	Patient write-ups Oral case presentations
Selectives in Population Health Research	M1 and M2 all year	• Explain the principles of epidemiology that form the scientific basis for public health practice, and apply and interpret appropriate biostatistical tests to compare health outcomes and risk factors across groups of people. • Appraise the quality of evidence in peer-reviewed medical and public health literature and its implications for guiding policy for population health. • Recognize the conflicts of interest inherent in research and display the integrity necessary to manage those conflicts.	Small-group sessions	Written problem solving exercises Verbal and written presentation of final project
Clerkships		• Identify and apply ethical principles and theories related to medicine in resolving ethical dilemmas in clinical practice. • Explain the scientific basis, interpretation, reliability, and validity of common diagnostic and therapeutic modalities. • Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems. • Identify and apply ethical principles and theories related to medicine in resolving ethical dilemmas in clinical practice. • Recognize the conflicts of interest inherent in research and display the integrity necessary to manage those conflicts.	Small-group sessions One-on-one sessions with preceptors	Preceptor evaluations Oral presentations Case write-ups

7.4 CRITICAL JUDGMENT/PROBLEM-SOLVING SKILLS

The faculty of a medical school ensure that the medical curriculum incorporates the fundamental principles of medicine, provides opportunities for medical students to acquire skills of critical judgment based on evidence and experience, and develops medical students' ability to use those principles and skills effectively in solving problems of health and disease.

7.4 SUPPORTING DATA

Table 7.4-1 | Critical Content and Problem Solving

For each topic area, place an "X" under the appropriate column to indicate whether the topic is taught separately as an independent required course and/or as part of a required integrated course. Place an "X" under each column to indicate the year(s) in which the learning objectives related to each topic are taught and assessed.

Topic Areas	Course Type		Years/Phases Topic Areas Are or Will be Taught/Assessed			
	Independent Course	Integrated Course(s)	One	Two	Three	Four
Skills of critical judgment based on evidence		X	X	X	X	X
Skills of medical problem solving		X	X	X	X	X

7.4 NARRATIVE RESPONSE

a. Provide two detailed examples of the way students are expected to demonstrate each of the following skills. In each description, include the courses in the pre-clerkship phase of the curriculum where this instruction and assessment occurs, the methods of assessment used, and the relevant learning objectives.

1. Skills of critical judgment based on evidence and experience

The Organ System course runs for 18 months in the M1 and M2 years. In this integrated course students work through patient cases that are specifically designed to integrate basic science into patient management through clinical presentations and critical review of the scientific evidence used to make decisions. Each Organ System module includes two Problem-Based Learning (PBL) cases. The students receive formative feedback from their faculty facilitator after the first PBL in the module and summative feedback after the second PBL.

Example 1--PBL case
An example of a PBL session includes a case in the pulmonary module of a patient with asthma. The students are presented the case in a small-group session (7--10 students per group) by a faculty facilitator. The students discuss the case and develop their own learning issues. On their own, they go to the literature to integrate the basic science of the respiratory system, including anatomy, physiology, immunology, and pathology to discover how they would make a diagnosis in the patient and how they would use the evidence to design a treatment plan. The students must retrieve, analyze, interpret, and critically appraise the information they find as they begin to work through the diagnosis and management of these cases. During the second PBL small-group

session, the students return prepared with activities we call "prompts." These prompts are student-designed activities that allow classmates to assess their knowledge for gaps. The students spend two hours working through these prompts. The faculty member functions as a non-content facilitator. When the students are finished, the faculty-facilitator reads the rest of the case. The students work together and each identifies more learning issues. On their own, they again critically research the literature to answer their own questions. At the third session, they again use prompts to assess their knowledge. In the last 30 minutes of the third session, the group has a process meeting in which each student reflects on their own performance and on the performance of the group. Each student sets personal goals for improvement.

The PBL is completed with a wrap-up session in which a content expert fills in any gaps that the students or faculty felt were missed in the small-group session. This occurs in the lecture hall with the entire class.

Learning objectives for the asthma PBL:

- Define asthma and the various subtypes (atopic, drug-induced and occupational).
- Be familiar with the epidemiology of asthma.
- Recognize genetic and environmental factors that predispose a person to developing asthma.
- Identify provoking stimuli for asthma and describe how each agent can trigger asthma exacerbations.
- Describe the pathophysiology of asthma, including the role of inflammatory cells and mediators and the definition of a type I hypersensitivity reaction.
- Describe the changes that occur in the lungs in patients with asthma with respect to: acute response, chronic inflammation, and airway remodeling.
- Understand the association between atopy and asthma in understanding the pathophysiology of allergic asthma.
- Describe how to diagnose a patient with asthma.
- Recognize clinical manifestations of asthma, including symptoms and physical examination findings.
- Describe the expected spirometry results for a patient with asthma.
- Describe why asthma is classified as an obstructive lung disease.
- Describe the classification of asthma based upon severity of symptoms and lung function
- Recognize the four essential components of asthma care: 1) assessment and monitoring of severity and control; 2) patient education and partnership; 3) control of environmental factors leading to asthma severity; and 4) pharmacologic therapy.
- Review the stepwise approach to asthma management with pharmacologic therapy.
- Identify the different classes of medications used to treat asthma and describe their: indications for use, mechanism of action, side effects, and contraindications. Distinguish between medications used for rescue vs. control.
- Describe the microscopic changes that occur in the airway, bronchus, and the sputum in asthma.

In each module, the students receive both formative and summative feedback from their faculty facilitator. They assessed using the following form. This assessment is deployed through LCMS+ (our learning management system). Students log into the system to access this feedback within a week of the PBL.

PBL Student Assessment Form (See Appendix 7-04)

FAS OS PBL 2017-2018

		Yes	No
1	Has this student missed any session in this PBL?		

2	If yes, please indicate number of sessions missed (1 or 2)	

When student is in class:

		Never	Rarely	Occasionally	Often	Always
3	Is on time and ready to begin at the start of sessions					
4	Listens attentively and considers alternative explanations and suggestions provided by other colleagues					
5	Participates with relevant contributions					
6	As leader, demonstrates the ability to manage the team and coordinate the activities of colleagues (skip question if student was not leader)					
7	Is prepared for all learning objectives in advance of session					
8	Presents carefully thought out prompts					
9	Effectively uses prompt to generate discussion					
10	Uses appropriate learning resources					

The students are also assessed on their medical knowledge with formative weekly quizzes and a summative customized NBME exam.

Example 2—Evidenced-Based Medicine Case "Interpreting Diagnostic Data"

The Evidenced-Based Medicine Course runs in M4 and M5. Each month, the students attend one large-group session and one small-group session. Each session is two hours. This example takes place during the time the students are learning about the cardiovascular system in their Organ Systems and Practice of Medicine Courses.

The students attend a large-group lecture on how to make a diagnosis. They are then broken up into groups of nine with a faculty member who is a content expert. The students are asked to review several cases of a patients with chest pain. The student work on the cases in groups of three. They are asked to determine if the patient has an acute coronary syndrome. They use the following table and their knowledge of risk factors and likelihood ratios to determine the patients' risk for having an acute coronary syndrome. They must complete this task for a patient with one risk factor and subsequently for a patient with multiple risk factors. They use the nomogram to turn pre-test odds into post-test odds.

Table 1. Performance of Cardiac Risk Factors in Diagnosing Acute Coronary Syndrome[a]

Test	No. Studies	No. Patients	% (95% CI) Sensitivity	% (95% CI) Specificity	LR+ (95% CI)	I^2, %	LR− (95% CI)	I^2, %	%[b] PPV	%[b] NPV
Abnormal prior stress[c,61]	1	1777	12 (8-16)	96 (95-97)	3.1 (2.0-4.7)		0.92 (0.88-0.96)		32	12
Peripheral arterial disease[21,23,49]	3	6034	7.5 (2-11)	97 (95-99)	2.7 (1.5-4.8)	0	0.96 (0.94-0.98)	64	29	13
Prior CAD[17,40,49,57,60]	5	6396	41 (13-69)	79 (60-98)	2.0 (1.4-2.6)	87	0.75 (0.56-0.93)	96	23	10
Prior myocardial infarction[d]	9	10491	28 (21-36)	82 (78-86)	1.6 (1.4-1.7)	42	0.88 (0.81-0.93)	81	19	12
Diabetes[e]	9	10237	26 (21-32)	82 (77-85)	1.4 (1.3-1.6)	4	0.90 (0.86-0.94)	45	17	12
Cerebrovascular disease[21,23,49,70]	4	6682	10 (8-13)	93 (91-94)	1.4 (1.1-1.8)	18	0.97 (0.94-0.99)	14	17	13
Men[f]	12	21113	66 (62-76)	50 (44-51)	1.3 (1.2-1.3)	65	0.70 (0.64-0.77)	39	16	9
Hyperlipidemia[g]	10	10288	42 (31-55)	67 (56-79)	1.3 (1.1-1.5)	70	0.85 (0.77-0.93)	69	16	11
Hypertension[h]	11	10931	59 (53-66)	52 (44-60)	1.2 (1.1-1.3)	51	0.78 (0.72-0.85)	29	15	10
Any tobacco use[i]	9	7381	38 (28-47)	65 (55-75)	1.1 (0.9-1.3)	75	0.96 (0.85-1.1)	77	14	13
Family history of CAD[21,23,40,49,51,54,58]	7	8717	37 (26-47)	64 (58-71)	1.0 (0.9-1.2)	54	0.99 (0.91-1.1)	65	13	13
Obesity[21,41,60]	3	4887	40 (26-55)	68 (48-84)	1.0 (0.9-1.2)	45	0.99 (0.88-1.1)	44	13	13
Prior CABG[23,31,58,70]	4	5902	9.1 (6-14)	91 (87-94)	0.97 (0.5-2.1)	77	1.00 (0.92-1.1)	77	13	13

Abbreviations: CABG, coronary artery bypass graft; CAD, coronary artery disease; LR+, positive likelihood ratio; LR−, negative likelihood ratio; NPV, negative predictive value; PPV, positive predictive value.

[a] See eTable 4 in the Supplement for results from individual studies.

[b] PPV and NPV calculated assuming an acute coronary syndrome rate of 13%. The included studies had an acute coronary syndrome rate of 13% (95% CI, 11%-16%).

[c] When the summary measure was from less than 3 studies, the I^2 was not calculated.

[d] References 21, 23, 37, 49, 54, 58, 60, 70.

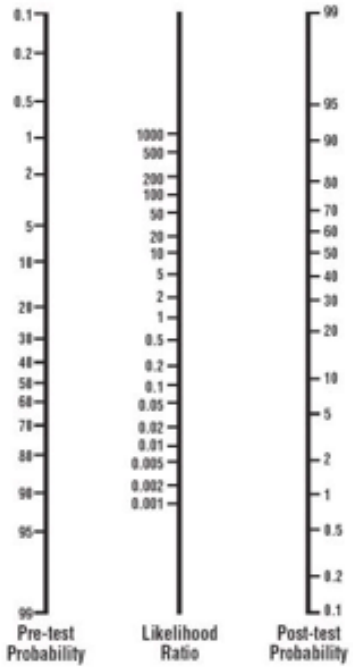
[e] References 21, 23, 31, 40, 49, 51, 58, 62, 70.

[f] References 21, 23, 31, 40, 47, 49, 51, 54, 58, 60, 62, 70.

[g] References 21, 23, 40, 49, 51, 54, 58, 60, 62, 70.

[h] References 21, 23, 31, 40, 49, 51, 54, 58, 60, 62, 70.

[i] References 21, 31, 40, 49, 51, 54, 58, 60, 62.



After determining the patient's post-test odds, students must use their prior knowledge on coronary artery disease to determine how they would manage each of the patients.

Learning objectives:

- Students should understand the different strategies used to make a clinical diagnosis.
- Students should be able to recognize when to use a diagnostic test.
- Students should understand the overlap between normal and abnormal and understand that most diagnostic tests are not perfect in differentiating between the two categories.
- Students should understand sensitivity and specificity and the tradeoffs between sensitivity and specificity.
- Students should incorporate the role of prevalence or pre-test probability into positive and negative predictive values.
- Students should be able to calculate likelihood ratios for a given test or battery of tests.
- Students should recognize the advantages of likelihood ratios over sensitivity and specificity.
- Students should be able to use a Fagan nomogram to determine post-test probability of a given condition from pre-test probability and a given likelihood ratio.
- Students should be able to use a ROC curve to determine the better diagnostic test.

Assessment:

Each student is assessed by two peers with the following form:

Part One: Quantitative Assessment
(Grades are based on the average of the quantitative assessments)

4=Excellent 3=Good 2=Fair 1=Poor

	Circle Grade				
Criteria	**4**	**3**	**2**	**1**	**Grade**
Attends workshop	4	3	2	1	
Arrives on time and remains with team during activities	4	3	2	1	
Demonstrates a good balance of active listening and participation	4	3	2	1	
Asks useful or probing questions	4	3	2	1	
Shares information and personal understanding	4	3	2	1	
Contributes their skills and resources	4	3	2	1	
Gives useful feedback to others	4	3	2	1	
Accepts feedback from others	4	3	2	1	
Identifies limits of personal knowledge	4	3	2	1	
Shows respect for the opinions and feelings of others	4	3	2	1	
				Total	

Each student hands in their work. The facilitator assesses the students with the following rubric.

MED 43709/43809: Evidence-Based Medicine
2016-2017 Grading Rubric

Due Date	Rubric Item	Max Points	Points Earned
Fri, 9/16/16	Attendance at workshop	**4**	
Fri, 9/16/16	Turn in "bullet point" summary of assigned reading	**4**	
Fri, 9/16/16	Active participation in workshop (preceptor grade)	**4**	
Fri, 9/16/16	Active participation in workshop (peer grade)	**4**	
Fri, 9/16/16	Turn in completed handout at the end of workshop	**4**	
	Total Points	**20**	

Notes re: grading
For attendance, deduct 1 point for every 30 minutes late

2. Skills of medical problem solving

During M1 and M2 years, the students will demonstrate skills of medical problem solving during their intersession weeks. These weeks occur between each Organ Systems modules and integrate the Practice of Medicine Course and the Organ Systems course. Here is a sample intersession week.

Date	Session	Assignment	Due Date	Assessment
Monday	OSCE	Complete a focused history and physical	Done in session	Standardized patients fill out a checklist.
		Post-Encounter Note	Immediately after OSCE	Post-Encounter Note grading rubric
		Write-up of History and Physical	Tuesday	
Tuesday	H and P session	Bring in H and P	Work on in class and turn in after class	Facilitator assessment
		Prepare your illness script assignment: Identify 3 diagnoses for your differential diagnosis and prepare the illness scripts for each of these diagnoses.	Wednesday	
Wednesday	Illness Script	Bring in Illness Scripts	Work on it in class	Facilitator assessment

Musculoskeletal Organ System Intersession Learning Objectives

1. With a standardized patient, demonstrate the ability to perform a history focused on a musculoskeletal problem, asking necessary symptom-focused questions and necessary review of systems questions.
2. With a standardized patient, demonstrate the ability to perform a physical exam focused on a musculoskeletal problem.
3. Demonstrate clinical reasoning by working through a differential diagnosis on a post-encounter note.
4. Demonstrate communication and clinical reasoning by completing a write-up with a problem representation and a summary statement.
5. Demonstrate focused clinical reasoning by completing an illness script.
6. Continue to work on using clinical reasoning skills to work through a case with an unclear diagnosis.

Example 1--Write-up of Patient Encounter

Monday

On the Monday of the Musculoskeletal Intersession, the students individually interview and examine a standardized patient with a painful swollen knee.

Immediately after this patient encounter, the students fill out a post-encounter note. They are asked to describe their top three diagnoses and to list evidence from the history and physical exam to support their diagnoses.

Tuesday

Before class on Tuesday of the intersession week, the students create a write-up based on their focused OSCE encounter. Students then bring these write-ups for peer review in a small-group session with a faculty leader. Students and faculty use a guide to the write up, and a grading rubric to assess and give feedback to each write-up, discuss the components and structure of a high-quality note as a group, and review a sample note as reference. Given the fact that all of the student notes and the sample note are based upon the same standardized encounter, the focus of the session is placed on the "how to" of the write-up process.

Grading rubric

POM3, 2016-17

Grading Rubric: Evaluation of Write-up for Musculoskeletal Intersession Write-up Assignment

During the first intersession, you will complete a focused written case presentation as a way to begin to learn how to properly record and communicate clinical information. For this first assignment, we will use the following grading rubric to evaluate write-ups. As you progress in the course, we will add subsequent components to the write-ups and evaluations.

Chief Concern: 0, 1, 2 points

0: none
1: present
2: includes patient's main concern, in patient's words, and no additional information/patient information/other non-pertinent wording

Opening sentence: 0, 3, 5 points

0: none
3: present but lacks appropriate important information, or includes information that is not important to the differential
5: includes appropriate history and not distractors

HPI: 0-10 (2 points for each of the following)

- Organized
- Thorough
- Includes pertinent positive symptoms
- Includes pertinent negative symptoms
- Includes patient's beliefs about his/her illness and impact on his/her life

Past Medical History: 0, 1, 2 points

0: none
1: disorganized, incomplete, paragraph format
2: organized, thorough, bulleted format (includes medical, surgical, and psychiatric history that is relevant to the patient's chief concern)

Medications: 0, 1, 2

0: nothing written (if no medications, must state so)

1: medications listed but uses abbreviations, trade names
2: medications listed, no abbreviations, generic names

Allergies: 0, 1, 2 points
0: nothing listed (if no allergies, must indicate such)
1: allergies listed but not reactions
2: allergies and reactions listed, or no allergies listed as "no known drug allergies)

Social History: 0, 1 point (Point system does NOT reflect a lack of importance to this! Please include social history that is relevant to the patient's chief concern, such as alcohol, tobacco, drug use, living situation, social support.)

Family History: 0, 1 point (Point system does NOT reflect lack of importance. Include family history that is relevant to the patient's chief concern.)

(Note: Review of Systems section is OMITTED from this first assignment.)

Physical Exam: 0, 5, 10 points
0: none
5: incomplete, unorganized
10: includes vitals, organized in appropriate order, and includes the relevant components of the physical exam

Summary Statement: 0, 5, 10 points
0: none
5: present but unorganized, does not include pertinent information or includes information that is not pertinent or incorrect
10: organized, includes pertinent HPI, PE and data leading to differential diagnosis

Total for above: 45 points

(Note: Problem list, Plan with differential diagnosis is OMITTED from this first assignment)

Example 2--Illness script

Student complete an illness script assignment for Wednesday class. They use the skills of medical problem solving to go to their textbooks and find the evidence needed to support their hypotheses and fill in the chart below with their top diagnoses.

		Differential Diagnoses			
Epidemiology		Risk Factors	Risk Factors:	Risk Factors:	Risk Factors:
Time Course					
Clinical Features	History				
	Phys. Exam				
	Labs				
	Imaging				
	Advanced Studies				
Basic Science Explanation					
Pathophysiology					

Treatment (drug class, mechanism of action and side effects)				
Typical Illness Course				
Clinical Pearls				

In class the faculty leader helps the students go through all of their diagnoses and the students use their skills of diagnostic reasoning to rule in and rule out diagnoses. The intersession week helps students consolidate the medical knowledge from their Organ System course with their clinical skills from their Practice of Medicine course.

Assessments:

The students receive formative peer feedback on their write-up.
The students receive summative feedback from their faculty leader using the following form. This is done once per semester.

Faculty Assessment of Student in the Intersession (See Appendix 7-04)

FAS Intersession 2017-2018
LCMS+ TRAINING 2016/2017 - Main Campus
Evaluator: Miesha Etheridge - Faculty evaluating Course

		Never	Rarely	Occasionally	Often	Always
1	Is on time and ready to participate at the start of sessions					
2	Is prepared for all learning objectives in advance of sessions					

Rate the level to which the student has demonstrated progress:

		Minimal progress 1	2	Moderate progress 3	4	Outstanding progress 5
3	Ability to create a clear, organized, and effective written case presentation					
4	Ability to deliver a clear, organized, and effective oral case presentation					
5	Ability to create a reasonable differential diagnosis that is consistent with the history and physical examination					

6	Comment on the student's strengths	
7	Identify at least two practices that the student can incorporate to further enhance his/her skills. If a student received a score of 1 or 2 on any of items above (question 1-5), please comment with specific examples.	

7.5 SOCIETAL PROBLEMS

The faculty of a medical school ensure that the medical curriculum includes instruction in the diagnosis, prevention, appropriate reporting, and treatment of the medical consequences of common societal problems.

7.5 NARRATIVE RESPONSE

a. Describe the process used by faculty in the selection of societal problems that are or will be included in the curriculum.

The school's mission to focus on healthcare for the medically underserved led to the creation of a population health competency and a strong emphasis on teaching students about common societal problems from both clinical and population health perspectives. Faculty from all branches of the school's curriculum--basic sciences, clinical sciences, and population health--have selected societal problems for inclusion in the curriculum based upon the increased prevalence and disease burden of these problems among patients from medically underserved communities, as well as the contribution of these societal problems to significant health disparities. The faculty have used topics from *Healthy People 2020* to identify common societal problems. They've also used input from clerkship directors on common societal problems leading to significant morbidity and mortality among the patient populations served by the school's clinical affiliate hospitals and health centers. These topics have been incorporated into the course content for basic science, clinical science, and population health courses. Each course has been presented to the curriculum committee for approval and is subject to annual course review by the curriculum committee.

b. Describe five common societal problems that are or will be taught and assessed in the curriculum. For each of the five:

1. Describe where and how content related to the societal problem is or will be taught in the curriculum.
2. Provide, as available, the relevant course and clerkship objectives that address the diagnosis, prevention, appropriate reporting (if relevant), and treatment of the medical consequences of the societal problem.

Alcohol abuse

1. Alcohol abuse is introduced as a topic in the POM1 course as a part of the course's lifestyle medicine curriculum. This is taught through lectures and student-led small-group discussions on reviews of relevant medical literature. In the Community Health Assessment and Population Health course, students learn to use alcohol-related measures as leading health indicators to assess the health of communities. Alcohol-related diseases are taught in the Organ Systems course, with a focus on the clinical presentation, pathophysiology, pathology, treatment, and prognosis of alcohol-related diseases. This is taught through lectures and PBL cases. In the POM3 course, students use standardized patient sessions and lectures to learn how to screen for alcohol abuse and provide brief counseling to patients with alcohol abuse. The POM3 course also incorporates narrative medicine and reflective sessions, which help students identify their own potential biases and attitudes toward caring for patients with addiction. During the clerkships, students will be expected to participate in the direct care of patients with alcohol-related conditions in both inpatient and outpatient settings. The medicine clerkship includes required clinical experiences in the care of patients with alcohol-related liver disease. The surgery clerkship lists required clinical experiences in the care of patients with alcohol-related injuries and trauma, as well as counseling toward alcohol-related injury prevention.

2. Alcohol Abuse

Course	Objective
POM1	-Enumerate current areas of health concerns related to alcohol and drugs of abuse.
Community Health Assessment and Population Health	-Describe the purpose of *Healthy People 2020* goals and objectives as they apply to the planning process for the health of Americans. -Assess the health status of U.S. populations and communities using available data (e.g., public health surveillance data, vital statistics, registries, surveys, etc.). -Aggregate and present the data selected to describe in both quantitative and qualitative terms, levels of health and illness, the healthcare needs, and medical care resources in the community, and create the appropriate tables, charts and graphs to present these data. -Apply information from the epidemiologic and medical literature to the health concerns in a defined population.
Organ Systems	-Appreciate the key role of alcohol as a major cause of acute and chronic liver disease including fatty liver (steatosis), alcoholic hepatitis, and cirrhosis. -Understand diagnosis and treatment of alcoholic hepatitis.
POM3	-Define basic terms used in the Behavioral Sciences for substance-related disorders. -Identify some ways structural inequalities affect individual behaviors toward substance use. -Generate creative writing that reflects personal beliefs and experiences related to addictions. -Take an alcohol and substance abuse history. -Provide a brief counseling intervention to a patient with alcohol abuse.
Surgery Clerkship	-Participate in the care of acute or chronically ill patients due to alcohol-related trauma, eliciting focused histories and performing physical examinations. -Formulate focused assessments and plans. -Present findings to supervising clinicians.
Family Medicine Clerkship	-Elicit, under observation, a comprehensive history. -Perform a physical examination of a patient with substance abuse. -Formulate, under supervision, management plans, including diagnostic testing, therapeutic planning and follow-up visits.

Tobacco Use

1. Tobacco use is introduced as a topic in the POM1 course as a part of the course's lifestyle medicine curriculum. This topic is taught through lectures and student-led small-group discussions on reviews of relevant medical literature. In the Community Health Assessment and Population Health course, students learn to use tobacco-related measures as leading health indicators to assess the health of communities. Tobacco-related diseases are taught in the Organ Systems course, with a focus on the clinical presentation, pathophysiology, and pathology, treatment, and prognosis of tobacco abuse and tobacco-related diseases. This is taught through lectures and PBL cases. In the POM3 course, students utilize standardized patient sessions and lectures to learn how to take a tobacco use history and counsel patients on tobaccos cessation through techniques of motivational interviewing. During the clerkships, students will be expected to participate in the direct care of patients with tobacco abuse and tobacco-related conditions in both inpatient and outpatient settings. The family medicine clerkship includes required clinical experiences in the counseling of patients toward tobacco cessation. The Internal Medicine clerkship lists required clinical experiences in the care of patients with tobacco-related medical conditions (COPD, lung cancer).

2. Tobacco Use

POM1	-Describe some of the health effects of the use of tobacco products described in the literature.
POM3	-Identify stages of change. -Select the appropriate kind of intervention for patients at different stages of tobacco cessation. -Use motivational interviewing techniques to counsel a patient on tobacco cessation.
Community Health Assessment and Population Health	-Describe the purpose of *Healthy People 2020* goals and objectives as they apply to the planning process for the health of Americans. -Assess the health status of U.S. populations and communities using available data (e.g., public health surveillance data, vital statistics, registries, surveys, etc.).
Organ Systems	-Be aware of the disease burden (including prevalence, incidence, morbidity, mortality, cost) of COPD in the U.S. and worldwide. -Recognize the factors that are implicated in causing COPD, with cigarette smoking as the key etiologic factor for COPD. -Describe the clinical symptoms of COPD. -Describe the pathophysiology of COPD. -Know how to diagnose COPD including x-ray findings, PFTs and blood gasses. -Recognize the treatment modalities for COPD and their mechanisms of action and side effects.
Family Medicine Clerkship	-Elicit, under observation, a comprehensive history. -Perform a physical examination for a patient with tobacco use disorder. -Formulate, under supervision, management plans, including diagnostic testing, therapeutic planning, and follow-up visits.

Internal Medicine Clerkship	-Elicit, under observation, a comprehensive history. -Perform a physical examination for a patient with COPD. -Formulate, under supervision, management plans, including diagnostic testing, therapeutic planning, and follow-up visits.

Obesity

1. Obesity, in addition to nutrition and exercise, is introduced as a topic in the POM1 course as a part of the course's lifestyle medicine curriculum. This is taught through lectures and student-led, small-group discussions on reviews of relevant medical literature. In the Community Health Assessment and Population Health course, students learn to use physical activity and obesity measures in adults and children as leading health indicators to assess the health of communities. Obesity is taught in the Organ Systems course, with a focus on the pathophysiology and treatment modalities for obesity, as well as on medical consequences of obesity. This is taught through lectures and PBL cases. During the clerkships, students will be expected to participate in the direct care of patients with obesity in both inpatient and outpatient settings. The family medicine clerkship includes required clinical experiences in the care of patients with obesity.

2. Obesity

Community Health Assessment and Population Health	-Describe the purpose of *Healthy People 2020* goals and objectives as they apply to the planning process for the health of Americans. -Assess the health status of U.S. populations and communities using available data (e.g., public health surveillance data, vital statistics, registries, surveys, etc.).
POM1	-Demonstrate an understanding of how obesity is defined and measured. -Describe at least 6 unique health effects of obesity. -Understand the epidemiology of obesity and the populations most impacted. -Enumerate aspects of the obesogenic environment. -Describe at least 3 different approaches to obesity prevention and management. -Identify some of the ways that environment influences food and activity in populations and describe at least one intervention consistent with behavioral economics.
Organ Systems	-Define obesity and metabolic syndrome. -Describe treatment modalities for obesity, including pharmacologic, lifestyle modification and surgery.
Family Medicine Clerkship	-Elicit, under observation, a comprehensive history. -Perform a physical examination of a patient with obesity. -Formulate, under supervision, management plans, including diagnostic testing, therapeutic planning, and follow-up visits.

Domestic Violence and Abuse

1. In the POM3 course, students learn about domestic violence and abuse, including intimate partner violence (IPV), child abuse and neglect, and elder abuse. Through lectures and standardized patient encounters, students will learn to interview patients to gather data and evaluate for domestic violence and abuse. Students will also learn about the epidemiology and risk factors for domestic violence and abuse. Legal and ethical issues regarding mandatory reporting of abuse will also be introduced in the POM3 course. The Pediatrics clerkship includes didactic sessions on child abuse, using competencies and educational resources provided by Council on Medical Student Education in Pediatrics.

2. Domestic Violence and Abuse

POM3	-Perform a culturally sensitive patient interview to evaluate for possible domestic abuse. -Recognize the epidemiology of domestic violence and abuse. -Identify risk factors for domestic violence and abuse.
Pediatrics Clerkship	(Objectives taken from COMSEP Curriculum competency for Child Abuse) -List characteristics of the history and physical examination that should trigger concern for possible physical, sexual, and psychological abuse and neglect. -Describe the medical-legal importance of a full, detailed, carefully documented history and physical examination in the evaluation of child abuse. -Describe the unique communication skills required to work with families around issues of maltreatment. -Summarize the responsibilities of the "mandatory reporter" to identify and report suspected child abuse. Know to whom such a report should be made.

Injury and Violence

1. In the Community Health Assessment and Population Health course, students learn to use injury and violence-related measures (fatal injuries, homicides) as leading health indicators to assess the health of communities. Mechanisms of traumatic injury are taught in the Organ Systems course as part of its general pathology curricular content. In the POM3 course, students learn about injury and violence epidemiology and prevention through lectures. They will use standardized patient encounters to develop skills of injury prevention counseling. During the Surgery and Emergency Medicine clerkships, students will have didactics and experiences in the care of patients with injuries and trauma related to violence, as well as counseling patients on injury prevention. The Pediatrics clerkship includes didactic sessions and expected clinical experiences in counseling on injury prevention as part of well child visits (e.g., car seat and seat belt use, water safety, use of helmets).

2. Injury and Violence

Community Health Assessment and Population Health	-Describe the purpose of *Healthy People 2020* goals and objectives as they apply to the planning process for the health of Americans. -Assess the health status of U.S. populations and communities using available data (e.g., public health surveillance data, vital statistics, registries, surveys, etc.).
POM3	-Recognize the epidemiology of unintentional injuries and injuries related to violence in the United States. -Identify risk factors for injuries, both unintentional and related to violence. -Describe potential measures to prevent injuries and violence. -Counsel patients on techniques for injury prevention.
Organ Systems	-Describe mechanisms of injury in trauma (e.g., burns, falls, concussions).
Surgery Clerkship	-Participate in the care of acute or chronically ill patients due to trauma, eliciting focused histories and performing physical examinations. -Formulate focused assessments and plans. -Present findings to supervising clinicians.
Emergency Medicine Clerkship	-Counsel patients about injury prevention.
Pediatrics	-Counsel patients and families about injury prevention as a component of a well child visit.

7.6 CULTURAL COMPETENCE AND HEALTH CARE DISPARITIES

The faculty of a medical school ensure that the medical curriculum provides opportunities for medical students to learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the health care delivery process. The medical curriculum includes instruction regarding:

- The manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments.
- The basic principles of culturally competent health care.
- The recognition and development of solutions for health care disparities.
- The importance of meeting the health care needs of medically underserved populations.
- The development of core professional attributes (e.g., altruism, accountability) needed to provide effective care in a multidimensional and diverse society.

7.6 SUPPORTING DATA

Table 7.6-1 | Cultural competence

Provide the names of courses and clerkships that include or will include objectives related to cultural competence in health care. For each, list the specific topic areas covered. Schools using the AAMC Tool for Assessing Cultural Competence Training (TACCT) may use the "Domains" table as a source for these data.

Course/Clerkship	Topic Area(s) Covered (TACCT Domains)
Freshman Inquiry Writing Seminar (FIQWS) Undergraduate Year 1	• IC: Clinicians' self-assessment and reflection • IIC: Institutional cultural issues • IIIA: History of stereotyping • IIIB: Bias, discrimination, and racism • IIIC: Effects of stereotyping • VA: Differing values, cultures, and beliefs • VB: Dealing with hostility/discomfort • VD: Communication skills
Sociomedical Sciences Undergraduate Year 1	• IA: Definition of cultural competence • IB: Definitions of race, ethnicity, and culture • IC: Clinicians' self-assessment and reflection • IIA: Epidemiology of population health • IIB: Patients' healing traditions and systems • IIC: Institutional cultural issues • IIIB: Bias, discrimination, and racism • IIIC: Effects of stereotyping • IVA: History of healthcare discrimination • IVB: Epidemiology of healthcare disparities • IVC: Factors underlying healthcare disparities • IVD: Demographic patterns of disparities • IVE: Collaborating with communities • VA: Differing values, cultures, and beliefs • VC: Eliciting a social and medical history • VD: Communication skills
Fundamentals of Epidemiology and	• IIA: Epidemiology of population health

Biostatistics Undergraduate Year 2	• IVB: Epidemiology of healthcare disparities • IVD: Demographic patterns of disparities
Population Health and Community Health Assessment Undergraduate Year 2	• IIA: Epidemiology of population health • IIIB: Bias, discrimination, and racism • IIIC: Effects of stereotyping • IVB: Epidemiology of healthcare disparities • IVC: Factors underlying healthcare disparities • IVD: Demographic patterns of disparities • IVE: Collaborating with communities
Evaluation in Healthcare Settings Undergraduate Year 2	• IC: Clinicians' self-assessment and reflection • IIA: Epidemiology of population health • IIC: Institutional cultural issues • IID: History of the patient • IVB: Epidemiology of healthcare disparities • IVC: Factors underlying healthcare disparities • IVD: Demographic patterns of disparities • IVE: Collaborating with communities • VC: Eliciting a social and medical history • VD: Communication skills • VF: Negotiating and problem-solving skills
U.S. Healthcare System Undergraduate Year 3	• IB: Definitions of race, ethnicity, and culture • IIA: Epidemiology of population health • IIB: Patients' healing traditions and systems • IIC: Institutional cultural issues • IIIB: Bias, discrimination, and racism • IVC: Factors underlying healthcare disparities • VA: Differing values, cultures, and beliefs • VD: Communication skills
Practice of Medicine 1 (POM1) Undergraduate Year 2	• IA: Definition of cultural competence • IB: Definitions of race, ethnicity, and culture • IVB: Epidemiology of healthcare disparities • IVC: Factors underlying healthcare disparities • IVD: Demographic patterns of disparities • VA: Differing values, cultures, and beliefs
Practice of Medicine 2 (POM2) Undergraduate Year 3	• IC: Clinicians' self-assessment and reflection • IID: History of the patient • IIC: Effects of stereotyping • IVC: Factors underlying healthcare disparities • IVD: Demographic patterns of disparities • IVE: Collaborating with communities • VB: Dealing with hostility/discomfort • VC: Eliciting a social and medical history • VD: Communication skills
Practice of Medicine 3 (POM3)	• IC: Clinicians' self-assessment and reflection

Years M1 and M2	• IVC: Factors underlying healthcare disparities • IVD: Demographic patterns of disparities • IVE: Collaborating with communities • VA: Differing values, cultures, and beliefs • VB: Dealing with hostility/discomfort • VC: Eliciting a social and medical history • VD: Communication skills • VE: Working with interpreters • VF: Negotiating and problem-solving skills • VG: Diagnosis and patient-adherence skills
Clinical Rotations Years M3 and M4	• IVC: Factors underlying healthcare disparities • IVD: Demographic patterns of disparities • VA: Differing values, cultures, and beliefs • VB: Dealing with hostility/discomfort • VC: Eliciting a social and medical history • VD: Communication skills • VE: Working with interpreters • VF: Negotiating and problem-solving skills • VG: Diagnosis and patient-adherence skills
Clerkship Intersession Year M3	• IC: Clinicians' self-assessment and reflection • IIC: Institutional cultural issues • IIIB: Bias, discrimination, and racism • IIIC: Effects of stereotyping • VA: Differing values, cultures, and beliefs • VB: Dealing with hostility/discomfort • VC: Eliciting a social and medical history • VD: Communication skills • VE: Working with interpreters • VF: Negotiating and problem-solving skills • VG: Diagnosis and patient-adherence skills

Table 7.6-2 | Health Disparities, Demographic Influences, and Medically Underserved Populations			
Provide the names of courses and clerkships that include or will include explicit learning objectives related to the listed topics areas.			
Course/Clerkship	Topic Area(s) Covered		
	Identifying and Providing Solutions for Health Disparities	Identifying Demographic Influences on Health Care Quality and Effectiveness	Meeting the Health Care Needs of Medically Underserved Populations
Sociomedical Sciences Undergraduate Year 1		X	
Epidemiology and Biostatistics Undergraduate Year 2		X	
Population Health and Community Health Assessment Undergraduate Year 2	X	X	X
Evaluation in Healthcare Settings Undergraduate Year 2	X	X	X
U.S. Healthcare System Undergraduate Year 3	X	X	X
POM1 Undergraduate Year 2		X	
POM2 Undergraduate Year 3		X	X
POM3 Years M1 and M2	X	X	X
Clinical Rotations Years M3 and M4		X	X
Clerkship Intersession Year M3	X		

7.6 NARRATIVE RESPONSE

a. Describe where in the curriculum medical students will be prepared to be aware of their own gender and cultural biases and those of their peers and teachers.

Students' self-reflection and awareness of their own biases is a fundamental component of cultural competence and an important educational thread that is woven throughout our seven-year BS/MD program with our narrative medicine curriculum. Beginning in undergraduate Year 1, all students take the required Freshman Inquiry Writing Seminar (FIQWS) on narrative medicine. The practice of narrative medicine sets the foundation for self-reflection, particularly with regard to the notion of "difference," through designated reading and writing assignments that address differences such as race, sexual orientation, and age. Sessions in narrative medicine and reflective practice recur in the Sociomedical Sciences course, POM course sequence, and the clerkship intersession. During these subsequent sessions, students will use narrative medicine techniques (close reading and reflective writing), as well as facilitated small-group discussions to explore their experience as healthcare providers, their attitudes toward patients, and the impact of patient illness and experience on their understanding of their professional role as healer. The students' reflective writing and narrative projects through all years of the curriculum will be captured in longitudinal student portfolios, which will be used to facilitate ongoing reflection and professional development.

7.7 MEDICAL ETHICS

The faculty of a medical school ensure that the medical curriculum includes instruction for medical students in medical ethics and human values both prior to and during their participation in patient care activities and requires its medical students to behave ethically in caring for patients and in relating to patients' families and others involved in patient care.

7.7 SUPPORTING DATA

Table 7.7-1 | Medical Ethics

For each topic area listed below, indicate whether the topic is taught separately as an independent required course and/or as part of a required integrated course and when this occurs by placing an "X" under the appropriate columns.

	Course Type		Years/Phases Topic Areas Are or Will be Taught/Assessed			
	Independent Course	Integrated Course(s)	One*	Two	Three	Four
Biomedical Ethics	x		x*			
Ethical Decision-Making		x**	x	x	x	
Professionalism		x**	x	x	x	x

*Biomedical Ethics is taught in the third year of the seven- year curriculum (in the last year of the undergraduate degree)

****** Ethical Decision Making and Professionalism are taught as part of the longitudinal Practice of Medicine course which begins in the undergraduate curriculum beginning in Year 3 (U3) of the seven-year program and including the first two years of medical school. Professionalism is also taught in the Evaluations in Healthcare Settings course in spring semester of Year 2 (U2) of the baccalaureate program.

7.7 NARRATIVE RESPONSE

a. Describe the methods that are or will be used to assess medical students' ethical behavior in the care of patients and to identify medical students' breaches of ethics in patient care.

In the preclerkship clinical curriculum (U3 and M1--M2), students will be placed in ambulatory care clinics through the Longitudinal Clinical Experience (LCE) component of the Practice of Medicine (POM) course series. During the LCE, students will have direct involvement in patient care, clinical activities, or both. Students will be given a clear set of professionalism objectives and expectations for ethical behavior in the care of patients. LCE faculty preceptors, site directors, and other relevant healthcare team members at the clinical instruction sites will also be given a clear set of professionalism objectives and expectations for students. LCE faculty preceptors will complete summative evaluations of students at the end of each year of LCE. The evaluations will include questions pertaining to students' professionalism and ethical behavior in the care of patients.

During the POM course sequence, students will also have medical ethics sessions to discuss ethical dilemmas encountered in patient care. Students will submit reflective essay assignments for these sessions and receive formative feedback for the sessions. Additionally, the POM course sequence includes standardized patient exercises designed to reflect ethical dilemmas encountered

in patient care. Students will receive formative feedback on these exercises.

In addition, professionalism is assessed in the PBL sessions that occur from Years U3, M1--M2 in the Fundamentals Course (Year 3), and Organ Systems course (MD program Years M1 and M2).

At the beginning of the M4 year, the summative clinical skills OSCE will include a case representing an ethical dilemma in a clinical setting. Students will also complete a written clinical moral reasoning exercise based upon that case as part of their summative assessment.

Year M3 clinical clerkships will include summative faculty evaluations by supervising attending and resident physicians. The evaluations will include questions pertaining to students' professionalism and ethical behavior in the care of patients and will also ask for faculty to identify any student breaches of ethics in patient care.

b. Describe to whom medical student breaches of ethics in patient care will be reported and how students committing such breaches will be remediated.

Faculty preceptors will be asked to communicate any instances of breaches of ethics in patient care or unprofessional behavior by the medical student to the course/clerkship director as soon as they occur. Once such a breach has been reported, the course/clerkship director will meet with the student to discuss the incident, give feedback, and receive the student's comments about the incident. Course/clerkship directors will also obtain student evaluation forms from clinical faculty preceptors and other relevant healthcare team members; these forms will request information about the student's level of professionalism and any lapses in professionalism or breach of ethics in patient care. Any incidents brought to the course/clerkship director through these formal student evaluations will also be followed up with a direct meeting between the course/clerkship director and the student. Follow-up of the meeting between the course/clerkship director and the student may range from further monitoring of behaviors, to documentation with the medical school's Professional Behavior Documentation Form, to referral to the associate dean of student affairs, the Student Academic Progress Committee, or both, for serious breaches of ethics in patient care. The charge of the Student Academic Progress Committee is to review allegations of unprofessional behavior by members of the student body, to recommend appropriate disciplinary action to the dean and to maintain student records with regard to incidents of unethical or unprofessional behavior. Faculty can also submit to the course/clerkship director a Professional Behavior Documentation Form at any time during the semester; the course/clerkship director submits the completed form to the associate dean of student affairs, who may intercede with the student directly, refer the student to the Student Academic Progress committee, or to appropriate support services. Students are also allowed to use the form to report breaches of ethics by students or faculty.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 7.7

1. Examples of instruments used in the formative and/or summative assessment of medical students' ethical behavior during the pre-clerkship and clinical clerkship (as available) phases of the curriculum.

POM3 Medical Ethics Session Faculty Feedback Form

Student Name	1. Identifies and applies ethical principles and theories related to medicine to address ethical dilemmas in clinical practice (select one)			2. Shows respect for patients' privacy and confidentiality in all communications (select one)		
	Needs improvement	Meets expectations	Exceeds expectations	Needs improvement	Meets expectations	Exceeds expectations

POM3 LCE Preceptor Faculty Assessment of Student Form (Appendix 7-07 LCE Student Assessment Form)

FAS LCE Preceptor Assessment of Student in POM 3 2016-2017
LCMS+ TRAINING 2016/2017 - Main Campus
Evaluator: Miesha Etheridge - Faculty evaluating Course

To what extent do you agree or disagree with the following statements? (Please check one response)

My student...

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not observed
1	is on time and ready to participate at the start of sessions.						
2	has timely and effective communication with me.						
3	is professional and respectful in dress and manners during patient encounters.						
4	respects patients' privacy and confidentiality and adheres to HIPAA regulations.						
5	identifies own strengths and areas of improvement in his/her knowledge and expertise.						
6	accepts and appropriately responds to feedback						
7	conducts portions of medical interview in an accurate and patient-centered manner.						
8	accurately performs components of a focused physical examination.						
9	appropriately counsels patients about behavior modification and/or preventive measures to maintain good health.						

10	communicates and works effectively with other members of the health care team.						

11	Please provide written comments about your student's strengths	
12	Please provide written comments about your student's areas for improvement	
13	During the course, did the student demonstrate any lapses in professionalism or breaches of ethics in the care of patients? If so, please describe the incident.	

The clerkship assessment forms are being finalized and will include an assessment of ethical behaviors.

7.8 COMMUNICATION SKILLS

The faculty of a medical school ensure that the medical curriculum includes specific instruction in communication skills as they relate to communication with patients and their families, colleagues, and other health professionals.

7.8 SUPPORTING DATA

Table 7.8-1 | Communication Skills

Provide the names of courses and clerkships that include or will include explicit learning objectives and activities related to the listed topics areas.

Course/Clerkship	Topic Areas		
	Communicating with Patients and Patients Families	Communicating with Physicians (e.g., as part of the medical team)	Communicating with Non-physician Health Professionals (e.g., as part of the health care team)
Evaluations in Healthcare Settings (Undergraduate Year 2)	X		X
Practice of Medicine 1 (Undergraduate Year 2)	X		
Practice of Medicine 2 (Undergraduate Year 3)	X	X	X
Practice of Medicine 3 (M1 and M2)	X	X	X
Clinical Rotations (M3 and M4)	X	X	X
Introduction to Internship (M4)		X	

7.8 NARRATIVE RESPONSE

a. Describe the specific educational activities and the relevant learning objectives included in the curriculum for each of the following topic areas during the pre-clerkship phase of the curriculum:

1. Communicating with patients and patients' families
2. Communicating with physicians (e.g., as part of the medical team)
3. Communicating with non-physician health professionals as members of the health care team

The communication skills curriculum at CSOM is designed as a developmentally progressive curriculum that includes lectures, standardized patient encounters, role-playing sessions, and experiential learning in clinical settings with patients and healthcare team members. In the preclerkship phase of this curriculum, students acquire the foundational competencies of establishing rapport and maintaining relationships with patients and their families, demonstrating patient centered approaches to communication, and communicating effectively with other physicians and non-physician health professionals as members of the healthcare team.

1. Communicating with patients and patients' families

   Students have their first direct contact with patients and clients in social service agencies during the Evaluations in Healthcare Settings course (U2). In this course, students are placed in health centers or social service agencies for an eight-week immersive fieldwork experience (24 hours of fieldwork per week). Students engage directly with patients and clients in these settings and complete a formal case study assignment, which involves an extended interview with a patient/client about his/her social history, health beliefs, and experience within the designated healthcare setting.

   In the POM1 course (U2), students begin to learn and acquire interpersonal skills related to initiating and supporting the practice of health behavior change in patients. Students learn how to promote and facilitate lifestyle changes in the topics of lifestyle medicine, such as nutrition, exercise, stress reduction, and tobacco use. Specific learning objectives for this course include the acquisition of skills and demonstration of attitudes to assist patients in their efforts to improve their health status for disease prevention and adherence with treatment guidelines.

   During the POM2 course (U3), students are taught through lectures and small-group sessions to develop their early communication skills such as obtaining the basic components of medical and social history. Additionally, students receive specific training in health coaching, by which they develop skills of encouraging patients to set and meet health-related goals through behavior modification. Students practice these skills through standardized patient exercises and role-playing sessions with their peers. During spring semester of the POM2 course, students also begin their Longitudinal Clinical Experience (LCE). Students are placed at primary care clinical sites where they begin to engage in patient encounters to develop their skills of foundational history taking as well as health coaching.

   In the POM3 course (M1 and M2), students continue to develop their communication skills with patients through standardized patient exercises on more challenging communication topics, such as working with interpreters, addressing health literacy with patients, and delivering bad news. Additionally, students perform focused medical interviews as part of the intersession OSCEs and receive formative feedback on their general and case-specific communication skills. Within the POM3 course, students continue with their LCE and conduct focused patient medical interviews in ambulatory care settings. They also perform patient education and counseling as one of the required activities during LCE. In the M2 POM3 course, the students also have patient bedside interviewing sessions at inpatient facilities. Students receive feedback from faculty during these clinical experiences regarding their communication skills.

2. Communicating with physicians (e.g., as part of the medical team)

   In the POM2 course, students begin to develop skills of communication with physicians as part of the healthcare team. Through lectures and small-group sessions, they are taught how to perform foundational components of the medical interview. In this first year of LCE, students are assigned to physician preceptors and they begin to observe patient encounters, then participate in supervised patient encounters and communicate their findings to their preceptors.

   During POM3, students receive formal training to develop their clinician-to-clinician communication skills. Students attend lectures and workshops to learn how to complete patient

write-ups and give oral presentations. Students receive feedback from physician faculty on their write-ups as well as on their oral case presentations during LCE and the inpatient bedside patient sessions.

During their clerkships in M3 and M4, students will be directly observed communicating with patients and their families. They will receive feedback on these skills from faculty and residents. They will also practice and receive feedback on their communications skills with other physicians. They will be taught and provided feedback on what information to include when asking for a consultation with another physician, how to write a discharge summary, how to handoff a patient and how to write an end of service note. In addition, students will practice and receive feedback on these skills during the Introduction to Internship course in M4.

3. Communicating with non-physician health professionals as members of the healthcare team

Students first work directly with non-physician healthcare workers in the Evaluations in Healthcare Settings course (U2). Depending on their site location, students will work directly with social workers, community health workers, RNs, or staff members of social service agencies. At all sites, they will work with non-physician healthcare workers and participate in the delivery of services to patients or clients. The development of students' communication skills with other members of the healthcare team is an explicit learning objective for the Evaluations in Healthcare Settings course.

In addition to working directly with physician preceptors, students as part of LCE in the POM2 and POM3 (U3, M1 and M2) courses, will have opportunities to work directly with non-physician staff members at their health sites, such as nurses, nutritionists, social workers, health educators, and care coordinators. While one of the learning objectives of LCE will be for students to learn about the roles and responsibilities of different members of the healthcare team, another learning objective in POM2 as well as POM3 is for students to communicate and work effectively with all members of the healthcare team. As students become more situated at their assigned health centers over the three-year LCE, they will first observe then participate in team-based care of patients in a primary care practice.

As part of POM3 in the M2 year, students participate in an online inter-professional education experience "Introduction to Inter-professional Collaborative Practice where they are part of a small-group that includes nurses and physician assistant students. There are five sessions which contain activities that are completed both individually and as part of their small-group team. There are discussion boards for each session where students post and respond to each other's posts and a reflection paper at the end.

7.9 INTERPROFESSIONAL COLLABORATIVE SKILLS

The faculty of a medical school ensures that the core curriculum of the medical education program prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. These curricular experiences include practitioners and/or students from the other health professions.

7.9 SUPPORTING DATA

Table 7.9-1 | Collaborative Practice Skills in Learning and Program Objectives	
Illustrate the linkage between course and clerkship learning objectives related to collaborative practice skills with medical education program objectives.	
Course/Clerkship Learning Objective(s)	Medical Education Program Objective(s)
Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services	1.8. Effectively collaborate with healthcare professionals in a multidisciplinary approach to implement optimal and comprehensive patient care strategies.
Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions.	4.5. Communicate and work effectively with other members of the healthcare team.
Explain the roles and responsibilities of other care providers and how the team works together to provide care.	5.6. Collaborate effectively with all colleagues, displaying an understanding of the roles that all healthcare professionals bring to the healthcare endeavor

7.9 NARRATIVE RESPONSE

a. Provide two examples of required experiences where medical students are or will be brought together with students or practitioners from other health professions to learn to function collaboratively on health care teams with the goal of providing coordinated services to patients. For each example, describe the following:

   1. The name and year of the course or clerkship in which the experience occurs;
   2. The objectives of the experience related to the development of collaborative practice skills;
   3. The setting where the experience occurs (e.g., clinic, simulation center);
   4. The other health profession students or practitioners involved; and
   5. The way(s) that the medical students' attainment of the objectives of the experience is assessed.

Example 1

1. Practice of Medicine 2 (POM) Longitudinal Clinical Experience (LCE) takes place in undergraduate year 2 (U2).

2. Course Objectives
   - Be familiar with the main features and services provided by Federally Qualified Health Centers (FQHCs) and Community Health Centers (CHCs).
   - Describe the roles of different members of a healthcare team at CHCs and FQHCs (such as case managers, social workers, nurses, health educators, nutritionists, etc.).

- Define team-based care and care coordination and describe an example of both in the care of patients at an FQHC or CHC.
- Reflect on the value-added role that each team member plays.

3. The experience occurs at Community Health Centers (CHCs and FQHC).

4. Nursing staff, medical assistants, case managers, nutritionists, social workers, patient navigators, pharmacists are interacting with students.

5. Attainment of the objectives of the experience are assessed by the following:
   - Student are assessed on their reflective writing about these experiences.
   - Students are assessed by their LCE preceptors (see assessment form below).

Example 2

1. Practice of Medicine 3 (POM3) Medical School Year 2 (M2).

2. Course objectives
   - Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services.
   - Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions.
   - Explain the roles and responsibilities of other care providers and how the team works together to provide care.

3. The setting where the experience occurs is via five online modules in small groups.

4. Nursing and PA students are involved in this course.

5. Attainment of the objectives of the experience are assessed by:
   - Faculty will complete assessments of the students based upon their performance in the online modules and required online prompts and responses and also in small-group sessions.
   - Students will complete self-assessments after the small-group session.
   - Facilitators will read and assess the students' reflection assignments.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 7.9

1. Sample copies of any forms that are or will be used in the assessment of medical students' collaborative practice skills. For each example, list the course or clerkship in which the form is or will be used.

POM2 Assessment form

LCE Preceptor Faculty Assessment of Student in POM2
2016-2017
(To be completed by faculty)

To what extent do you agree or disagree with the following statements? (Please check one response)

My student…	1 Strongly Disagree	2 Disagree	3 Neither Agree nor Disagree	4 Agree	5 Strongly Agree	Not observed
1. is on time and ready to participate at the start of sessions.						
2. has timely and effective communication with me.						
3. is professional and respectful in dress and manners during patient encounters.						
4. respects patients' privacy and confidentiality and adheres to HIPPA regulations.						
5. accepts and appropriately responds to feedback.						
6. recognizes the value in working with other members of the healthcare team.						
7. communicates and works effectively with other members of the healthcare team.						

8. Please provide written comments about your student's strengths (required):

9. Please provide written comments about your student's areas for improvement (required):

10. During the course, did the student demonstrate any lapses in professionalism or breaches of ethics in the care of patients? If so, please describe the incident (required):

11. (This question is only for the course director; it will not be seen directly by the student). Do you have any concerns about this student that you think faculty need to be aware of? Please specify with examples.

POM3 IPE Assessment form

Student Self-Assessment
Coordinating care across settings: Roles and responsibilities in primary care

Indicate the profession for which you are training:

- ☐ Nurse
- ☐ PA
- ☐ Medicine (MD)

	Very Poor	Poor	Fair	Good	Very Good	Excellent
I contributed to the discussion today...						
My team sought input from all members.						
My team Integrated information from everyone in our plan.						
My team taught each other about their profession's role/expertise.						
I cooperated with my team to jointly create a care plan.						
I explained my professional role to other professions present.						
I took turns speaking and reflecting back what others said during the discussion.						
My team discussed barriers to care that the patient experienced and modified our care plan appropriately.						
The session as a whole was...						
The facilitators were...						

Please share one thing from today's session that you will take into your future practice:

What was the greatest barrier to your learning today?

POM3 IPE Assessment form

PEER ASSESSMENT PERFORMANCE

Coordinating care across settings: Roles and responsibilities in primary care

Indicate your profession:

- ☐ PA
- ☐ Nursing
- ☐ Medicine (MD)

Student being evaluated: _____

Indicate his/her profession in training:

- ☐ PA
- ☐ Nursing
- ☐ Medicine (MD)

	Very Poor	Poor	Fair	Good	Very Good	Excellent
The student contributed to the discussion today...						
The student's team sought input from all members.						
The student's team integrated information from everyone in the plan.						
The student's team taught each other about their profession's role/expertise.						
The student cooperated with his/her team to identify problems for a patient and jointly create a care plan.						
The student explained his/her professional role to other professions present.						
The student took turns speaking and reflecting back what others said during the discussion.						
The student's team discussed barriers to care that the patient experienced and modified their care plan appropriately.						

Please comment on strengths/weaknesses the student displayed in working with the team today:

STANDARD 8: CURRICULAR MANAGEMENT, EVALUATION, AND ENHANCEMENT

The faculty of a medical school engage in curricular revision and program evaluation activities to ensure that that medical education program quality is maintained and enhanced and that medical students achieve all medical education program objectives and participate in required clinical experiences and settings.

SUPPORTING DOCUMENTATION REQUIRED FOR STANDARD 8

1. A summary of student satisfaction with each required course in year one of the curriculum (for the 2016-2017 academic year). Include student response rates for each course.

General Information

All Student Course Evaluation Reports contain student responses to both **closed-ended** (Likert scale) and **open-ended** items in three primary categories:

- Course/curriculum ratings–Eight closed-ended question items are presented addressing the course organization, the effectiveness of teaching modalities and course materials, and overall quality of the course. Two open-ended items seek students' feedback regarding the course's strengths and areas for improvements.

- Faculty ratings–Five closed-ended question items per instructor* are included, to assess "Quality of slides, Quality of presentation skills (clarity), Encouragement of student participation, Professionalism (begins and ends on time, prepared, etc.), and Clarity of the take-home points from the lecture(s)." Two open-ended items seek students' feedback regarding the instructor's strengths and areas for improvements. *[*Where appropriate, instructors may include lecturers, guest lecturers, and teaching assistants.]*

Course directors–Four closed-ended items per course director: "Course Director was professional, Course Director communicated appropriately with students, Course Director was responsive, and

- Course Director was available to students." The course directors are evaluated at the end of each semester.

- Lab demonstrators--Three closed-ended items per demonstrators are included: "How would you rate the effectiveness of the demonstrator/facilitator?" and "How would you rate the contribution the laboratory sessions made to learning course material?"

Closed-ended items

For each closed-ended item, the number of students indicating a particular response and the mean scores are provided. The items are rated on a Likert-type scale: Poor (1), Fair (2), Good (3), Very Good (4), Excellent (5). All course/curriculum items (# 1–8), all faculty ratings, and preceptor items are rated using this scale.

Open-ended Items

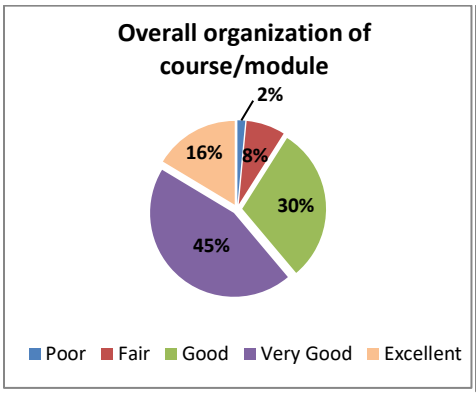
Student responses to open-ended items are copied and presented verbatim. No editing of responses is performed, other than for formatting purposes (i.e., font size). Accordingly, grammatical, spelling. or other typographical errors may appear.

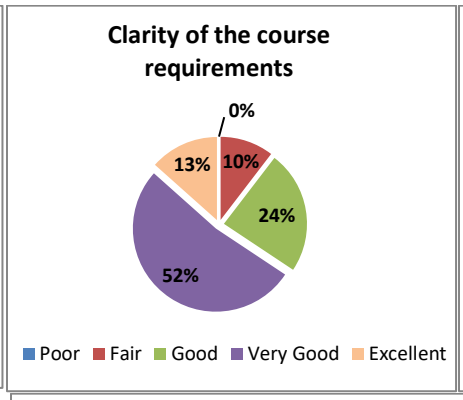
MED 47719 - Musculoskeletal Module (Fall 2016)

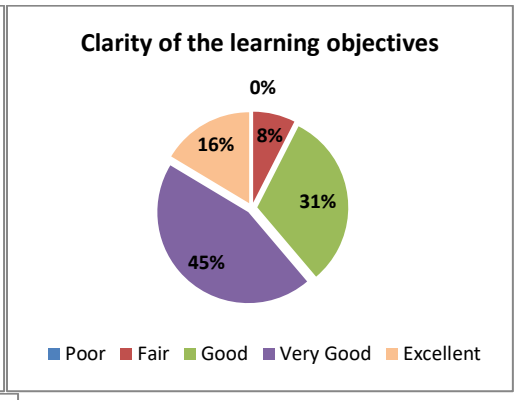
A total of 67 students completed the online evaluation of this module, yielding a response rate of 97%.

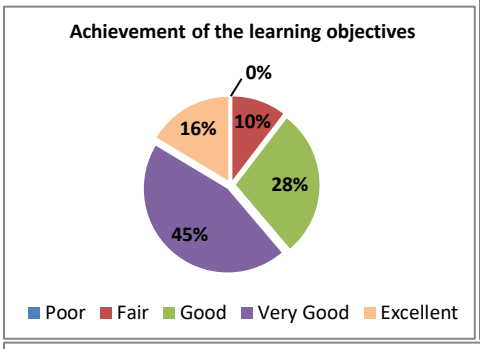
Course / Curriculum Ratings

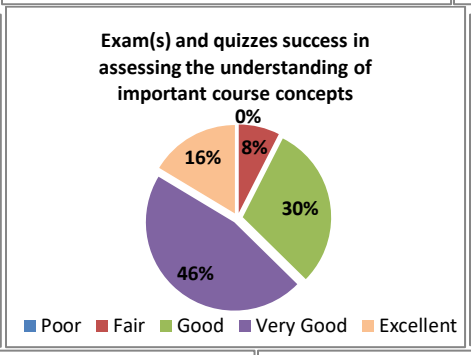
Student ratings on closed-ended items ranged from 3.5–3.7. Five out of eight scale items received the highest mean score (3.7), including the score for **"Overall course/module quality rate." "Exam(s) and quizzes success in assessing the understanding of important course concepts"** received the least favorable average rating (3.5).

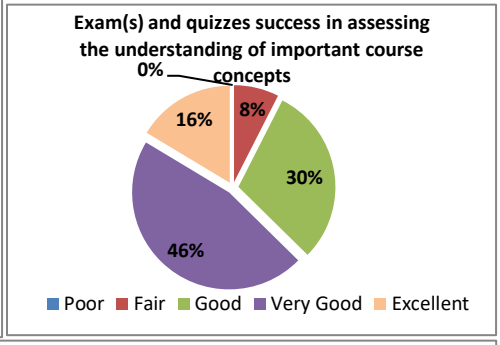


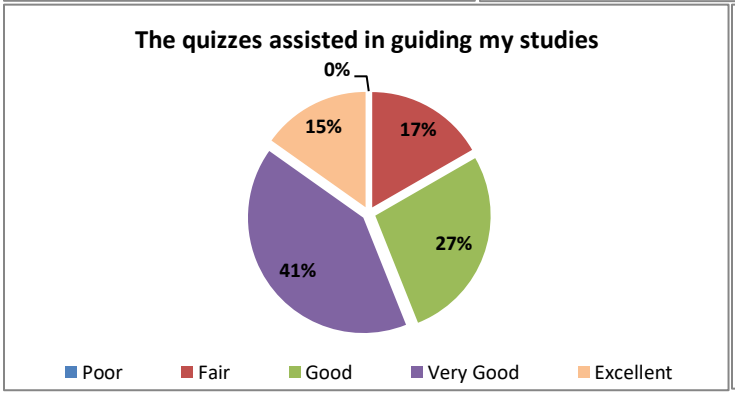


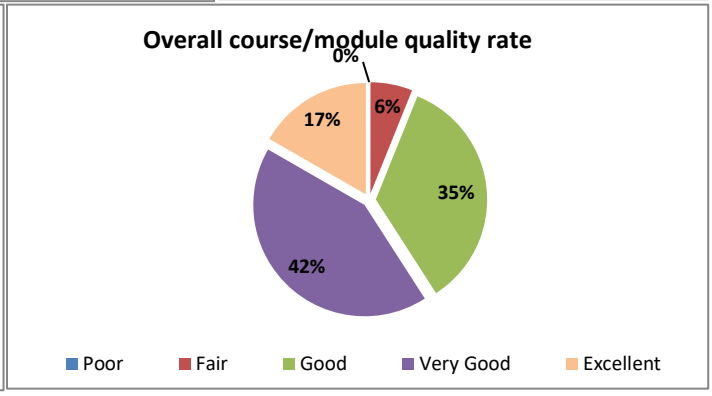






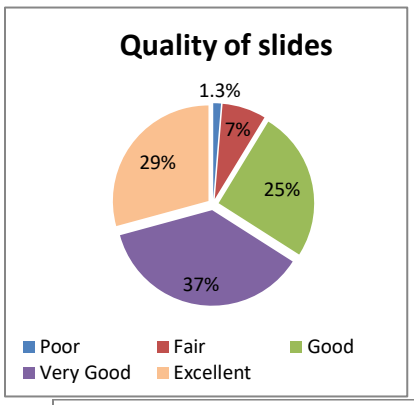


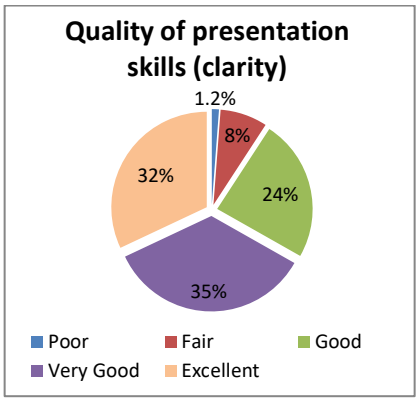


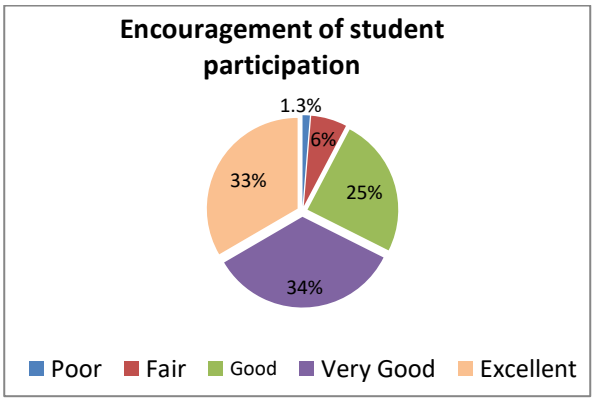


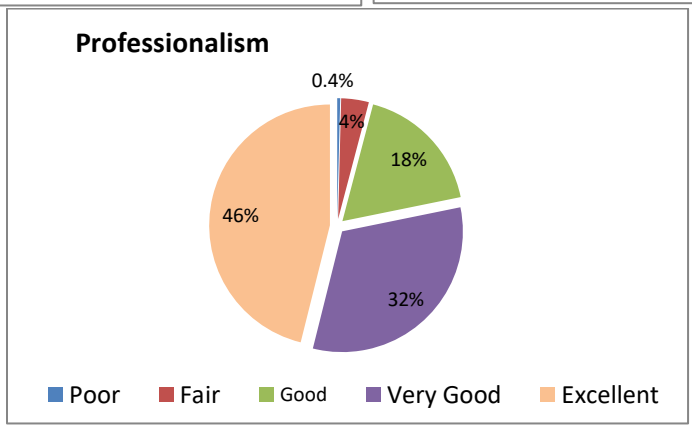
Faculty Ratings Including Lecturers

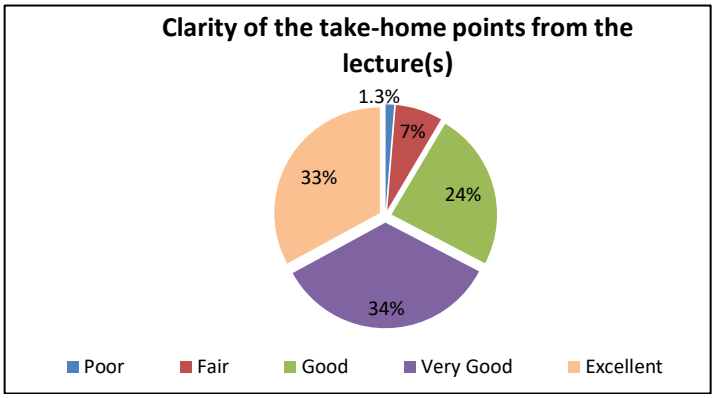
Overall 65--78% of students rated lecturers as "Very Good" or "Excellent." See details below.











Module/Course Strengths:

- Structure--Course was well organized, and requirements and content were clear.
- Teaching/faculty–The diversity of the lecturers and the expertise of the clinicians.

Suggestions for Improvement:

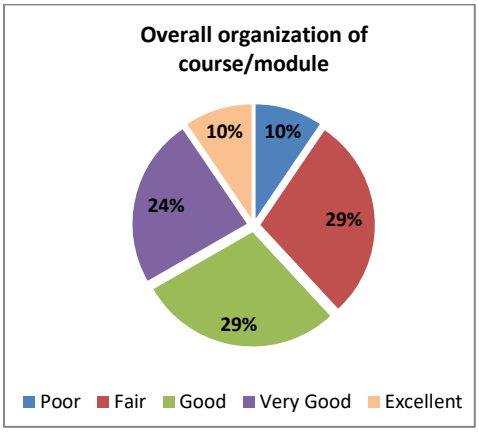
- Structure–Improve the organization and order of lectures.
- Assessment--Align course content with quizzes and exams.
- Teaching/faculty–Guest lecturers should emphasize high-yield material.

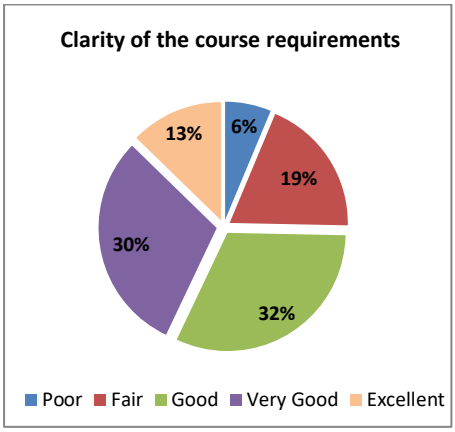
MED 47729 – Cardiovascular Module (Fall 2016)

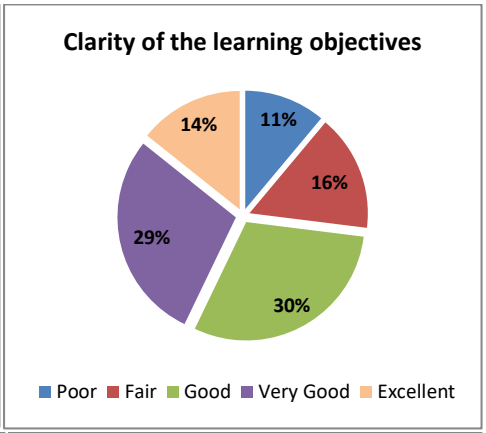
A total of 63 students completed the online evaluations, yielding a response rate of 91%.

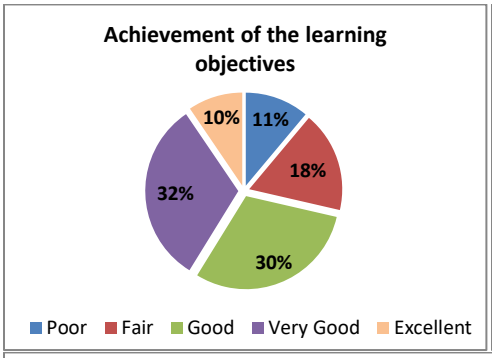
Course / Curriculum Ratings

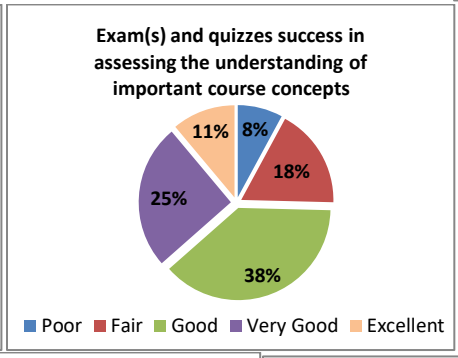
Student ratings on closed-ended items ranged from 2.9 – 3.3. The item most favorably endorsed included **"Exams tested materials addressed in this module"** (3.3). The mean score for item 8 **"Overall course/module quality rate"** was 3.1. **"Overall organization of course/module"** received the least favorable average rating (2.9).

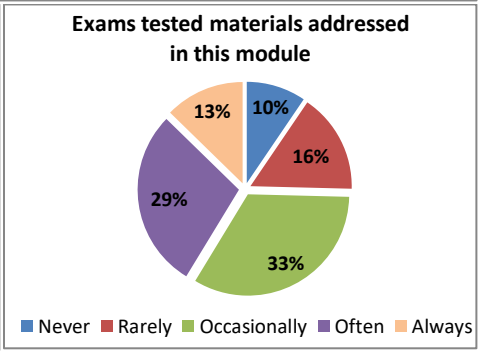


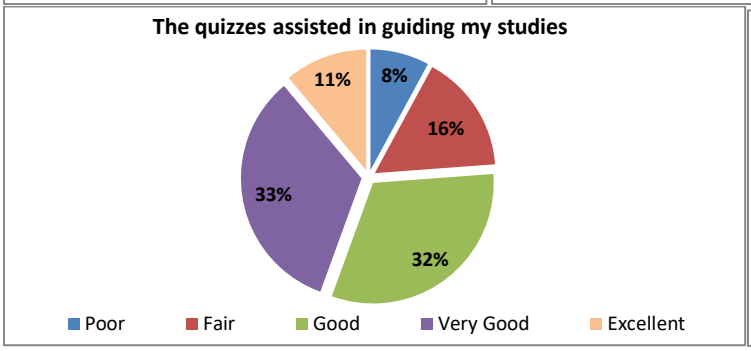


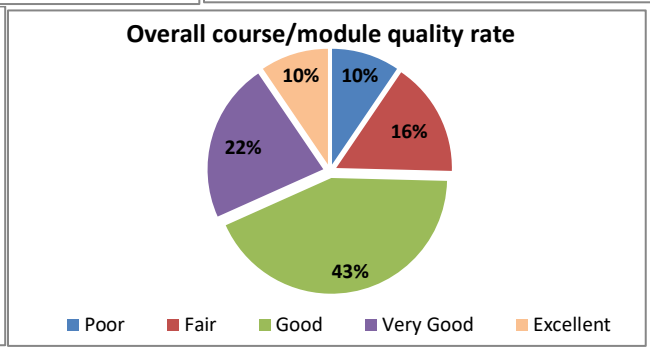






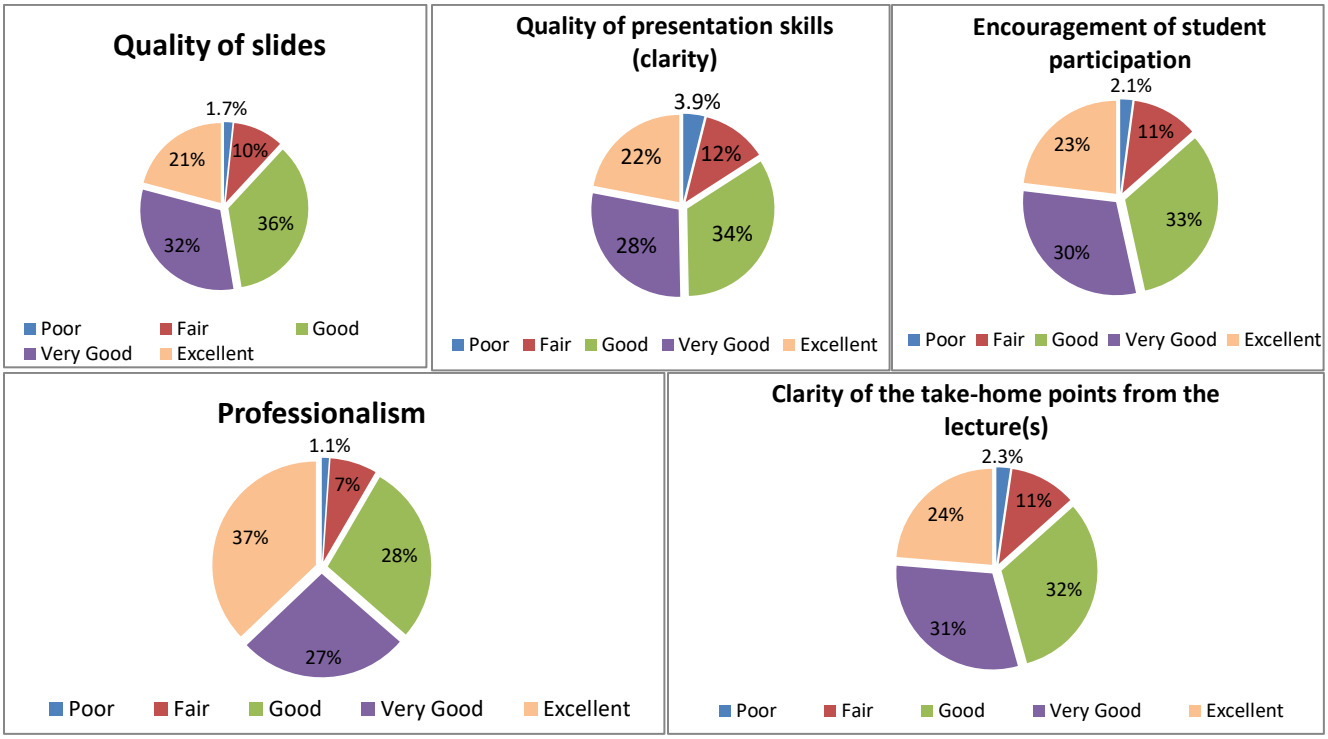






Faculty Ratings Including Lecturers

Overall, 50--63% of students rated lecturers as "Very Good" or "Excellent." See details below.



Course Strengths:

- Content–Anatomy, Embryology and Physiology were informative; content was relevant to future as a physician.

Suggestions for Improvement:

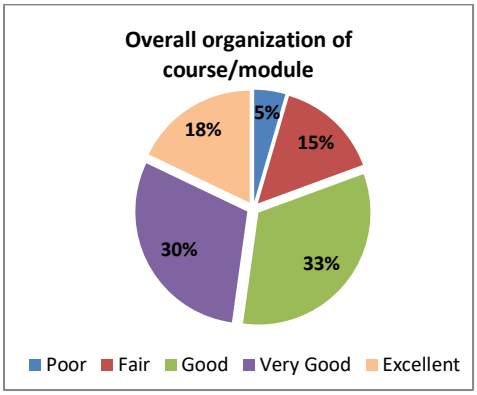
- Structure–The material felt rushed not giving adequate time to learn the various topics.

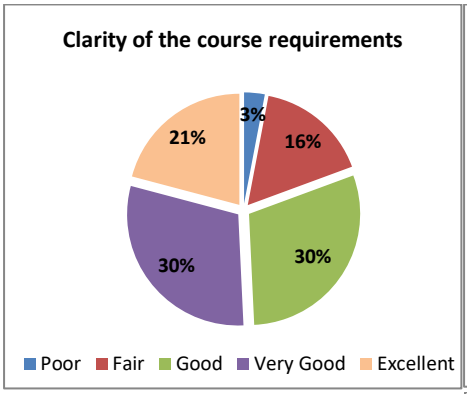
MED 47739 – Pulmonary Module (Fall 2016)

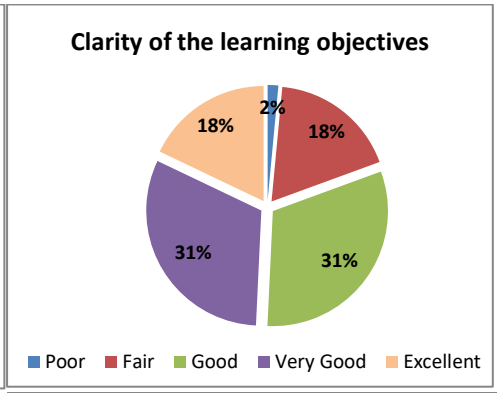
A total of 67 students completed the online evaluations, yielding a response rate of 97%.

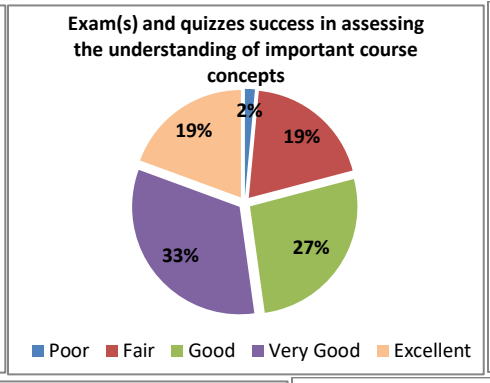
Course / Curriculum Ratings

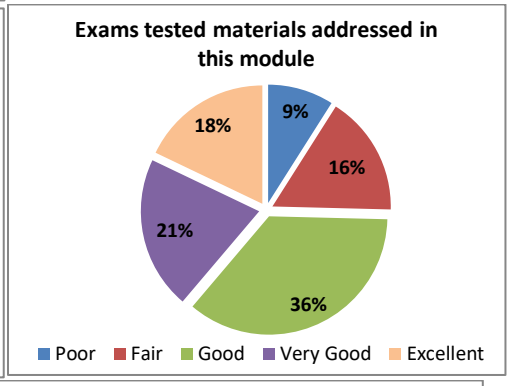
Student ratings on closed-ended items ranged from 3.2 – 3.6. The item most favorably endorsed included **"The quizzes assisted in guiding my studies"** (3.6). The mean score for item 8 **"Overall course/module quality rate"** was 3.4. **"Exams tested materials addressed in this module"** received the least favorable average rating (3.2).

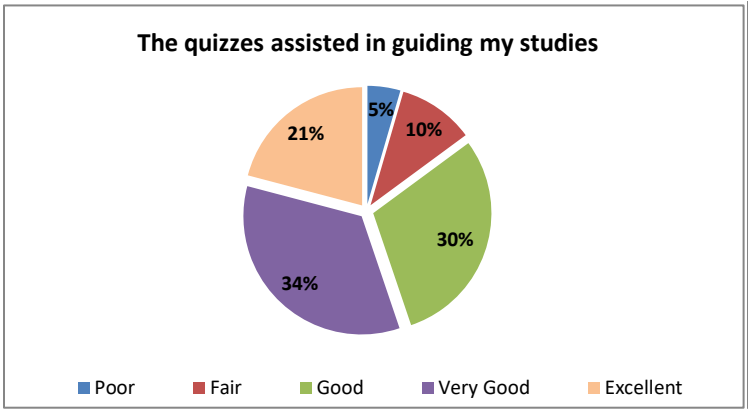


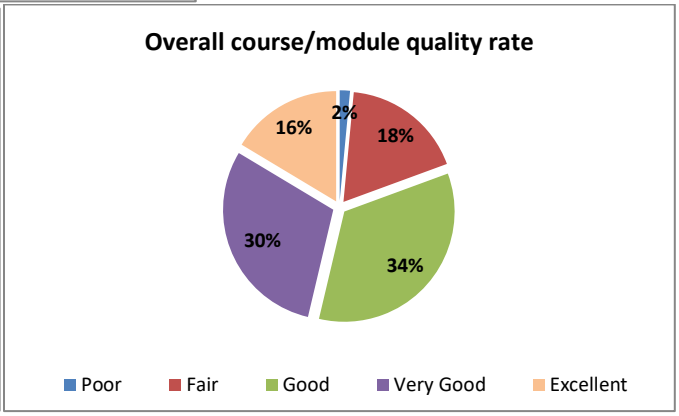








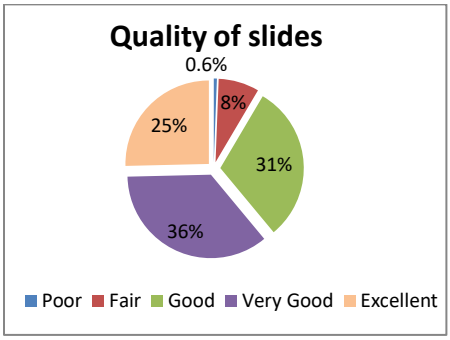


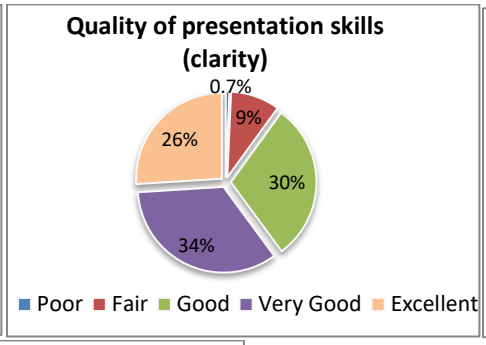


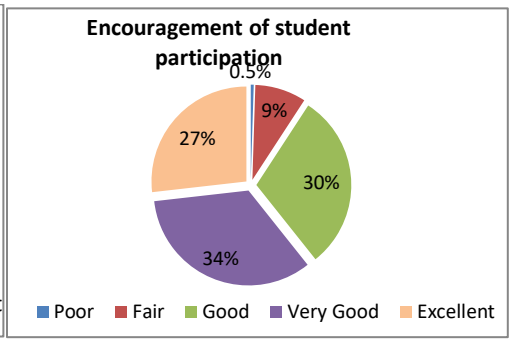
Faculty Ratings Including Course Director and Lecturers

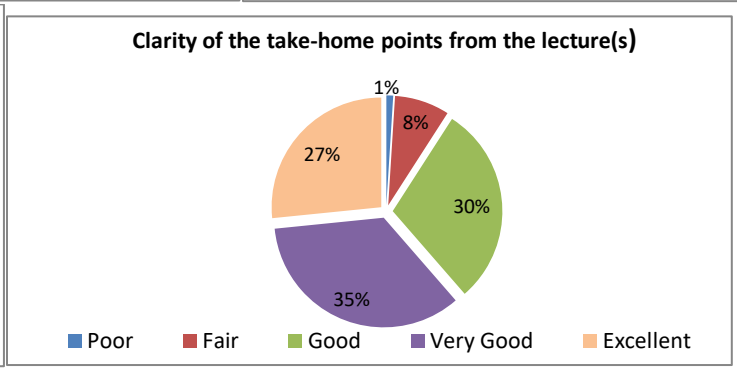
Overall ratings across all three modules for the Course Director, Dr. Lisa Auerbach, was **4.5**.

Overall 60-64% of students rated lecturers as "Very Good" or "Excellent." See details below.



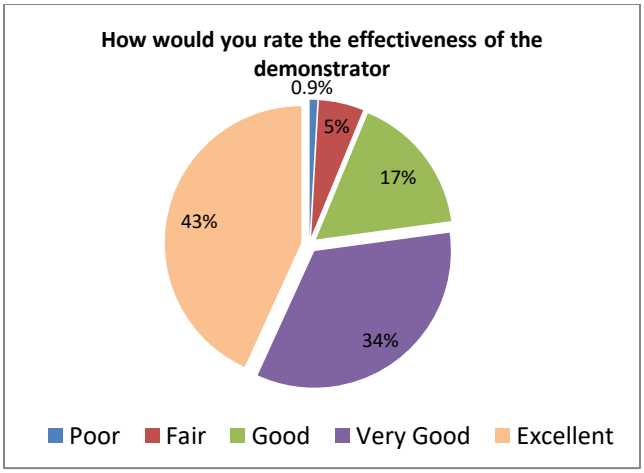


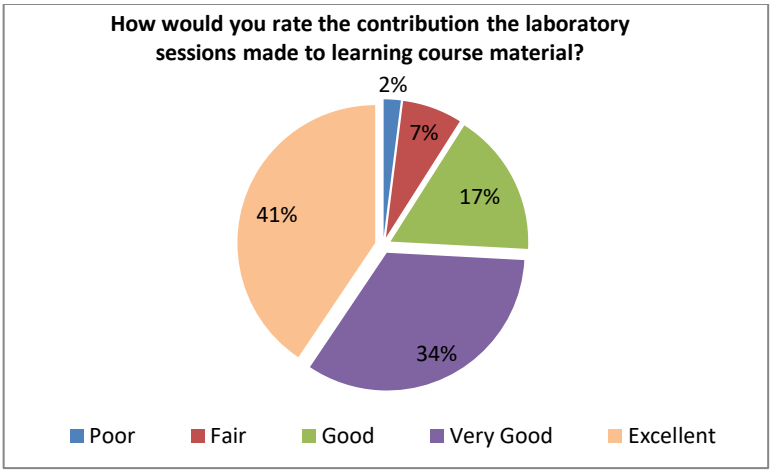




Faculty Ratings of **Lab Demonstrators**

Overall 74--77% of students rated lab demonstrators as "Very Good" or "Excellent." See details below.





Course Strengths:

- Structure–This module's organization was improved from previous modules.

Suggestions for Improvement:

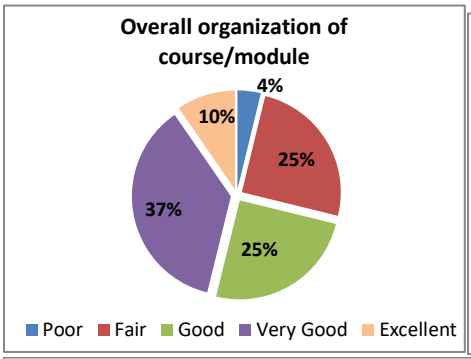
- Assessment–Align course content with quizzes and exams.
- Structure–Improve the order of topics taught/introduced; the winter break interrupted the flow of the course.

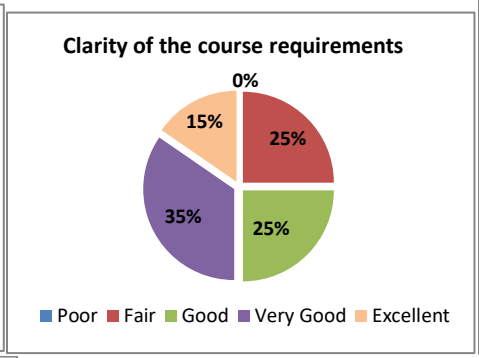
MED 49709: Practice of Medicine 3

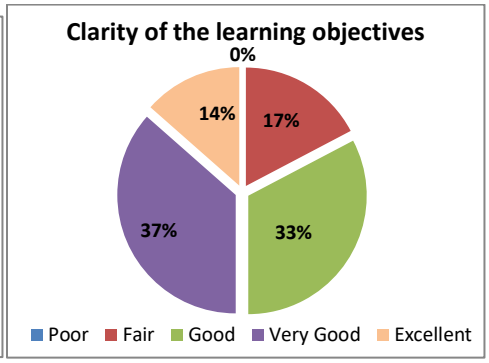
A total of 65 students completed the online evaluations, yielding a response rate of 94%.

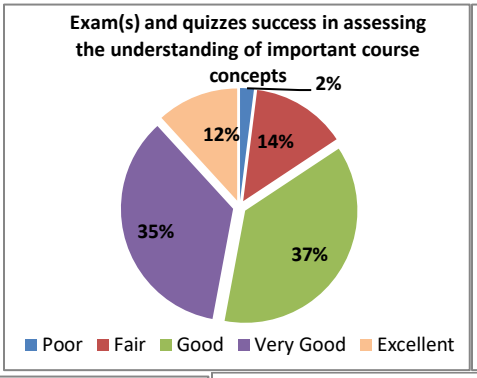
Course / Curriculum Ratings

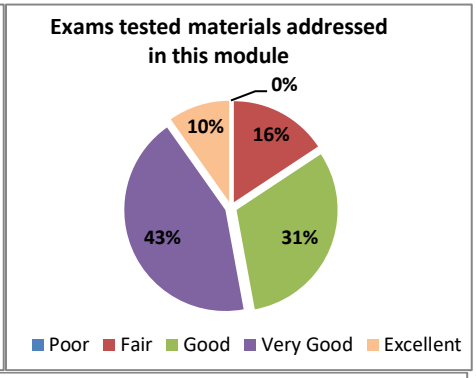
Student ratings on closed-ended items ranged from 3.2 – 3.5. Three out of seven scale items received the highest mean score (3.5), including the score for **"Overall course/module quality rate." "Overall organization of course/module"** received the least favorable average rating (3.2).

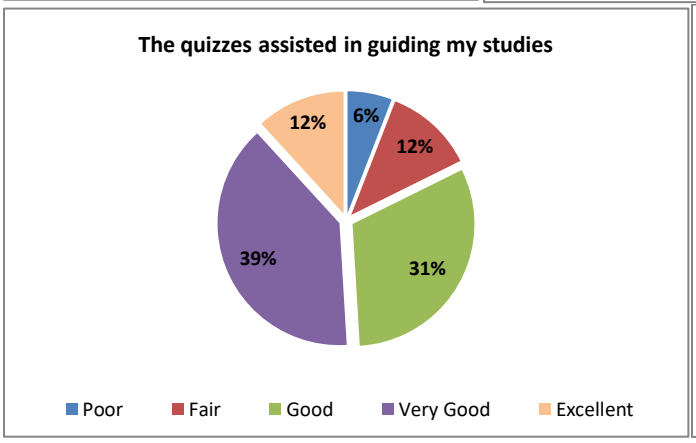


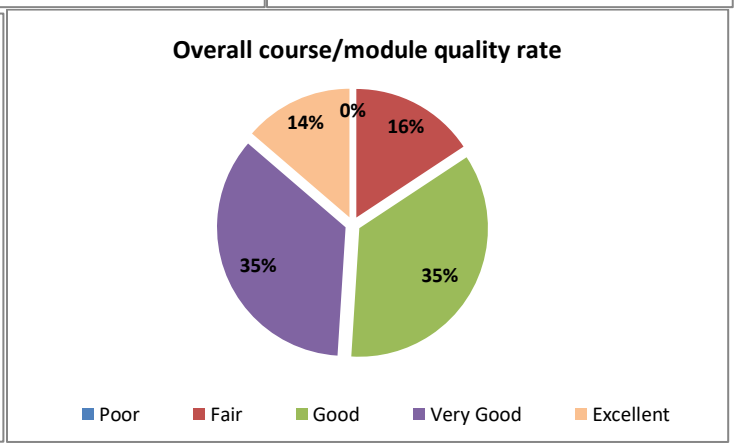












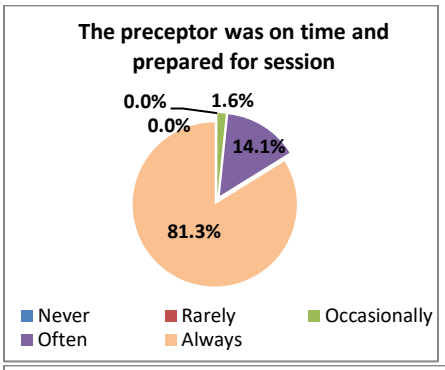
Ratings for the Course Director

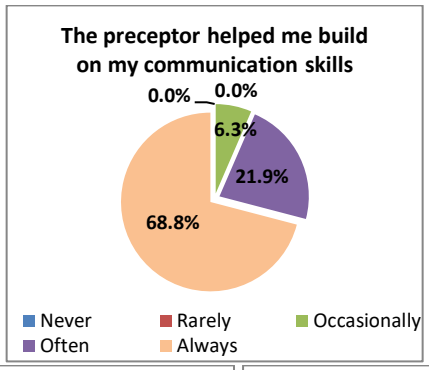
Dr. Patti received an overall rating of 4.85.

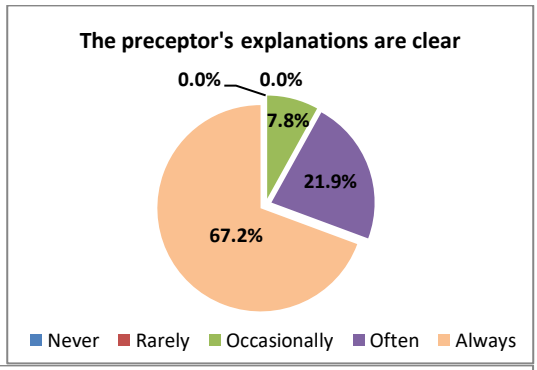
Faculty Ratings for Communication Skills and Physical Diagnosis Sessions

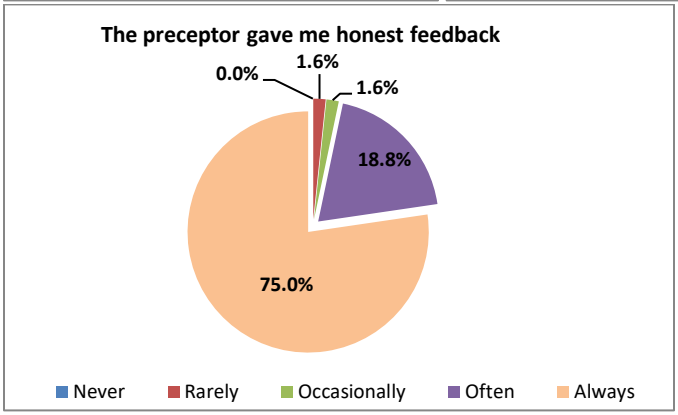
Course preceptors were rated along five behavioral items: "The preceptor was on time and prepared for session, The preceptor helped me build on my communication/ physical diagnosis skills, The preceptor's explanations are clear, The preceptor gave me honest feedback, and The preceptor encouraged student participation."

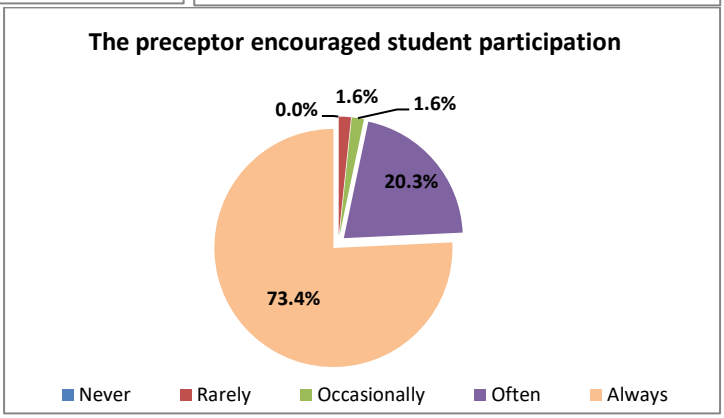
Communication Skills: Overall 89-95% of students indicated that their Preceptors demonstrated these behaviors "Often" or "Always." See details below.



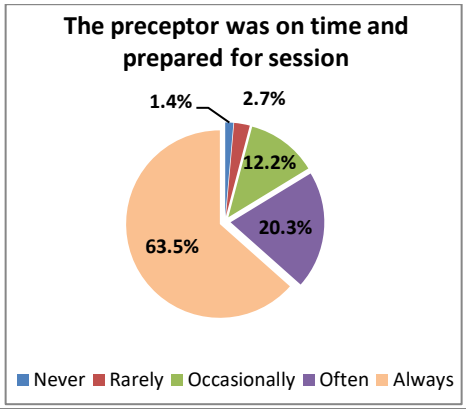


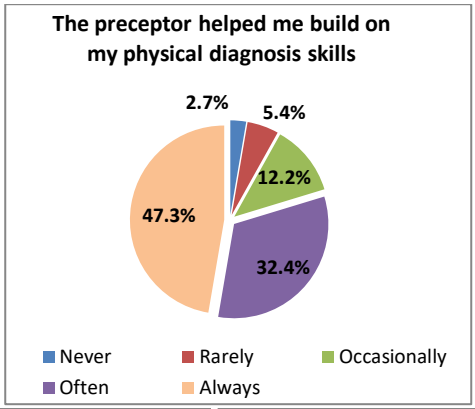


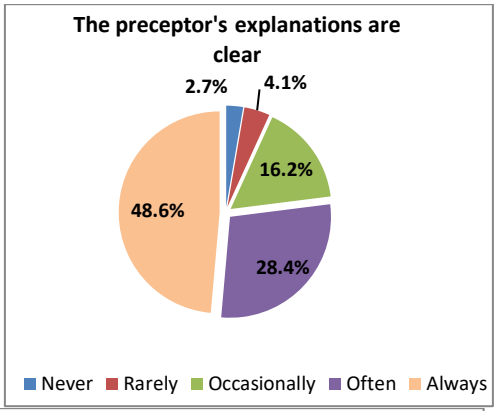


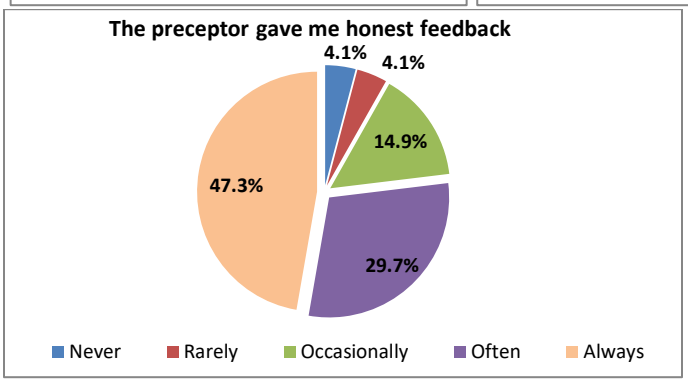


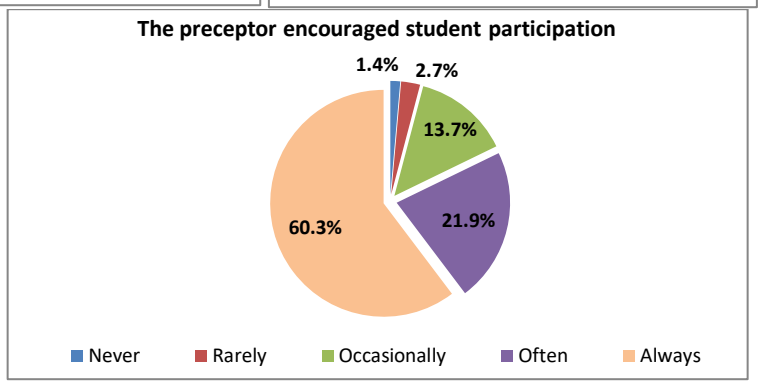
Physical Diagnosis: Overall 77--84% of students indicated that their Preceptors demonstrated these behaviors "Often" or "Always." See details below:











Course Strengths:

- Clinical Relevance–Course helped to teach physical examinations and other skills relevant to becoming a physician.

Suggestions for Improvement:

- Structure–Improve organization and order of lectures/topics taught (e.g. oral cavity, head and neck pathology section closer to the GI section); improve process and timeliness of health clearance; finalize schedule and posts on LCMS+ in advance; have a more conducive space for lectures than the NAC Ballroom.
- Teaching--Briefly introduce communication skills classes; ensure uniform instruction across Physical Diagnosis preceptors.

MED 40709: Selectives in Population Health Research

A total of 62 students completed the online evaluations, yielding a response rate of 90%.

Course / Curriculum Ratings

Student ratings on closed-ended items ranged from 3.0 – 3.2. The mean score for item 8 **"Overall course quality rate"** was 3.1. The item most favorably endorsed by students was **"Exams tested materials addressed in this module"** (3.2).

"Overall organization of course/module" and **"Clarity of the learning objectives**" received the least favorable scores (3.0).

Ratings for the Course Director

Dr. Nancy Sohler received an overall rating of 3.55. No other faculty members were evaluated.

Course Strengths:

- Teaching/Faculty –The instructor was available and helpful in guiding research projects.

Suggestions for Improvement:

- Structure – Improve clarity on expectations of the course and assignments, grading and deadlines; have better communication with students.
- Format – Have more worksheet activities either for in class setting or to do at home; follow through on the plans and make sure instructions are clear, including a rubric for assignments; post lectures online in a timely manner and post assignments on LCMS+ maybe with monthly calendars and deadlines.

MED 43709: Evidence-Based Medicine

A total of 63 students completed the online evaluations, yielding a response rate of 91%.

Course / Curriculum Ratings

Student ratings on closed-ended items ranged from 3.4 – 3.5. **"Clarity of the course requirements"** received the highest mean score (3.5) **"Overall course/module quality rate"** and the remaining 3 items received the least favorable average rating (3.4).

Note **Three items related to the impact of exams/quizzes were removed from the analysis since the course did not include any quantitative assessment of students.*

Ratings for the Course Director

Dr. Erica Lubetkin received an overall rating of 3.7. No other faculty members were evaluated.

Course Strengths:

- Content/Clinical Relevance–Course helped to teach skills relevant to becoming a physician; the content was high-yield and helped students integrate information previously learned.
- Structure--Course made best use of limited time in intersession weeks and thorough, comprehensive lectures.

Suggestions for Improvement:

- Resources–Provide an answer key and allow students to utilize graded assignments to study from; the material is a little dry and it feels repetitive.

8.1 CURRICULAR MANAGEMENT

A medical school has in place an institutional body (e.g., a faculty committee) that oversees the medical education program as a whole and has responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.

8.1 NARRATIVE RESPONSE

a. Provide the name of the current faculty committee with primary responsibility for the curriculum. Note if this is the final curriculum committee or if changes in committee structure or charge are anticipated.

The Curriculum Committee acts as both the curriculum, and together with the Student Academic Progress Committee (SAPC), as the educational policy committee for CSOM. It is responsible for oversight of curriculum development, implementation and review on the basis of the medical education mission of CSOM, and development and implementation of policies related to the curriculum. The authority of the Curriculum Committee is provided in the bylaws of CSOM. Although the dean has the ultimate responsibility for the educational program, the committee has the authority and responsibility to mandate changes in course and curricular content and in policies and procedures. The committee works closely with the Student Academic Progress Committee to ensure uniformity of policies and assessment methods. The committee meets monthly to review course and program curricula for integration and alignment with the mission and with educational objectives and competencies.

b. Describe how the members and the chair of the curriculum committee are selected. Note if there are terms for committee members.

The Curriculum Committee will ultimately include 16 voting members: a committee chair, 8 faculty members, equally divided between clinical (MDs, including at least one representative from the primary clinical affiliate) and nonclinical faculty; and currently 4 students--one each from Years 2 and 3 of the undergraduate program (U2 and U3) and one each from the first and second year medical school class (M1 and M2). Once we have all seven years of students, we will have six student representatives, one from each of the following: U2 and 3 and M1--4. We have excluded a representative from the first undergraduate year because they will not have significant experience with any of the medical school courses. All student representatives are elected in accordance with the Governance Charter of City College. The weight of the student votes is currently one vote for each student. Although we currently have nine faculty and four students, we will reconsider the weight of student votes once we have six students. The faculty members and committee chair are appointed by the Executive Faculty Committee for three-year renewable terms. *Ex officio* nonvoting members include the deputy dean for medical education, the associate dean for student affairs, the assistant dean for medical education and faculty development, the assistant dean for the basic science curriculum, the assistant dean for the clinical curriculum, the director of academic records, the director of the PA program and the director of educational research and evaluation.

c. If there are subcommittees of the curriculum committee, describe the charge/role of each, along with its membership and reporting relationship to the parent committee. Note if any additional subcommittees are anticipated.

UPDATED 12.29.17

The Curriculum Committee has four subcommittees: Course and Clerkship Review Subcommittee, Academic Segments and Program Review Subcommittee, Clinical Curriculum Subcommittee, and Basic Science Curriculum Subcommittee. All four report to the Curriculum Committee. Findings and recommendations from these subcommittees that would result in changes to curriculum, course hours, assessments, or academic policies must be referred to the Curriculum Committee, which is the only authority that can make decisions about such changes.

1. Course and Clerkship Review Committee:
   Charge: Review each course and clerkship and series (e.g., course series such as the Community Health and Social Medicine courses or Practice of Medicine courses) to ensure continuity and progression.

   The purpose is to ensure efficient and timely ongoing individual course and clerkship evaluations and course series (such as our Practice of Medicine courses). This subcommittee will gather and review all the relevant information with the course director, relevant faculty members, and deans in order to identify strengths, weaknesses, and suggestions for changes. This information will be presented to the Curriculum Committee so they can monitor the overall quality and outcomes of individual courses and clerkships and course series in order to make decisions about any required changes. The process is as follows: (1) the course or clerkship director will prepare a course self-assessment report; (2) the assistant dean for medical education and faculty development and either the assistant dean of basic science or clinical curriculum will review the course/clerkship and the self-assessment report, complete a course/clerkship assessment form, and present it to the Course and Clerkship Review Committee which will give comments/suggestions to the course or clerkship director; (3) the assistant dean of basic science or clinical curriculum will present a summary statement report of the course to the Curriculum Committee , who will determine and approve any required changes.

   Membership: Chairs: The chair for each meeting is the relevant assistant dean who oversees that content or both assistant deans if content is both basic science and clinical or the associate dean for curriculum and assessment. Members: the course director for course review or all course directors for series review; three *ad hoc* experts (selected by the course director(s) and the assistant dean(s) in consultation with the Curriculum Committee—at least one of whom must be a faculty member of the Curriculum Committee); one faculty member from Community Health and Social Medicine (CHASM) department; relevant assistant deans for clinical curriculum or basic science curriculum, the associate dean for curriculum and assessment, assistant dean for medical education and faculty development; and the deputy dean for medical education.

2. Academic Segments and Program Review Subcommittee:
   Charge: Review each curricular segment (e.g., M1/M2) and entire program to ensure continuity and progression**.** This subcommittee will be responsible for reviewing all segments of the curriculum in order to ensure vertical and horizontal integration, appropriate sequencing and coverage of education program objectives, and the subcommittee must also ensure that our students will meet or exceed our program competencies. The subcommittee will use internal and external data (our assessments and USMLE, AAMC GQ), student feedback, curriculum mapping data and, when relevant, feedback from course and clerkship directors and program directors in subsequent years to assure the adequacy of the content and assessments.

   Updated 12.29.17

Membership: The associate dean for curriculum and assessment, relevant assistant deans for basic science or clinical curriculum (the chair for each meeting is the relevant assistant dean who oversees that content or both assistant deans if content is both basic science and clinical or the associate dean for curriculum and assessment); the chair of Curriculum Committee; course/ clerkship directors to be selected by the Curriculum Committee; two Curriculum Committee voting members (approved by Curriculum Committee); two clinical affiliate faculty members (outside the Curriculum Committee); two *ad hoc* faculty members with relevant expertise (approved by Curriculum Committee); the assistant dean for medical education and faculty development; and the deputy dean for medical education.

3. Clinical Curriculum Subcommittee:
   Charge: This committee will develop plans to implement policies and course changes mandated by the Curriculum Committee, including changes that would involve more than one course. It will also coordinate assessments, student and peer evaluations and other processes that are similar across courses. It will review ongoing student feedback/concerns, course content, and integration between formal Curriculum Committee reviews. The subcommittee will discuss issues related to course content or delivery that may require review by the Curriculum Committee and may recommend curricular or policy changes to the Curriculum Committee.

   The committee fulfills these functions for the clinical and population health courses in U1--U3 and M1--M2, and all clerkships.

   Membership: Chair: the assistant dean for clinical curriculum. Members: associate dean for curriculum and assessment, the assistant dean for basic sciences curriculum; director of clerkships; two CHASM course directors; two POM course directors; two clerkship directors from SBHHS; two clerkship directors from SIUH; two clinical affiliate faculty from pre-clerkship courses; when needed, Evidence-Based Medicine (EBM), Narrative Medicine, and/or Bioethics course directors; and the assistant dean for medical education and faculty development.
   Two exceptions are:
   1. EBM, which is tightly coordinated with Organ Systems as well as the clinical curriculum. The EBM course director will be asked to both subcommittees as needed.
   2. Introduction to Biomedical Ethics, which is coordinated with many courses across the curriculum. The Ethics course director will be asked to both subcommittees as needed.

   Two standing work groups are part of the Clinical Curriculum Subcommittee:
   - Clerkship Development workgroup (curriculum development in progress for M3 and M4)
   - Affiliate Affairs workgroup (Administrative functions are to review staffing and scheduling of clinical courses and to ensure proper delivery of clinical courses that use clinical sites and affiliated faculty.)

4. Basic Science Curriculum Subcommittee:
   Charge: This committee will develop plans to implement policies and course changes mandated by the Curriculum Committee, including changes that would involve more than one course. It will also coordinate assessments, student and peer evaluations and other processes that are similar across courses. It will review ongoing student feedback/concerns, course content and integration between formal Curriculum Committee reviews. The committee will

   UPDATED 12.29.17

discuss issues related to course content or delivery that may require review by the Curriculum Committee and may recommend curricular or policy changes to the Curriculum Committee.

This committee fulfills the above functions for the basic sciences courses in Year U1--U3 and M1--M2, including, Principles of General Chemistry, Bio-Organic Chemistry, MTC 1 and 2, Introduction to Human Genetics, Clinical Anatomy, Fundamentals of Organ Systems, and all courses in the Organ Systems series.

Membership: Chair: the assistant dean for basic science curriculum. Members: the associate dean for curriculum and assessment, the assistant dean for clinical curriculum; the course directors of each of the above courses, and when needed, course directors of the EBM and Bioethics courses; the assistant dean for medical education and faculty development.

Two exceptions are:

1. EBM, which is tightly coordinated with Organ Systems as well as the Clinical Curriculum. The EBM course director will be asked to both subcommittees as needed.
2. Introduction to Biomedical Ethics, which is coordinated with many course across the curriculum. The Ethics course director will be asked to both subcommittees as needed.

d. Describe how the curriculum committee and its subcommittees participate or will participate in the following:

1. Developing and reviewing the educational program objectives
2. Ensuring that there is horizontal and vertical curriculum integration (i.e., that curriculum content is coordinated and integrated within and across academic years/phases)
3. Monitoring the overall quality and outcomes of individual courses and clerkships

The Curriculum Committee is responsible for the functions described above, assisted by the corresponding subcommittees. These subcommittees report to and work in conjunction with the deputy dean for medical education in the implementation and management of the medical education program as a whole. The Curriculum Committee has the authority to mandate appropriate action pertinent to all aspects of the curriculum to the relevant course and clerkship directors and department chairs. The dean has ultimate responsibility for overseeing the educational program and ensuring that the institutional objectives are successfully met. As representatives of the faculty, the Curriculum Committee develops, approves and continuously reviews the educational program objectives and the overall design of the curriculum, including its structure, sequence, and timing. The committee also reviews and creates policies and guidelines regarding teaching and assessment methods to ensure active learning and see that institutional objectives are met. To ensure that educational program objectives are achieved, the committee reviews the objectives of each course and the specific teaching and assessment methods used; feedback from students and faculty; and student performance data from school and national examinations. The assistant dean for medical education and faculty development assists subcommittees and the individual course directors in developing objectives for individual courses, in selecting, developing and implementing appropriate instructional formats and assessments, and in providing faculty development to improve teaching and assessment. The Course and Clerkship Review Subcommittee and the Academic Segments and Program Review Subcommittee review and monitor institutional objectives and the points at which they are taught and assessed; these subcommittees also review course and clerkship content and assessment methods in detail and make recommendations for any revisions or adjustments to the Curriculum Committee. The Curriculum Committee also is responsible for ensuring that content is coordinated and integrated within and across academic periods of study.

Committees and their responsibilities:

Committee	1. Developing and reviewing educational program objectives	2. Ensuring horizontal and vertical curriculum integration	3. Monitoring the overall quality and outcomes of individual courses and clerkships
Curriculum Committee	Revision of the original draft of institutional objectives; review and approval of institutional objectives as part of holistic review of preclerkship and clerkship curriculum every two years.	Reviews overall schedule of courses and clerkships (sequence, time allotment, alignment with other courses, etc.) and content to ensure coordination and integration across the entire program; using curriculum mapping will assure adequate coverage of education program objectives within and across all years; receives compiled data and recommendations from to the Academic Segments and Program Review Subcommittee, which performs holistic reviews of courses (by curricular year and phase); and approves action items and mandates to ensure horizontal and vertical curriculum integration.	Reviews map of objectives and results of student assessments for each course and clerkship; identifies areas of deficiency and decides on required revisions to be implemented by course and clerkship directors; biennially reviews content and format, teaching sites, school, and national outcomes data (AAMC questionnaires, USMLE scores) using data from subcommittees and the Office of Academic Affairs.

Committee	1. Developing and reviewing educational program objectives	2. Ensuring horizontal and vertical curriculum integration	3. Monitoring the overall quality and outcomes of individual courses and clerkships
Course and Clerkship Review Subcommittee chaired by relevant assistant dean; includes several Curriculum Committee members (one from CHASM, the relevant course/clerkship director, three *ad hoc* faculty-content experts and/or those whose courses prepare students for the course under review or whose course requires this content, the assistant dean for medical education and faculty development; and the deputy dean for medical education.	Does not develop education program objectives, but reviews and provides feedback to the Curriculum Committee about those institutional objectives that are relevant for the courses and clerkships.	Reviews all courses and clerkships to ensure alignment with corresponding educational program objectives and competencies and also for vertical and horizontal integration with other courses; reviews reports (student and course director feedback) and student outcomes to suggest areas in need of enhanced integration; may make recommendations to Curriculum Committee for necessary action items related to general items in the curriculum.	Reviews course and clerkship content and student outcome data (annually for new courses, biennially for courses that are meeting their objectives, and semiannually for clerkships) to ensure achievement of specific outcomes; recommends changes or revisions to the Curriculum Committee.

Committee	1. Developing and reviewing educational program objectives	2. Ensuring horizontal and vertical curriculum integration	3. Monitoring the overall quality and outcomes of individual courses and clerkships
Academic Segments and Program Review Subcommittee chaired by both assistant deans or the relevant assistant dean; members include two voting members of the Curriculum Committee members, two clinical affiliate faculty members (outside the Curriculum Committee), two *ad hoc* faculty members with relevant expertise (approved by Curriculum Committee), assistant dean for medical education and faculty development, assistant deans for basic science and clinical curriculum, and the deputy dean for medical education.	Does not develop education program objectives, but reviews and provides feedback to the Curriculum Committee about those institutional objectives that are relevant for the academic segments and the overall program.	Reviews all courses and clerkships in academic segments (M1, M2, M1 and M2, M3, M4, M3 and M4, M1--4 and undergraduate curriculum) to ensure alignment with corresponding educational program objectives and competencies and also for vertical and horizontal integration across the curriculum; reviews reports (student and course director feedback to suggest areas in need of enhanced integration; may make suggestions to Curriculum Committee for necessary action items.	Reviews map of objectives and results of student assessments for each course and clerkship and segment (student outcomes such as internal assessments and when relevant, external exams such as Step 1, 2 CK and 2CS); reviews reports (student and course director feedback, AAMC surveys, our own graduation survey); when relevant reviews match results and program directors surveys to suggest areas in need of enhanced integration; makes suggestions to Curriculum Committee for necessary action items; identifies areas of deficiency and identifies possible revisions or solutions.

Committee	1. Developing and reviewing educational program objectives	2. Ensuring horizontal and vertical curriculum integration	3. Monitoring the overall quality and outcomes of individual courses and clerkships
Clinical Curriculum Subcommittee	Because the clerkships are in the developmental stages, reviews and provides feedback to the Curriculum Committee about those education program objectives that are relevant for the clinical curriculum; once clerkships are implemented, will serve as a liaison between clinical course and clerkship directors and the Curriculum Committee for identifying and recommending mechanisms and policies to optimize meeting educational program objectives.	Because the clinical curriculum is developmental across six years, this committee reviews the clinical preclerkship and clerkship curriculum schedule and content to ensure alignment with basic sciences courses; reviews student end of course evaluations and clinical curriculum mapping data to suggest areas needing enhanced integration; develops plans based upon feedback from the Curriculum Committee regarding any required changes in clinical curriculum to enhance integration; reviews integration and course content in between formal course reviews.	Reviews data from summative OSCE at the end of M2 Year to assure students meet required competencies before starting clerkships; for clerkships, will review student outcomes (patient logs, preceptor evaluations, relevant assessment results and student feedback) at the end of each rotation; implements policies as directed by the Curriculum Committee to monitor course and clerkship quality and outcomes in a timely fashion to maintain consistency of clinical sites (e.g., reviewing student evaluations for specific clinical sites; reviewing patient logs, preceptor evaluations, relevant assessment results, and student feedback for each clinical site and clerkship); reviews clerkship design and student experiences to assure they are consistent with the curriculum approved by the Curriculum Committee; plans required faculty development activities to ensure success of clinical curriculum and modifies faculty development based on student and faculty feedback.

Committee	1. Developing and reviewing educational program objectives	2. Ensuring horizontal and vertical curriculum integration	3. Monitoring the overall quality and outcomes of individual courses and clerkships
Basic Science Curriculum Subcommittee	Does not develop education program objectives but provides feedback to the Curriculum Committee about those institutional objectives that are relevant for preclerkship courses; liaison between pre clerkship course directors and Curriculum Committee for identifying and recommending mechanisms and policies to optimize meeting educational program objectives.	Reviews integration and course content in between formal course reviews; reviews student end of course evaluations and curriculum mapping data to suggest areas needing enhanced integration; makes recommendations to Curriculum Committee for necessary action items; receives reports from the Curriculum Committee and communicates with relevant course directors regarding any required changes in preclerkship curriculum to enhance integration.	Does not review individual course outcome and quality; develops plans to implement course changes mandated by the Curriculum Committee, particularly when more than one course is involved in the mandate or when training across courses is needed; raises issues in the content or delivery of courses that should be brought to the larger Curriculum Committee for consideration; facilitates communication with the Curriculum Committee and course directors around policies and requirements for monitoring and implementation of these policies.

Ensuring the use of appropriate methods to assess student performance:

The Curriculum Committee is responsible for determining methods of assessment of student performance. The subcommittees of the Curriculum Committee, with the guidance of the assistant dean for medical education and faculty development, will develop assessment and evaluation tools, set student performance standards, and review composite assessment measures. Each course director, in consultation with the corresponding department chair, then implements the methods of assessment, frequency of exams, and grading procedures specific to each course in accordance with the methods and policies determined by the Curriculum Committee. Periodic evaluation of each course by the Curriculum Committee ensures appropriateness and consistency of the methods for assessing student performance. The assistant dean for medical education and faculty development and the director of evaluation and medical research consult with faculty and with the curriculum subcommittees in developing and evaluating assessment methods.

e. Describe the role(s) of the curriculum committee and its subcommittees in planning to evaluate the outcomes of the curriculum as a whole.

See tables above for Curriculum Committee and Academic Segments and Program Subcommittee.

UPDATED 12.29.17

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 8.1

a. Provide the charge to or the terms of reference of the curriculum committee and note the source of its authority (e.g., the faculty bylaws). If the subcommittees of the curriculum committee have formal charges, include those as well.

In accordance with the governance plan (bylaws) of CSOM, the charge to the Curriculum Committee is to provide oversight of curriculum development, implementation and review, based on the medical education mission of the school. Functions will include the regular and systematic review of each medical school course, including educational objectives, curriculum design, course organization and assessment; the review and approval of new courses and changes to the curriculum; development of academic policies; and acting on recommendations from subcommittees.

The Committee will meet monthly. It will recommend changes in course and curricular content, policies, and procedures. It also will collaborate with the Student Academic Progress Committee to assure uniformity of policies and assessment methods.

b. Provide a list of curriculum committee members, including their discipline (as applicable), voting status, and membership category (e.g., faculty, student, or administrator).

Voting members:
Sohler, Nancy (Faculty)--Population Health/Research Selectives
Argeros, Olga (Faculty)--Clinical Medicine (SBHHS affiliate faculty)
Auerbach, Lisa (Faculty)--Clinical Medicine
Deen, Darwin (Faculty)--Clinical Medicine/Family Practice
Martin, John (Faculty)--Neuroscience
Nunes, Joao (Faculty)--Behavioral Medicine
Phillips, Malcolm (Faculty)--Clinical Medicine (SBHHS affiliate faculty)
Smith, Philip (Faculty)--Population Health/Epidemiology
Spatz, Linda (Faculty)--Microbiology/Immunology
+ Student representatives (4), elected annually by the student body

Ex officio members - Nonvoting:
Friedman, Erica (Administrator)--deputy dean for medical education
Jimenez, Maria (Administrator)--registrar/director of academic records
Lee, Rosa (Administrator)--associate dean for curriculum and assessment
Open position--assistant dean for clinical curriculum
McBeth, Dani (Administrator)--associate dean for student affairs
Motta-Moss, Ana (Administrator)--director of educational research and evaluation
Pinol-Roma, Serafin (Administrator)--assistant dean for basic science curriculum
Roberts, Nicole (Administrator)--assistant dean for medical education & faculty development

c. Provide the minutes of four curriculum committee meetings over the past year that illustrate the activities and priorities of the committee. Note: Two years of curriculum committee minutes should be available on-site for the survey team.

Appendix 8-01 Curriculum Committee Minutes

8.2 USE OF MEDICAL EDUCATIONAL PROGRAM OBJECTIVES

The faculty of a medical school, through the faculty committee responsible for the medical curriculum, ensure that the medical curriculum uses formally adopted medical education program objectives to guide the selection of curriculum content, to review and revise the curriculum, and to establish the basis for evaluating programmatic effectiveness. The learning objectives of each required course and clerkship are linked to medical education program objectives.

8.2 NARRATIVE RESPONSE

a. Describe how the medical education program objectives are being used to guide the following activities:

1. The selection and appropriate placement of curriculum content within courses/clerkships and curriculum years/phases.

Initial selection of the curricular content

The current curriculum was designed in 2012 by the Curriculum Reform Committee, a temporary working group of the Curriculum Committee composed of basic science, clinical and population health faculty. The program level competencies for our school were selected after the committee performed an extensive review of many schools' competency statements, including those from the ACGME, and on the basis of our school's mission. These competencies and objectives, approved by the faculty on March 27, 2014, are used to define the specific structure, content, and teaching and assessment methods of the school's curriculum. Our mission, to focus on healthcare for those underserved, led to the creation of a population health competency and was the impetus for the creation of a four-year integrated public health curriculum that begins with patient advocacy, a required public health research selective, a four-year ambulatory continuity experience, and the placement of most clerkship experiences in the ambulatory setting.

Use of the program objectives in the courses and clerkships

A substantial portion of the preclerkship curriculum is taught in integrated courses. For each integrated course, the course director is in charge of the course planning working group and serves as the point person for working with the assistant dean for basic science and assistant dean for medical education and faculty development to ensure that objectives are developed that meet the program objectives and the competencies identified by CUNY faculty. The assistant dean for clinical curriculum and the assistant dean for medical education and faculty development work with the clinical course and clerkship directors and the clerkship planning working group to ensure that the clerkship objectives also meet the program objectives and the competencies as identified by CUNY faculty.

The course or clerkship director is responsible for ensuring that the learning objectives within each course are driven by and linked to the educational program objectives. Using the educational program objectives as the foundation for developing learning objectives for each course, the course and clerkship directors and relevant course working groups have developed specific learning objectives for each educational activity (session) that are driven by and linked to the

educational program objectives.

The Curriculum Committee, with assistance from the assistant dean for medical education and faculty development, together with the assistant dean for basic science curriculum and/or the assistant dean for clinical curriculum, reviews learning objectives in each course and clerkship (both overall and individual sessions) and in aggregate for the entire curriculum, as well as the map of these learning objectives to the overall educational program objectives, to ensure that the curricular structure supports the overall program objectives and competencies without unintended redundancies.

2. Planning for the evaluation of curriculum outcomes.

The Curriculum Committee uses the educational program objectives to determine the effectiveness of the curriculum. This is done in the following manner:

1. The Curriculum Committee, with assistance from the assistant dean for medical education and faculty development, together with the assistant dean for basic science curriculum and/or the assistant dean for clinical curriculum, reviews learning objectives in each course and clerkship (both overall and individual sessions) and in aggregate for the entire curriculum, as well as the map of these learning objectives to the overall educational program objectives to ensure that the curricular structure supports students' successful progression toward meeting the appropriate curricular milestones.

2. As part of the evaluation process, the Curriculum Committee also reviews relevant feedback from faculty and student course evaluations and student performance data. When such information is available, the review will also include USMLE Step 1 performance.

3. Curriculum mapping will serve to confirm that the curriculum is effective in allowing students to meet appropriate milestones in preparation for graduation and GME placement and that student learning is successful in all courses and curricular areas, regardless of small-group or clinical-site assignment.

4. If the students overall (a significant portion of a class) are not meeting expectations when they are assessed for specific educational program objectives, the Curriculum Committee identifies the specific courses responsible for meeting those objectives and communicates its findings and makes recommendations to the corresponding course/clerkship directors, to the assistant deans for basic science and clinical curriculum, and to the assistant dean for medical education and faculty development so that student learning in that curricular area can be addressed and improved.

b. Describe the roles and activities of course/clerkship faculty and the curriculum committee and its subcommittees in ensuring that course and clerkship learning objectives are linked to medical education program objectives.

There are four Curriculum Committee subcommittees that report to the full Curriculum Committee. However, the one subcommittee "Course and Clerkship Review Subcommittee" is predominately responsible for ensuring that course and clerkship learning objectives are linked to medical education program objectives. This subcommittee is responsible for evaluating each course and clerkship to review the course or clerkship. (See 8.1.c.1 for a description of this committee's charge.) The evaluation encompasses the course/clerkship and session level objectives, delivery methods, assessment methods, student evaluations, and program objectives

that each course/clerkship addresses. This subcommittee and course/clerkship directors work in close conjunction with our curriculum mapping manager to ensure that the learning objectives of the course are addressed and assessed appropriately. Oversight is also provided to ensure that all objectives are measurable and that unintended redundancies within and between courses are identified and addressed. The course/clerkship directors are also asked to create a concrete plan of action for any changes that are deemed necessary. Every course or clerkship is initially reviewed in detail by the subcommittee annually, and then once no major changes are required, they are reviewed biennially. The Curriculum Committee identifies specific action items based on the subcommittee's data and report and the full committee's deliberations. The course/clerkship director, the corresponding assistant dean for basic science or clinical curriculum, and the assistant dean for medical education and faculty development, are responsible for ensuring that the action items are addressed. The Curriculum Committee may request updates within the timeline that the committee deems appropriate. The evaluation also includes student evaluations of the course/clerkship, standardized exam results, course/clerkship director reflections, and the opportunity for additional student input at the Curriculum Committee review. If there are specific learning objectives that are proposed as additions or subtractions to the course curriculum, it is the curriculum committee who ultimately will make that decision, based on the evidence presented by the course directors and the recommendations of the Course and Clerkship Review Subcommittee.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 8.2

1. Provide one example from a course illustrating the way in which the learning objectives of the course are linked to the medical education program objectives.

   Table 8.2 below illustrates the connection between objectives at the program level, course level, and session level, together with the corresponding assessments. The example provided is from the Organ Systems course. This is a PBL session that focuses on hypertension and atherosclerosis. This particular PBL takes place during the Cardiovascular module of the course. The learning objectives are assessed first in a formative manner through facilitator assessments, as well as through quiz questions using clicker responses during large-group engaged-learning sessions, and subsequently in a summative manner through a customized NBME exam.

Table 8.2

Program-Level Objective	Course-Level Objective	Session-Level Objective	Assessment
2. Medical Knowledge	2.1 Define the molecular, biochemical, and cellular mechanism that underlie normal tissue function. 2.2 Describe the normal structure and function of the body as a whole and of each of its major organ systems. 2.3 Delineate how normal organ function changes during early development, adolescence, and aging. 2.4 Identify the causes (genetic, developmental, metabolic, toxicological, infectious, autoimmune, neoplastic, degenerative, vascular, infiltrative, idiopathic, and traumatic)	-Identify common laboratory abnormalities that may occur in the setting of hypertension, and identify signs of end-organ damage related to hypertension on laboratory and diagnostic tests. -Visually describe the changes that occur in the vessels and target organs (such as the heart and kidneys) as a result of long standing hypertension and atherosclerosis (Pathology).	NBME Customized Exam

	of major categories of disease and injury and the ways in which they present in clinical practice. 2.5. Relate the altered structure and function (pathology and pathophysiology) of the body and its major organ systems to various diseases and conditions. 2.6 Describe the epidemiology of common disorders various diseases and conditions. 2.7 Describe the impact of gender, age, socioeconomic, environmental, and behavioral factors on a person's health maintenance and response to disease and injury. 2.8 Explain the principles of pharmacology, therapeutics, and therapeutic decision making. 2.9 Explain the scientific basis, interpretation, reliability, and validity of common diagnostic and therapeutic modalities. 2.10 Demonstrate a sound scientific foundation for incorporating and applying new knowledge.	-Distinguish among the pathological changes seen in the aorta, large vessels, and small vessels (Pathology). -Interpret the results of a patient's cholesterol level to identify risk for cardiovascular disease. -Describe the correlation between LDL and HDL levels with atherosclerosis and cardiovascular disease. -Identify which cholesterol components accumulate within an atherosclerotic plaque (Pathology). -Recognize the clinical complications of atherosclerosis. Describe how an atherosclerotic plaque can rupture and how this may manifest clinically (Pathology). -Visualize what leads to plaque rupture within vessels (Pathology). -Interpret the HbA1C level and recognize how diabetes is linked to increased CAD risk. -Describe how CRP levels can be interpreted and their potential role in identifying a patient's risk for CAD. -Describe the general treatment goals for hypertension and the most appropriate treatment for this patient's hypertension. Which drugs are recommended and what are their mechanisms of action, side effects, contraindications? -Describe non-pharmacological therapy that is recommended to treat hypertension. -Describe the general principles of therapy for hyperlipidemia, including lifestyle modification and pharmacotherapy. -Describe the mechanisms of drug therapy to treat dyslipidemia,	

		including mechanism of action, potential side effects, and contraindications.	
3. Life-Long Learning	3.1 Identify strengths, deficiencies, and limits in one's knowledge and expertise. 3.2 Establish learning and improvement goals. 3.3. Identify and perform appropriate learning activities. 3.5 Incorporate feedback from formative evaluations into daily practice. 3.7. Use information technology to optimize learning. 3.9. Demonstrate the qualities required for sustaining lifelong personal and professional growth, including self-awareness, trustworthiness, leadership, and ability to alter behavior to adjust to change.	-Participate with relevant contributions. -Prepare for all learning objectives in advance of session. -Present carefully throughout prompts.	Facilitator Assessment
4 Interpersonal skills and communication	4.4 Present information to colleagues, in both written and verbal forms, in a clear, concise, effective, and timely manner. 4.5 Communicate and work effectively with other members of the healthcare team.	-Listen attentively and considers alternative explanations and suggestions provided by other teammates. -Participate with relevant contributions. -Demonstrate the ability to manage the team and coordinate the activities of team members. -Present carefully throughout prompts.	Facilitator Assessment

5. Professionalism	5.1 Demonstrate honesty and integrity in all professional activities. 5.8 Accept the obligation to seek feedback and to engage in self-reflection and assessment in a sustained effort at self-improvement.	-Be on time and ready to participate at the start of sessions. -Listen attentively and consider alternative explanations and suggestions provided by other teammates. -Participate with relevant contributions. -Prepare for all learning objectives in advance of session. -Present carefully throughout prompts.	Facilitator Assessment
7. Population Health and Community-Oriented Primary Care	7.1 Explain and apply principles of epidemiology. 7.5 Recognize and respond to unique healthcare needs of diverse populations. 7.8 Recognize impact of social determinants of health.	-Identify risks for cardiovascular disease. -Be aware of social determinants of cardiovascular disease.	NBME Customized Exam

8.3 CURRICULAR DESIGN, REVIEW, REVISION/CONTENT MONITORING

The faculty of a medical school are responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required curricular segment, instructional and assessment methods appropriate for the achievement of those objectives, content and content sequencing, ongoing review and updating of content, and evaluation of course, clerkship, and teacher quality. These medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the faculty to ensure that the curriculum functions effectively as a whole to achieve medical education program objectives.

8.3 NARRATIVE RESPONSE

a. Describe the roles and activities of the course and clerkship directors and course and clerkship committees, the teaching faculty, the departments, and the chief academic officer/associate dean for the medical education program in the following areas. If other individuals or groups also play a role, include these in the description, as well.

1. Developing the objectives for individual courses and clerkships

   The original school competencies and educational program objectives were developed by the Curriculum Reform Committee, which was a working group of the Curriculum Committee (see 8.2.a.1). They were then reviewed, revised and approved by the Curriculum Committee and by the entire faculty. Based upon the Program Objectives, the initial blueprint for individual course and clerkship learning objectives were then developed by subcommittees of the Curriculum Reform Committee, and subsequently reviewed and refined in more detail by the course and clerkship directors with input from additional faculty with content expertise. All course and clerkship directors reviewed the competencies and program objectives to develop the overall course and clerkship objectives for respective courses and clerkships. The Curriculum Committee then reviewed and approved these to assure that all program objectives were appropriately addressed by the relevant course/clerkship.

2. Identifying the appropriate teaching and assessment methods

   The Curriculum Committee has responsibility for central oversight of the curriculum, which includes content and organizational structure (sequence and time allotment), and for policies regarding teaching and assessment methods. This responsibility includes establishing guidelines for teaching modalities (for individual courses as well as in aggregate) throughout the curriculum; setting criteria and standards for grading systems for each course (numeric, honors/pass/fail, etc.); defining requirements for using external standardized examinations (NBME subject tests); and formulating a policy regarding the minimum score required for passing each course/block/module, NBME subject test examinations, and in-house comprehensive examinations.

   Individual course and clerkship directors propose, through the appropriate subcommittee of the Curriculum Committee, which assessment methods should be used to determine student competency and the relative contribution of each method to the overall grade. The overall assessment matrix and the policy for calculating a final grade are approved and monitored by the Curriculum Committee, which oversees the work of both the Basic Science Curriculum and the Clinical Curriculum Subcommittees.

3. Planning the clinical curriculum

   The individual clerkship directors, with the assistance of the assistant dean for the clinical curriculum, the director of clerkships, and assistant dean for medical education and faculty development, are charged with designing the clinical curriculum; creating assessment and evaluation methods and tools; and establishing student performance standards. The Curriculum Committee and the Clinical Curriculum Subcommittee of the Curriculum Committee are responsible for reviewing composite course measures (examination performance, curriculum content). The Clinical Curriculum Subcommittee is also responsible for ensuring that the clinical education environment maximizes learning and that there is consistency in education across clinical sites. This subcommittee also makes recommendations to the Curriculum Committee, which then has the authority either to take action or to direct the Clinical Curriculum Subcommittee to implement its decisions.

   The Clinical Curriculum Subcommittee membership is indicated in 8.1.c.3.

4. Identifying course and clerkship content and assessment methods that are appropriate for the course/clerkship learning objectives

   The course and clerkship directors use the Educational Program objectives, as well as the corresponding blueprints developed by the course committees (composed of course directors and key faculty who have oversight for specific content areas like physiology, anatomy, histology, pharmacology, etc.) and approved by the Curriculum Committee (see above) to define specific objectives for their individual courses. These course and clerkship directors are responsible for ensuring that the learning objectives within each course/clerkship are driven by and linked to the educational program objectives. The course and clerkship directors then use the course objectives to develop specific learning objectives for each educational activity. The course directors or course committees, with input from various other faculty members (including other course directors), have ensured that the learning objectives within each block are driven by and linked to the educational program objectives.

   Course and clerkship directors use their course/clerkship objectives to guide course assessments, making sure the assessments reflect these objectives and also program objectives and competencies. Course and clerkship directors are required to complete a Course Information Sheet annually; on this sheet they indicate their assessment methods, the relative contribution of each assessment to the grade, and the cutoffs and standards for passing. This information is made available to students through individual course syllabi. The Curriculum Committee approves methods of assessment and grading policies across preclerkship courses and clerkships. Moreover, course and clerkship directors coordinate the development and wording of items on assessment forms to improve consistency across courses and clerkships. The clerkship directors also share assessment instruments for use across clerkships. Finally, the assistant dean for medical education and faculty development meets with course and clerkship directors to review their policies and offer advice about assessment tools and methods.

5. Evaluating the quality of individual faculty member teaching (e.g., through peer assessment of teaching or review of course content)

   Faculty member teaching is evaluated in several ways. The specific content of sessions taught by a faculty member are reviewed by the course director in advance of these sessions. In addition, course directors sit in on individual faculty sessions to assess faculty teaching and the learning environment. The assistant dean for medical education and faculty development sits in on course

director sessions, if needed, to assess their teaching. Additionally, exam content is linked to specific course sessions and student performance is reviewed to identify topics that were not adequately learned in order to revise course content to improve learning. The Curriculum Committee, aided by detailed review of each course by the Course and Clerkship Review Subcommittee, reviews the quality of teaching and of course content, and identifies specific necessary action items resulting from this review.

6. Monitoring the quality of individual faculty member teaching (e.g., through the review of student evaluations of courses and clerkships)

   To monitor the content that faculty teach, session objectives and materials are submitted to the course director for review prior to posting on our learning management system LCMS+. If the content does not cover session objectives or has too little or too much detail, the course director will require the content be revised prior to the session and re-review it to assure it meets session and course objectives. Students also anonymously evaluate every faculty who teaches them via LCMS+. Course directors review and monitor student evaluations of faculty and share these with each individual faculty in order to provide faculty feedback to improve teaching. If student assessments indicate specific weak content areas, the faculty responsible for teaching that content are provided with feedback in order to address these weak areas during the intersession weeks or when revising course content for the next academic year. In addition, when the Course and Clerkship Review Subcommittee and Curriculum Committee review each course, they review individual faculty teaching evaluations to ensure adequacy of teaching, role modeling and facilitation of learning by course faculty.

7. Evaluating the overall quality and outcomes of the course

   Information about course quality is collected by three mechanisms: required course evaluations, input from class representatives, and, when necessary, focus groups.

   Using LCMS+, students complete mandatory anonymous online evaluations of all courses and clerkships after their final course or clerkship examinations. Evaluations comprehensively assess the quality and effectiveness of courses and of individual faculty members. The evaluation process is administered and monitored by the Office of Academic Affairs, which maintains anonymity and confidentiality of the results. To ensure confidentiality, aggregate data on completion rates and response data are stored separately from individual response data. The deputy dean for medical education, the Curriculum Committee, and relevant subcommittees receive and review composite results from all courses. Each course director also has access to his or her own response data, from which all potential individual student identifiers have been removed.

   Students must complete each evaluation within four weeks after the end of a course, block, section, or clerkship. If a student is not in compliance, an Ethical and Professional Behavior Documentation Form is filed in the student's record in the Office of Student Affairs. Provisions are made for exceptions in cases of extenuating circumstances.

   On the course evaluation form, students assess whether the course objectives were clear and whether the course met the stated objectives. Students also assess the organization of the course, the amount and clarity of content, course workload, the consistency of the assessments with course objectives and content, teaching formats, small groups, clinical experiences (if applicable), and teaching quality. They also provide information regarding any instances of student mistreatment. The student evaluation results are sent to course and clerkship directors in

aggregate; the directors are required to share this evaluation with their teaching faculty. Faculty members receive regular feedback on their teaching methods and on the quality of the content of their sessions. Student evaluations of courses are also an integral component of course reviews by the Curriculum Committee and its corresponding relevant subcommittees.

In addition, each class has representatives who are responsible for providing timely feedback about the courses to course and clerkship directors and administrators. If issues are identified, focus groups will be convened to provide more specific feedback.

b. Describe the process of formal review for each of the following curriculum elements, as implemented or planned to date. Include in the description the frequency with which such reviews are or will be conducted, the means by which they are or will be conducted, the administrative support available for the reviews (e.g., through an office of medical education), and the individuals and groups (e.g., the curriculum committee or a subcommittee of the curriculum committee) who receive or will receive the results of the evaluation.

1. Required courses in the preclerkship phase of the curriculum
   a. Frequency of review
      Every two years or more often if necessary for established courses (if problems are identified in student performance, student feedback, inability to meet instructional objectives, etc.). Reviews are annually for new courses until no major revisions are required.
   b. Auspices of review
      Curriculum Committee
   c. Means by which review will be conducted
      A template has been prepared for the review of each course or clerkship; the template includes an overview of the course, including any changes in content, format, logistics, course or clerkship director or faculty; student feedback for the previous three years (when available); and feedback from the course director (see Appendix 8-03). The committee will also be provided with curriculum mapping alignment reports and, when available and relevant, with previous feedback from the Curriculum Committee, the corresponding curriculum subcommittee, or both. The course director initially presents a summary of all of the feedback to the Course and Clerkship Review Subcommittee, a subcommittee of the Curriculum Committee; the subcommittee then adds additional comments and/or recommendations specifically to the course director regarding the course director's course self-assessment, including the plan for any changes. The results of this review are communicated to the Curriculum Committee for its comprehensive evaluation of each course in the curriculum (see sections i.e. and i.f. below) and for the identification of specific action items, if pertinent.
   d. Administrative support for reviews
      The course director leads the self-assessment, with the assistance of the assistant dean for medical education and faculty development and the director of evaluation and education research. The Office of Academic Affairs prepares a summary of the anonymous student feedback for each course; this feedback includes both quantitative and qualitative data. The course director discusses the final draft in person with the deputy dean for medical education and the appropriate assistant dean (either the Basic Sciences or the Clinical Curriculum) to review course outcomes, help identify needed resources, and approve the course or clerkship director's assessment and action plan.
   e. Persons and groups that will receive the results of the review
      The annual summary of student feedback about each course is sent to the course director and the relevant department chair, in addition to the deputy dean for medical education and the relevant assistant dean. The final course report is presented to the Curriculum Committee for

review and discussion. The Curriculum Committee may make recommendations for modifications to the course and may request an update or another review of the course before the next regularly scheduled review to ensure successful implementation of its recommendations. Copies of the report are also provided to the corresponding department chair and to the deputy dean for medical education, so that they can assist in implementing recommendations made by the Curriculum Committee. The minutes of Curriculum Committee meetings will be posted on the Blackboard website of the Office for Academic Affairs, which can be accessed by all faculty, staff, and students.

f. Implementation and monitoring of recommendations

The Curriculum Committee will comprehensively review each course annually while the curriculum is being implemented and every two years once implementation is complete. Results and recommendations from this committee's review may include mandated changes in the sequence, length, content, and assessments of the course. The Curriculum Committee will monitor the implementation and follow-up of planned course changes before the next Curriculum Committee review. The Office of Academic Affairs assists in following up and implementing any changes that are mandated by the Curriculum Committee. To further enhance ongoing improvement of the curriculum, summary results of the committee's course reviews may also be shared with the respective curriculum subcommittees and at faculty retreats, as appropriate.

2. Required clerkships

The process for faculty review of required clerkship rotations is identical to that as stated above in 8.3.b.1. In addition to all of the material reviewed above, data on specific clerkship sites and comparability of experiences and students performance will also be reviewed.

3. Individual years or phases of the curriculum

The curriculum is divided into four academic periods:

1) Population Health and Basic Science organ system–based curriculum (Years U3 and M1--M2)
2) Preclerkship clinical curriculum (POM course, Years U2--U3 and M1--M2)
3) Third-year clerkships (M3)
4) Fourth-year required clerkships (M4)

a. Frequency of review

Annually while each year or academic curriculum is being implemented and revised, and then once every two years once no major changes are anticipated.

b. Auspices of Review

Curriculum Committee with ongoing review by the relevant curriculum subcommittees

c. Means by which review will be conducted

The Academic Segments and Program Subcommittee compiles and analyzes data from each relevant academic period and provides any suggestions for changes that are then reviewed by the Curriculum Committee. The reviews include the following: a) number of courses, course hours, sequence; b) aggregate data on pedagogic methods, in terms of overall use of various methods (particularly those aimed at promoting lifelong learning) and of their effectiveness; c) aggregate data on mapping of content (for courses/clerkships in each period under review) to educational program objectives; d) data on correlation of student performance on both internal assessments and, if appropriate, performance on NBME subject test examinations), as well as aggregate data for all courses/clerkship within the period under review; e) when relevant and available, performance on the national standardized examinations (Step 1 for the medical sciences and preclerkship clinical curriculum) and performance on the NBME Step 2 CS and CK assessments and our own clinical skills assessment for the preclerkship and M3 and M4 clerkships; f) feedback from subsequent academic periods regarding student preparation

for the next phase of the curriculum (from relevant faculty, deans, and students); and g) student course or clerkship evaluations. The Curriculum Committee makes recommendations based on these evaluations and feedback from the Academic Segments and Program Subcommittee for any necessary adjustments in the overall structure and organization of courses within a given period of instruction. Any approved changes resulting from the review are then given to the relevant subcommittee of the Curriculum Committee for implementation (Basic Science and/or Clinical Curriculum), and to the deputy dean for medical education for assistance in administrative support to implement its recommendations.

d. Administrative support for reviews
The Office of Academic Affairs and the director of research and evaluation collect all relevant data and assist with the summarization by the Academic Segments and Program Subcommittee for presentation to the Curriculum Committee.

e. Individuals and groups that will receive the results of the review
The relevant curriculum subcommittees (which include all relevant course and block directors); the deputy dean for medical education and assistant deans (Basic Science, Clinical Curriculum, and Medical Education and Faculty Development); and the dean and all department chairs (because all departments run concomitant courses in an academic session).

f. Implementation and monitoring of recommendations
Results and recommendations from this committee's review may include mandated changes in course/clerkship or section sequence, length, content, and assessments. The Curriculum Committee monitors implementation and follow-up of planned course/clerkship changes before the next Curriculum Committee review. The Office of Academic Affairs assists in following up and implementing any changes that are mandated by the Curriculum Committee. The Curriculum Committee is ultimately responsible for overseeing the overall implementation of changes and for monitoring the identified outcomes.

4. The curriculum as a whole:
   a. Frequency of review
   The Curriculum Committee is charged with a comprehensive review of the entire curriculum every four years.
   b. Auspices of review
   Curriculum Committee with ongoing review by the Academic Segments and Program Subcommittee.
   c. Means by which review will be conducted
   The Academic Segments and Program Subcommittee compiles data from each relevant academic period into aggregate data for review by the Curriculum Committee. The reviews include the following: a) number of courses, course hours, sequence; b) aggregate data on pedagogic methods, in terms of overall use of various methods (particularly those aimed at promoting self-directed and lifelong learning) and their effectiveness; c) aggregate data on mapping of content to educational program objectives; d) data on correlation of student performance on each course (both internal assessments and, if appropriate, NBME subject test examination performance), as well as aggregate data for all courses; e) when relevant and available, performance on the national standardized examinations (Step 1 for the medical sciences and preclerkship clinical curriculum) and performance on the NBME Step 2 CS and CK, Step 3 (if permission is granted by students) and our own clinical skills assessment for the preclerkship and the Year M3 and M4 clerkships; f) feedback from program directors and graduates (interns and residents) regarding student preparation for the next phase of their training; g) feedback from our own graduation questionnaire and the AAMC Graduation

Questionnaire (GQ); h) student advancement and graduation rates; i) success in the National Residency Match Program; j)specialty choice; and k) practice type and location chosen by graduates. The Curriculum Committee will make recommendations based on these evaluations and feedback from the Academic Segments and Program Subcommittee for any necessary adjustments in the overall structure and organization of courses within a given period of instruction. Any approved changes resulting from the review are then given to the relevant subcommittee of the Curriculum Committee for implementation, and to the deputy dean for medical education for assistance in administrative support for implementing its recommendations. The Curriculum Committee will require frequent follow-up with appropriate data to ensure that changes are implemented and any identified issues are corrected.

d. Administrative support for reviews
The Office of Academic Affairs and the director of research and evaluation will collect all relevant data and assist with the summarization by the Academic Segments and Program Subcommittee for presentation to the Curriculum Committee.

e. Individuals and groups that will receive the results of the review
The relevant curriculum subcommittees (which include all relevant course and block directors); the deputy dean for medical education and assistant deans (basic science, clinical curriculum, and medical education and faculty development); and the dean and all department chairs (because all departments run concomitant courses in an academic session).

f. Implementation and monitoring of recommendations
Results and recommendations from this committee's review may include mandated changes in course or section sequence, length, content, and assessments. The Curriculum Committee monitors implementation and follow-up of planned course changes before the next Curriculum Committee review. The Office of Academic Affairs assists in following up and implementing any changes that are mandated by the Curriculum Committee. The Curriculum Committee is ultimately responsible for overseeing the overall implementation of changes and for monitoring the identified outcomes.

c. Describe the means and the anticipated frequency of curricular content monitoring. Provide examples of how monitoring of curriculum content has been used to identify gaps and unwanted redundancies in topic areas.

The electronic curriculum mapping system in LCMS+, along with feedback from students (internal and AAMC GQ) and data from internal examinations and national standardized examinations, will help us identify gaps and unwanted redundancies in curricular content. Below is information regarding the curriculum database.

Each faculty member has access to view the entire electronic database. Course and clerkship directors will carry out a content search for planned sessions to familiarize themselves with antecedent and future curricular elements covering similar material. When their course/clerkship is presented for review by the Curriculum Committee, course/clerkship directors will be responsible for reporting to their relevant curriculum subcommittee the results of this mapping and other student feedback regarding the alignment of course objectives with education program objectives. In addition, course and clerkship administrators and all students will be able to view the database in order to track specific keywords, topics or content areas across the curriculum and recognize how the curricular content is linked to the educational objectives.

Monitoring the curriculum database
The deputy dean for medical education and the Office of Academic Affairs will have oversight to ensure that course/clerkship directors keep the curriculum database up to date.

Identification of gaps and unwanted redundancies

The curriculum course subcommittees are charged with ensuring that any redundancies are planned (for intentional emphasis) and that gaps are identified and addressed. Preventing unplanned duplication of material or large gaps will be the purview of the relevant curriculum course subcommittees. Course directors and selected clinical faculty including some clerkship directors have mandatory monthly meetings as members of the curriculum subcommittees. The objectives of all courses, clerkships, and sessions are linked to the educational program objectives and competencies through LCMS+, our learning management system. Each course and clerkship director has responsibility for ongoing curricular review, performed by accessing and reviewing the student end-of-course evaluations, feedback from class representatives and the Curriculum Committee, and student performance on assessments. Review of summative assessments of courses and clerkships, including the NBME subject test examinations and Steps 1 and 2 CS and CK assessments, can also help identify deficiencies or gaps in curricular content. The curriculum mapping administrator assists the course/clerkship director and his/her administrator in completing and updating curricular content and mapping it to institutional objectives.

The Curriculum Committee will also have full access to the database to assess redundancies and gaps across all courses and will evaluate for gaps and redundancies as part of the comprehensive review of the course or clerkship.

d. Describe the tool(s) that is/will be used for monitoring the content of the curriculum (i.e., the "curriculum database"). Note the status of development and implementation of this tool.

After a careful search it was determined by the primary stakeholders, consisting of members of the IT department, curriculum specialist, course directors, and senior administrators in the academic affairs office, that we would select LCMS+ as our primary system for our curriculum database. Curricular data for all medical year one (M1) and two (M2) courses have been uploaded into LCMS+. This consists of linking all program-level goals and objectives to each course, uploading all session-level objectives for each of the course-level events, and linking the session-level objectives for each event to the program-level objectives.

e. List the roles/titles of the individuals who have/will have access to the curriculum database. List the roles and titles of the individuals who have responsibility for monitoring and updating its content. Note which individuals, committees, and units (e.g., departments) receive/will receive the results of the reviews of curriculum content.

The deputy dean for medical education, assistant dean for medical education and faculty development, director of educational research and evaluation, and curriculum specialist in the Office of Academic Affairs will have oversight to ensure that course directors keep the curriculum database up to date. Course directors for each course will also have access to the curriculum database within the LCMS+ system. The above stakeholders have full access to the curriculum database in its entirety.

When their course is presented for review by the Curriculum Committee, course directors will be responsible for reporting to their relevant curriculum subcommittee the results of mapping and other student feedback regarding the alignment of course objectives with education program objectives.

The Curriculum Committee in conjunction with the Course and Clerkship Review Subcommittee are charged with ensuring that any redundancies are planned (for intentional emphasis) and gaps are identified and addressed. Preventing unplanned duplication of material or large gaps will be the

purview of the curriculum course subcommittees. Course and specific clinical faculty and clerkship directors have mandatory monthly meetings as members of their respective subcommittees to review this data and address and implement any recommendations from the Curriculum Committee.

Title/Position	Access to Database	Monitor/Updates	Receives Results
Deputy Dean for Medical Education	YES		YES
Assistant Dean for Medical Education and Faculty Development	YES		YES
Director of Educational Research and Evaluation	YES		YES
Curriculum Specialist	YES	YES	YES
Course Directors	YES	YES	YES
Curriculum Subcommittees	YES	YES	YES
Curriculum Committee	YES	YES	YES
Students	NO	NO	YES

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 8.3

See Appendix 8-03 for the following:

1. Copies of any standardized templates used for course reviews.
2. A sample review of a course.
3. The results of a search of the curriculum database or review of curriculum content related to the topics of "substance abuse" and "genetics."

UPDATED 12.29.17

8.4 PROGRAM EVALUATION

A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving medical education program objectives and to enhance medical education program quality. These data are collected during program enrollment and after program completion.

8.4 SUPPORTING DATA

Table 8.4-2 | Monitoring of Medical Education Program Outcomes

Check (X) all the indicators that are or will be used by the medical school to evaluate educational program effectiveness and list the individuals and/or groups in the medical school responsible for receiving and evaluating the data from the program outcome indicators listed below.

Outcome Indicator (*data are anonymized and presented as an entire class/group of scores unless otherwise indicated)	Check (X) if indicator will be used	List the individuals/groups who receive/will receive the data and evaluate the outcome
Results of USMLE or other national examinations (*)	x	Deputy Dean for Medical Education, Associate Dean for Student Affairs, Medical Student Advisor, Associate Dean for Curriculum and Assessment, Assistant Deans for Basic Science, Clinical Curriculum, Medical Education and Faculty Development, and Curriculum Committee (CC) and Subcommittees
Student scores (*) on internally developed examinations	x	Deputy Dean for Medical Education, Associate Dean for Student Affairs, Medical Student Advisors, Assistant Deans for Basic Science, Clinical Curriculum, Medical Education and Faculty Development, Student Academic Progress Committee, and CC and Subcommittees
Performance-based assessment of clinical skills (e.g., OSCEs*)	x	Deputy Dean for Medical Education, Associate Dean for Curriculum and Assessment, Assistant Dean for Clinical Curriculum, and CC and Subcommittees
Student advancement and graduation rates (*)	x	Deputy Dean for Medical Education, Associate Dean for Student Affairs, Medical Student Advisors, Associate Dean for Curriculum and Assessment, Assistant Deans for Basic Science, Clinical Curriculum, and Medical Education and Faculty Development, Director of Educational Research and Evaluation, and CC and relevant Subcommittee
Student responses on the AAMC GQ (*)	x	Deputy Dean for Medical Education, Associate Dean for Student Affairs, Medical Student Advisors, Associate Dean for Curriculum and Assessment, Assistant Deans for Basic Science, Clinical Curriculum, and Medical Education and Faculty Development, Curriculum Committee and subcommittees

UPDATED 12.29.17

Student responses on an internal graduation survey (*)	x	Deputy Dean for Medical Education, Associate Dean for Student Affairs, Medical Student Advisors, Associate Dean for Curriculum and Assessment, Assistant Deans for Basic Science, Clinical Curriculum, and Medical Education and Faculty Development, Curriculum Committee and subcommittees
Graduates (interns) responses to an internal survey (*)	x	Deputy Dean for Medical Education, Associate Dean for Student Affairs, Medical Student Advisors, Associate Dean for Curriculum and Assessment, Assistant Deans for Basic Science, Clinical Curriculum, and Medical Education and Faculty Development, Curriculum Committee and subcommittees
NRMP match results	x	Deputy Dean for Medical Education, Associate Dean for Student Affairs, Medical Student Advisors, Associate Dean for Curriculum and Assessment, Assistant Deans for Basic Science, Clinical Curriculum, Medical Education and Faculty Development, Director of Educational Research and Evaluation, Curriculum Committee and subcommittees, Student Academic Progress Committee, and CC
Specialty choices of graduates	x	Deputy Dean for Medical Education, Associate Dean for Student Affairs, Medical Student Advisors and CC
Assessment of residency performance of graduates (*)	x	Deputy Dean for Medical Education, Associate Dean for Student Affairs, Medical Student Advisors and CC
Licensure rates of graduates (*)	x	Deputy Dean for Medical Education, Associate Dean for Student Affairs, Medical Student Advisors and CC
Practice types of graduates (*)	x	Deputy Dean for Medical Education, Associate Dean for Student Affairs, Medical Student Advisors and CC
Practice location of graduates (*)	x	Deputy Dean for Medical Education and CC

8.4 NARRATIVE RESPONSE

a. Describe how the results of reviews are or will be used to evaluate and revise the curriculum and to determine if the educational program objectives are being met.

Annually, on the basis of the results of the indicators, the Curriculum Committee will provide recommendations or mandates for changes to course and clerkship content and structure in order to assure competency and successful achievement of program objectives. These recommendations will be implemented by the course and clerkship directors and outcomes will be followed with subsequent programmatic data.

8.5 MEDICAL STUDENT FEEDBACK

In evaluating medical education program quality, a medical school has formal processes in place to collect and consider medical student evaluations of their courses, clerkships, and teachers, and other relevant information.

8.5 NARRATIVE RESPONSE

a. Describe how and by whom evaluation data on course quality are collected from medical students. Note if there is a standardized form used for course evaluations or if each course designs its own evaluation instrument. Note if evaluations are completed online or on paper.

   Evaluation data on course quality are collected by staff of the Office of Academic Affairs via LCMS+. Students are required to complete course evaluations online within four weeks of the end of each course. Student course response rate is currently >90%. Evaluations are aggregated and presented to course directors, departmental chairs and to the curriculum committee without individual student identifiers. This procedure will also be standard for all clerkships. Evaluation forms are designed with the assistance of the Department of Medical Education to assess relevant qualities of each course. Some forms are used in more than one course (i.e., PBL evaluations are used in Fundamentals and in Organ Systems).

b. Provide two recent examples of how student feedback has led to changes in the medical curriculum or to consideration of changes (even if not made) by the curriculum committee.

   The Curriculum Committee takes student feedback very seriously when directing courses to make changes. Two examples of courses that undertook changes due to student feedback are Genetics and Organ Systems. Based upon student feedback and Curriculum Committee recommendations, the Genetics course reviewed and revised the approach to small-group learning to better reflect a focus on active and self-directed learning. After the first semester of Organ systems, the Course and Clerkship Review Subcommittee (using student course evaluations and student focus groups) found that anatomy learning objectives regarding observation of gross specimens were not adequately addressed. They brought this information to the full Curriculum Committee. Based upon feedback from the Curriculum Committee, additional anatomy sessions were added in the gross anatomy lab.

c. Describe whether medical students provide evaluation data on individual faculty and others who teach and supervise them in required courses. If such data are collected, describe whether and how faculty and others receive feedback on their teaching skills.

   Students are asked to rate individual lecturers after each lecturer has provided their final lecture in each course. Students rate PBL, small-group and lab facilitators after the final session in each course or module. Evaluations are provided as both numeric ratings and narrative format. Course directors share evaluation data with individual faculty members. If faculty members receive poor evaluations or are observed to have problematic teaching behaviors, an appropriate member of the Department of Medical Education (e.g., assistant dean for basic science or clinical curriculum, or medical education and faculty development, or the deputy dean, depending on the nature of the problem) meets with the individual faculty member in order to address the underlying cause of the poor evaluations and/or of the problematic behaviors.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 8.5

1. See Appendix 8-05 for a copy of a course evaluation form used by students.

8.6 MONITORING OF COMPLETION OF REQUIRED CLINICAL EXPERIENCES

A medical school has in place a system with central oversight that monitors and ensures completion by all medical students of required clinical experiences in the medical education program and remedies any identified gaps.

8.6 NARRATIVE RESPONSE

a. Describe the process(es) that will be used by students to log their required clinical encounters and skills. Is there a centralized tool used for logging or will individual clerkships use their own systems?

   Students maintain an electronic log of all patient encounters and clinical skills in all clinical courses and clerkships at all clinical sites (with individual patient modifiers removed for confidentiality) across all years of the curriculum. The platform for the electronic log is LCMS+; data are kept on a secure server as a password-protected file. Students, course directors, clerkship site director and clerkship directors, and the clinical coordinator in the Department of Medical Education monitor these logs. Students are also expected to self-monitor their own progress and to proactively seek patient care situations that relate to curricular expectations.

   Student log data will also be reviewed centrally on a regularly scheduled basis (by the clinical coordinator in the Department of Medical Education) and by course or clerkship directors. Teaching preceptors/clerkship site directors will receive notification of students who are not meeting their patient care-related requirements. The assistant dean for clinical curriculum will review these logs with the course and clerkship directors and create an annual spreadsheet for each course and clerkship to ensure that the clinical sites can provide adequate experiences to support the educational objectives of each course and clerkship and the competencies of our school.

b. Summarize when and how each student's completion of clerkship-specific required clinical encounters and skills will be monitored by the following individuals, including whether the results of monitoring will be discussed with the students as part of a mid-clerkship review:

   1. The student's attending physician, supervising resident, preceptor:
      The student, clerkship director and clinical coordinator will monitor and review the student log for their clerkship-specific clinical encounters and skills and provide feedback to relevant attendings and residents if students have not made adequate progress toward completing their required encounters and skills throughout the clerkship. The clinical coordinator will frequently monitor the patient logs and provide the clerkship directors with summaries of the students' logs of patient encounters and clinical skills at least midway through and at the end of each clerkship. If there are deficiencies in students' progress toward meeting required experiences, the clinical administrator will immediately notify the relevant clerkship director.

   2. The clerkship director:
      The clerkship director will email the student to let them know if they are missing clerkship-required specific clinical encounters or skills and, when necessary, also contact the relevant attending and/or resident. At the mid-clerkship review, the clerkship director will review the student's progress. This will include a discussion of the student's progress in logging all patient encounters and required clinical skills.

c. Summarize when, how, and by whom aggregate data on students' completion of clerkship-specific required clinical encounters and skills will be monitored. Describe how data on completion rates will shared with and be used by clerkship directors and the curriculum committee and/or a relevant curriculum subcommittee.

All clinical encounters and skills will be logged in LMCS+. A weekly report for each student will be sent to the clerkship site director. At the end of each clerkship, a report will be generated as part of curriculum mapping. These site summaries will be shared with clerkship site directors at respective instructional sites to give feedback, address any inconsistencies at the site, and plan a course of action to reconcile these inconsistencies. As part of ongoing clerkship/course review, the Clinical Curriculum Subcommittee and assistant dean for clinical curriculum will review this data for each clerkship to identify any inconsistencies across instructional sites and will track these data over years to detect any changes. The data will be part of the information presented to the Curriculum Committee when each clinical course or clerkship is reviewed.

8.7 COMPARABILITY OF EDUCATION/ASSESSMENT

A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given course and clerkship to ensure that all medical students achieve the same medical education program objectives.

8.7 NARRATIVE RESPONSE

a. Describe the following for each course or clerkship that is or will be offered at more than one instructional site, including regional campus(es) and affiliated hospitals (also see the response to element 2.6).

1. The means by which faculty members at each instructional site are or will be informed of and oriented to the core objectives, required clinical encounters and skills, and grading system for the course or clerkship.

We have no regional campuses.

Much of the preclerkship curriculum will take place on the parent campus. The courses/clerkships that will be offered at multiple locations are listed below:

Evaluation in Healthcare Settings

Undergraduate Year 2 (U2) students engage in field work at community health centers throughout the New York City metropolitan area.

This course has one course director. The school will ensure a comparable experience by having the same curricular objectives and grading system for all students at all sites.

The course director will:

- Annually distribute by email a preceptor guide, the curricular objectives and grading system for the course to participating faculty at these centers. This guide includes course expectations, logistics and policies. The faculty also receive information on student assessments, along with the specific teaching logistics and expectations.
- Require that new faculty members with teaching responsibilities who join a clinical site during the academic year review the preceptor guide and the information on educational program objectives, course learning objectives, and assessment tools before working with students. The course director is also responsible for orienting all new faculty and educating them on the process for applying for an affiliate faculty position, including notifying the assistant dean for the clinical curriculum who will ensure they submit all required paperwork for appointment as CSOM affiliate faculty.

In addition to the course director, each participating health center site has a designated site director who will be the primary liaison between the course director and the faculty at the health centers. The course director will maintain a comparable experience for the students via regular communication by email and telephone. If issues arise with students, faculty, or teaching at the site, communication will occur weekly to ensure that any required changes are implemented and result in resolution of the issue.

UPDATED 12.29.17

POM2 and POM3

Students in undergraduate Year 3 (U3), and medical students in M1 and M2 are assigned to clinical sites in the Practice of Medicine/Longitudinal Clinical Experience (LCE) course. The first step toward ensuring consistency across sites is the assignment of only one course director per course; this director is responsible for ensuring that the course is implemented equivalently at each site and for determining the final grades. The school will ensure a comparable experience by having the same curricular objectives and grading system for all students at all sites.

Each course director will orient faculty members to the objectives and grading system by doing the following:

- Annually distributing by email the curricular objectives and grading system for the course to participating faculty at these centers, along with the specific teaching logistics and expectations.
- Requiring an annual faculty meeting for all faculty members, which includes a review of the educational program objectives, course learning objectives, grading policy and assessment tools. The course director is responsible for orienting all new faculty members and notifying the assistant dean for the clinical curriculum who will ensure they submit all required paperwork for appointment as CSOM affiliate faculty.

Required Clinical Clerkships

M3 and M4 students will be assigned to clinical sites in their required clerkships. For all clerkships except for Family Medicine, we only have two clinical sites: St. Barnabas Hospital Health System (SBHHS) and Staten Island University Hospital (SIUH). Both clinical sites will have site directors that are co-clerkship directors for the Internal Medicine, Pediatrics, Surgery, Psychiatry, Neurology, Subinternship, Emergency Medicine and Critical Care Clerkships. The OB/GYN and Family Medicine clerkships have one clerkship director at SBHHS. This is because for the OB/GYN clerkship, 85 percent of students have their clerkship at SBHHS. For the Family Medicine clerkship, students are at one of five Family Medicine residency sites (none of which are at SBHHS or SIUH). The clerkship directors with the associate dean for curriculum and assessment have designed the clerkships together to ensure all the students achieve the same medical education program objectives by developing all clerkship objectives and assessments together.

- All faculty will be required to attend an annual meeting that includes a review of the educational program objectives, clerkship learning objectives, grading policy and assessment tools. The clerkship directors will annually review all curricular objectives and the grading system for the clerkship with participating faculty and residents. The clerkship directors will require that new faculty members with teaching responsibilities who join a clinical site during the academic year review the educational program objectives, course learning objectives, and assessment tools before working with students. The clerkship directors will be responsible for orienting all new faculty and notifying the assistant dean for the clinical curriculum who will ensure they submit all required paperwork for appointment as CSOM affiliate faculty.

2. How and how often the individuals responsible for the course or clerkship will communicate with faculty at each instructional site regarding course or clerkship planning and implementation, student assessment, and course evaluation.

   The course directors for Evaluation in Healthcare Settings and the POM courses will routinely communicate with site directors at least once per semester during the course by email and telephone regarding course planning, implementation, individual student assessment and feedback, and course evaluation. If issues arise with students, faculty, or teaching at the site, communication will occur every few weeks to ensure that any required changes are implemented and result in resolution of the issue. At least annually, course directors will visit each participating health center to meet with site directors to discuss feedback, the performance of students assigned to that site relative to all other students, and plans for any major changes regarding course educational objectives, implementation, and student assessment.

   The clerkship directors will communicate with faculty before each clerkship to review learning objectives and assessment methods and standards.

   Several mechanisms of course/clerkship evaluation are used to assess consistency across sites and to plan for continuous improvement, including the following:

   A. At the Affiliate Affairs working group meetings, course and clerkship directors and faculty will address any site-specific issues pertaining to the curriculum, such as inconsistencies in student experiences and plans for improvement.
   B. Students are required to complete a post-course and post clerkship online evaluation, including site-specific questions. During the annual review, the results of the annual course/ clerkship evaluations will be shared with the clinical faculty at each site for their information and to obtain their suggestions for improvement.
   C. Site data will be collected comparing each site with the others on student overall clerkship performance, performance on NBME shelf exams, faculty and if relevant, resident evaluations of students' clinical performance and performance on any observed examinations (OSCEs or mini-CEXs). This anonymized data will be distributed to the clerkship directors and relevant faculty. If student performance at a specific site significantly deviates from other sites, additional data will be reviewed including patient logs, previous student performance, individual preceptor ratings, etc. to determine what changes need to be implemented to assure standardization of the experience and learning across sites.
   D. The Curriculum Committee will perform a comprehensive review of each course and clerkship every two years or more frequently if necessary to assess success at meeting course and programmatic objectives, consistency across sites in terms of faculty evaluations and student performance, and what if any changes are required.

   To support the course/clerkship directors, by late fall 2017 or early 2018, we will hire a director-level administrator to oversee all clinical sites and be in contact with the site directors, faculty, site administrative staff, and students at each site. This administrator will also visit each site periodically throughout the year to address any issues, facilitate communication, and observe student-staff interactions at the site.

3. The mechanisms that will be used for the review and dissemination of the results of student evaluations of their educational experience, summary data regarding students' completion of

UPDATED 12.29.17

required clinical experiences and grades, and any other data reflecting the comparability of learning experiences across instructional sites.

Student evaluations of educational experiences

Students in the Evaluation in Healthcare Settings will complete an end-of-course evaluation. However, the students are back on campus weekly for small-group sessions and are queried about their site and their progress toward meeting course objectives. The Practice of Medicine courses will complete end-of-year course evaluations using a web-based evaluation system (LCMS+). Students in clinical clerkships will complete end-of-clerkship evaluations. Students will complete evaluations of course/clerkship content (e.g., quality of course organization and content, relevance to practice of medicine), overall site experience, and individual faculty preceptors (e.g., quality of teaching style, respect for learner and patients, stimulating interest in the subject, giving effective feedback). The direct clinical experiences where students are with preceptors in clinical settings only occur over 4--8 weeks during the year, so these preceptors will be evaluated at the end of each clinical experience with a student (not twice during the year). The site directors at each participating health site will receive the composite results of student evaluations (de-identified student data) regarding the courses/clerkships, instructional sites, teaching faculty, and educational experience. Course/clerkship directors will also review student feedback at both the midpoint and the end of the course/clerkship so that changes can be instituted during the middle, if necessary. Clerkship directors will also review student feedback at the end of each clerkship so that changes can be made for the next clerkship module.

At the end of the year, student feedback on courses and clerkships will be collected and compared to data from the previous year. A document summarizing each annual student course/clerkship evaluation will be developed and shared with course/clerkship directors, the assistant dean for clinical curriculum, the Clinical Curriculum Subcommittee, Curriculum Committee, the associate dean for curriculum and assessment and deputy dean for medical education. Course/clerkship directors when relevant will share the reports with site directors at the health centers for review and planning of courses for future years.

Data regarding students' completion of required clinical experiences

Our students will track their patient experiences using our learning management system LCMS+. Clerkship directors and administrators will be responsible for reviewing each student's patient log to ensure that students are meeting their required patient experiences (see 8.6.b). At the end of each clerkship, data will be collected and analyzed to compare completion of required clinical experiences for the specific clerkship and clerkship site. This data will be shared with the course/clerkship directors and the assistant dean for clinical curriculum and the associate dean for curriculum and assessment.

Student performance data

For all courses and clerkships presented at more than one site, preceptor evaluations of students, examination results (MCQ, Clinical Exams [CEX], OSCE), and overall course/clerkship grades will be separated by site and reviewed to ensure that student experience and grading is equivalent across sites. Any relevant national data (subject test scores, Step 1 or Step 2 CK) will be reviewed on the basis of the site of clinical experience for identification of any site-specific correlations, taking into account other aspects of student performance (e.g., other course grades, mean scores on other NBME subject tests).

b. Describe the individuals (e.g., site director, clerkship director, department chair) and groups (curriculum committee or a curriculum committee subcommittee) who are or will be responsible for reviewing and acting on information related to comparability across instructional sites.

The anonymized data described above in a.3 will be shared and reviewed with the assistant dean for the clinical curriculum, Curriculum Committee, Clinical Curriculum Subcommittee, and deputy dean for medical education and relevant course and clerkship directors to see whether predictors of poor performance or failure to complete clinical experiences can be identified.

c. Describe the mechanisms that will be employed to address inconsistencies across instructional sites in such areas as student satisfaction and student grades.

At the end of each course or clerkship rotation, the clerkship director and assistant dean for the clinical curriculum will review the student feedback and student performance to identify any potential site differences. The Clinical Curriculum Subcommittee will annually review course/clerkship evaluation summaries and comparative data to identify any inconsistencies across instructional sites and will track these data over years to detect any changes. Data will also be analyzed to look for outlier faculty whose grades or evaluations are two standard deviations above or below the mean for all other faculty members. Annually for yearlong courses and once per semester for recurrent courses or clerkships, course/clerkship directors will share composite student data with site directors and meet with them to discuss any inconsistencies at a specific site and to develop a plan of action for addressing the inconsistency. In addition to the required annual faculty development sessions, course/clerkship directors will hold supplementary faculty development sessions for faculty at specific clinical instruction sites to ensure consistent educational experiences across sites.

Student evaluations for all courses at a particular instructional site (health center) will be compiled into a separate summary document and will be reviewed by the Clinical Curriculum Subcommittee and the deputy dean for medical education. These site summaries will be shared with site directors at respective instructional sites to give feedback, address any inconsistencies at the site, and plan a course of action to reconcile these inconsistencies.

UPDATED 12.29.17

8.8 MONITORING STUDENT TIME

The medical school faculty committee responsible for the medical curriculum and the program's administration and leadership ensure the development and implementation of effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during clerkships.

8.8 NARRATIVE RESPONSE

a. Describe the status of development of a policy on medical student duty hours in the clinical setting and the date of its final approval. If the policy has not yet been developed and approved, provide the timeline leading to ultimate approval. What individuals and/or groups have approved or will approve these policies?

   A policy on medical student duty hours in the clinical setting was drafted by the Clinical Curriculum Subcommittee. The policy was based upon ACGME guidelines for work hours of interns and residents and the SBHHS Graduate Medical Education Policy regarding work duty hours regulations. The CSOM Curriculum Committee met on August 10, 2017 and approved the policy, (see Appendix 8-08).

b. Describe how policies relating to duty hours in the clinical setting are or will be disseminated to medical students, residents, and faculty.

   Students will learn about these duty hour restrictions during their medical school Year 3 (M3) orientation as well as during the orientation for each clerkship. The policy will also be clearly described in each clerkship syllabus and in the Student Handbook on Academic Policies and Procedures, page 48, which is sent electronically to all students and posted on the CSOM website.

   Orientation for all faculty and residents will delineate CSOM policy regarding medical student duty hours. The clerkship director will remind course instructors (faculty and residents) of this policy in writing at the beginning of each clerkship.

c. Describe how data on medical student duty hours will be collected during the clerkship phase of the curriculum and to whom the data will be reported.

   At the end of each clerkship and elective course, students will be asked about course compliance with the student duty hours policy on the mandatory clerkship evaluation form. The responses to the clerkship evaluation form will be anonymous, and they will be reviewed by the assistant dean for clinical curriculum and each clerkship director. Additionally, students may anonymously report duty hour violations at any time through an on-line reporting system that will be reviewed weekly by the assistant dean for clinical curriculum. All data on medical student duty hours will be reported after each clerkship block to the associate dean for curriculum and assessment and the Clinical Curriculum Subcommittee and annually to the full Curriculum Committee.

d. Describe the mechanisms for students to report violations of duty hours policies. How and to whom can students report violations? Describe the steps that can be taken if duty hour limits are exceeded.

Students will be advised to report violations of the duty hours policy by one of several mechanisms. The student may directly report the violation to the clerkship/elective director. Students may also directly report the violation to the assistant dean for clinical curriculum. At the end of each clerkship and elective, students will be asked about clerkship compliance with the student duty hours policy on the clerkship evaluation form. The responses to this evaluation form will be anonymous, and they will be reviewed by the assistant dean for clinical curriculum and the clerkship director. Additionally, students may anonymously report duty hour violations at any time through an on-line reporting system that will be reviewed by the assistant dean for clinical curriculum. If the duty hour violation is reported directly to the clerkship director, the clerkship director must investigate the report and attempt to resolve the situation. If the situation is not resolved, the student must report the violation to the assistant dean for clinical curriculum. The assistant dean will address these and any other reports of duty hour violations that were directly reported to him/her by meeting with the specific clerkship director. The clerkship director will be required to submit a final report to the assistant dean for clinical curriculum and the deputy dean for medical education summarizing how the compliance issue was resolved.

Students are reassured that there will be no retribution for reporting duty hour compliance issues.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 8.8

1. As available, the formal approved or draft policy relating to duty hours that applies to medical students during the clerkship phase of the curriculum, including on-call requirements for clinical rotations.

   Duty hours policy appended. (See Appendix 8-08 Duty Hours Policy).

STANDARD 9: TEACHING, SUPERVISION, ASSESSMENT, AND STUDENT AND PATIENT SAFETY

A medical school ensures that its medical education program includes a comprehensive, fair, and uniform system of formative and summative medical student assessment and protects medical students' and patients' safety by ensuring that all persons who teach, supervise, and/or assess medical students are adequately prepared for those responsibilities.

SUPPORTING DATA REQUIRED FOR STANDARD 9

Table 9.0-1 | Methods of Assessment – Year/Phase One

List all courses in the first year/phase of the curriculum, adding rows as needed. Indicate the total number of exams per course. Indicate items that contribute to a grade and whether narrative assessment for formative or summative purposes is provided by placing an "X" in the appropriate column. For faculty/resident ratings, include evaluations provided by faculty members or residents in clinical experiences and small group sessions (e.g., a facilitator evaluation in small group or case-based teaching). Use the row below the table to provide specifics for each occurrence of "Other." Number each entry (1, 2, etc.) and provide the corresponding number in the table.

Course Name	No. of Exams	Included in Grade							Narrative Assessment Provided (Y/N)
		Internal Exam	Lab or Practical Exam	NBME Subject Exam	OSCE/SP Exam	Faculty/ Resident Rating	Paper or Oral Pres.	Other* (specify)	
1. Introduction to Biomedical Ethics	3	X					X	X	Y
2. Sociomedical Sciences	2	X					X	X	Y
3. Freshman Inquiry Writing Seminar: Narrative Medicine	3	X					X	X	Y
4. Introduction to Human Genetics	9	X						X	Y
5. Practice of Medicine (POM) 1	4	X						X	Y
6. POM2	2	X			X	X		X	Y
7. Molecules to Cells 1	16	X		X**				X	Y
8. Molecules to Cells 2	10	X		X**			X	X	Y
9. Population Health and Community Health Assessment	0						X		Y
10. Evaluation in Healthcare Settings	0						X	X	Y
11. U.S. Healthcare	8	X					X	X	Y
12. Fundamentals of Epidemiology and Bio-stats	12	X	X						Y
13. Clinical Anatomy	16	X	X					X	Y

14. Fundamentals of Organ Systems	15	X		X		X		X	Y
15. POM3 M1	4	X			X	X	X	X	Y
16. Organ Systems M1	37	X	X	X		X	X	X	Y
17. EBM M1	0					X		X	Y
18. Research Selectives M1	9	X					X	X	Y

*Other:

1. Online Implicit Attitude Test
2. Group research presentations, participation in online discussion, participation in small groups
3. Oral presentations, participation in online discussion
4. Small-group discussions
5. Online curriculum
6. Online curriculum
7. Small-group discussions
8. Small-group discussions Genetic Disease Oral Presentation
10. Case study, Self-Evaluation and Progress reports
11. Discussion board assignments
13. Post-dissection assignments
14. 12 PBLs
15. History and Physical write-ups and Reflective Essays
16. 12 PBLs
17. 6 Workshops- facilitator and peer assessments on preparedness, participation and content knowledge
18. In-class assignments

** Molecules to Cells 1 and 2 use one NBME subject test exam at the end of Molecules to Cells 2 to assess knowledge in both courses

Table 9.0-2 | Methods of Assessment – Year/Phase 2

List all courses in the second year/phase of the curriculum, adding rows as needed. Indicate the total number of exams per course. Indicate items that contribute to a grade and whether narrative assessment for formative or summative purposes is provided by placing an "X" in the appropriate column. For faculty/resident ratings, include evaluations provided by faculty members or residents in clinical experiences and small group sessions (e.g., a facilitator evaluation in small group or case-based teaching). Use the row below the table to provide specifics for each occurrence of "Other." Number each entry (1, 2, etc.) and provide the corresponding number in the table.

		Included in Grade							
Course Name	No. of Exams	Internal Exam	Lab or Practical Exam	NBME Subject Exam	OSCE/SP Exam	Faculty/ Resident Rating	Paper or Oral Pres.	Other* (specify)	Narrative Assessment Provided (Y/N)
1. Organ Systems M2	32	X		X		X	X	X	Y
2. POM3 M2	4	X		X	X	X	X	X	Y
3. EBM M2	0					X		X	Y
4. Research Selectives	6	X					X	X	Y

*Other:
1. Eight PBLs
2. Intersession Assignments Write-ups/Illness Scripts
3. Three Workshops- facilitator and peer assessments on preparedness, participation, and content knowledge
4. Monthly in-class assignments

Table 9.0-3 | Planned Methods of Assessment – Year/Phase 3-4

List all clerkships (and courses) in the third and fourth-years/phases of the curriculum, adding rows as needed. Indicate items that contribute to a grade and whether narrative assessment for formative or summative purposes is provided by placing an "X" in the appropriate column. For faculty/resident ratings, include evaluations provided by faculty members or residents in clinical experiences and small group sessions (e.g., a facilitator evaluation in small group or case-based teaching). Use the row below the table to provide specifics for each occurrence of "Other." Number each entry (1, 2, etc.) and provide the corresponding number in the table.

	Included in Grade					
Clerkship or Course Name	NBME Subject Exam	Internal Written Exams	Oral Exam or Pres.	Faculty/Resident Rating	OSCE/SP Exams	Other* (specify)
IM	X		X	X		
Pediatrics	X		X	X		
Surgery	X		X	X		
Family Practice	X		X	X		
Neurology			X	X		
OB/GYN	X		X	X		
Psychiatry	X		X	X		
Emergency Medicine**				X		X

Subinternship**				X		X
ICU**				X		X

*Other: End of M3 Clerkship Summative OSCE not assigned to a specific clerkship. The purpose of this OSCE is for students to demonstrate competency in educational program objectives related to patient care and demonstrate readiness for USMLE Step 2 Clinical Skills exam.
**We are in the process of defining additional assessments for the fourth year EM, Subinternship and ICU clerkships and are considering SIM to assess clinical, procedural, and team skills

9.1 PREPARATION OF RESIDENT AND NON-FACULTY INSTRUCTORS

In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors in the medical education program who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance residents' and non-faculty instructors' teaching and assessment skills, with central monitoring of their participation in those opportunities provided.

9.1 SUPPORTING DATA

Table 9.1-1 | Provision of Objectives and Orientation

List each course in the first two years of the curriculum where residents, graduate students, postdoctoral fellows, and other non-faculty instructors teach medical students. Describe how the relevant department or the central medical school administration ensures that the objectives and orientation to the methods of assessment have been provided to these instructors and that this information has been received and reviewed.

Course	Types of Trainees Who Provide Teaching/ Supervision	How Objectives Provided and Teachers Oriented
Reflective Practice	Senior medical students (facilitators)	Peer facilitators are required to attend workshops led by the Narrative Medicine course director, to prepare them for their roles as facilitators. They have all taken this course previously, so are familiar with the course objectives. They also engage in ongoing reflection on their facilitative practice, monitored by the course director. The sessions they oversee do not involve assessments, which are done using written assignments that are graded by the course director.
Molecules to Cells	Graduate students, MD/PhD students, and postdoctoral fellows (small-group discussion facilitators)	As part of the course syllabus, the course director will distribute course objectives by email before the required annual small-group facilitator orientation session, which occurs before the start of the course. The course director will review the objectives with the facilitators at the orientation session. In addition, there are weekly one-hour meetings prior to each small group during which expectations are addressed. The facilitators only provide formative evaluations of the students on their punctuality and participation in these sessions.
Introduction to Human Genetics	Graduate students	As part of the course syllabus, the course director will distribute course objectives by email before the required annual small-group facilitator orientation session, which occurs before the start of the course. The course director reviews these objectives and the assessment rubric with the facilitators at the orientation session. In addition, the course director has faculty development sessions throughout the course, communicates with the facilitators on a weekly basis, and provides instructions in a facilitator guide for each small- group session. All facilitators receive a rubric for evaluating the students, and the course director reviews the student evaluations from each facilitator to assure standardization in assessment across groups.

Fundamentals of Organ Systems	Postdoctoral Fellows (PBL Facilitators)	Faculty development sessions take place prior to each new PBL case to address objectives and methods. New facilitators are required to undergo training in facilitation and assessment prior to facilitating their first group.

9.1 NARRATIVE RESPONSE

a. Describe any institution-level (e.g., curriculum committee, GME office) policies that require the participation of residents and others (e.g., graduate students, postdoctoral fellows) in orientation or faculty development programs related to their teaching and/or assessing medical students.

There is a Curriculum Committee policy regarding required orientation and workshops for students and residents who teach. This was approved in July 2014 and states the following:

Full-time and adjunct faculty, graduate students, MD/PhD students, post-doctoral fellows, residents, as well as senior medical students who teach in a course or clinical rotation, will have annual educator development sessions. These sessions will include a review of the school mission, institutional and course or clerkship educational objectives, methods of assessment, expectations regarding teaching and evaluating students, and a review of the requirements for a supportive work environment. They will also be required to participate in teaching skills workshops in preparation for their role in teaching. This is monitored via the annual course forms that course and clerkship directors complete for review by the Curriculum Committee.

b. Describe any institution-level and department-level programs that prepare residents, graduate students or postdoctoral fellows to teach or assess medical students during the first two years (pre-clerkship phase) of the curriculum. Note if any additional programs are being planned and the timeline for their implementation.

Preclinical courses in which senior medical students, graduate students, postdoctoral fellows, and MD/PhD students participate will be required in order to provide the necessary orientations and workshops (as described in section "a" above). The assistant dean for medical education and faculty development will assist course directors in developing and implementing teaching skills workshops, which will take place in conjunction with the orientation sessions for each course. The course coordinators and directors will monitor the completion of these workshops and will report completion to the assistant dean for medical education and faculty development. No residents teach or assess students in the preclerkship phase of the curriculum. Residents who teach in the clinical clerkships will also be required to complete similar programs. In addition to the required teaching skills workshops, additional training sessions will be provided on an "as needed" basis throughout the academic year.

c. Describe plans to prepare residents as teachers and supervisors of medical students during the clerkship phase of the curriculum, including providing them with the clerkship objectives.

Residents who teach in the clinical clerkships will be required to attend an annual workshop that includes a review of the educational program objectives; specific clerkship objectives and means of assessment; expectations of students, residents, and attending physicians; and skills necessary for teaching and assessing medical students. These sessions are similar to the programs for the faculty described in response to Element 4.5.

UPDATED 12.29.17

9.2 FACULTY APPOINTMENTS

A medical school ensures that supervision of medical student learning experiences is provided throughout required clerkships by members of the school's faculty.

9.2 NARRATIVE RESPONSE

a. Describe how, by whom, and how often the faculty appointment status of physicians who teach and assess medical students in the required clerkships will be monitored.

The Office of Academic Affairs will be responsible for monitoring the faculty appointment status of physicians who teach and assess medical students in the required clerkships. The assistant dean for the clinical curriculum has oversight of the clerkships at our affiliate sites. With an administrative assistant in the Office of Academic Affairs, the assistant dean will identify all physicians who teach students to be sure that they have faculty appointments at the CUNY School of Medicine. This monitoring will take place at least twice a year (once in the spring when the lottery takes place before the new clerkships start and again at the end of the calendar year (December)). We may decide to use additional sites as we finalize the new site affiliation agreement, we will identify the teaching faculty that require appointments. We already have on-boarded 438 affiliate faculty as of September 13, 2017; many of the faculty and all the residents at the St. Barnabas Hospital Health System with appointments at CSOM. We have a CSOM administrator at SBHHS working in their Medical Education Department to assure that in a timely manner, all new residents and faculty will receive appointments. The chair of our Clinical Medicine Department, to which all physician teachers are appointed, is also the Chair of Medicine at SBHHS. SBHHS already has a committee to review all applications for recommendation of the specific rank of the medical school appointment. These SBHHS physician applications are processed through their Medical Education Office prior to approval through CSOM's Executive Faculty Committee. The CSOM Office of Academic Affairs has its own committee and administrator to process all physician appointments for non-SBHHS physicians.

b. If some physicians who will teach and assess medical students in required clinical clerkships do not yet hold faculty appointments, describe the timeline for completion of the appointment process.

We already have 438 physicians appointed as CUNY School of Medicine affiliate faculty. Many of these will teach our students in the clerkships. We anticipate faculty turnover of about 20 percent per year (both changing jobs and not teaching) and resident turnover of 30 percent per year (average of length of residency programs). We also expect each student on a clerkship to be taught by four physicians every four weeks. The students have 44 weeks of required clerkships in Year M3, so we anticipate an average of about 50 physicians teaching a student in the clerkships. Likely 50 percent of these will be residents who will all have appointments and will teach almost every clerkship rotation for different students. Of the approximate 22 faculty members a year teaching a student, they will likely teach at least eight students each year. Consequently, we anticipate having about 200 faculty members who will also teach our students. With a 20 percent turnover, we would need to appoint about 40 faculty members, and with a 30 percent resident turnover (graduating the programs), we would need to appoint 60 residents (new to the programs) each year.

Appointments of faculty from affiliated clinical partners are processed on a rolling, ongoing basis

throughout the year. For all affiliate faculty appointments, either the CSOM dean or the deputy dean for medical education, or the chair of the Department of Clinical Medicine will make recommendations regarding appointments of clinical faculty to this department. The recommendations for appointment are reviewed by the chair of the Department of Clinical Medicine and a SBHHS Academic Committee (for SBHHS faculty) or by a CUNY School of Medicine Academic Committee for all non-SBHHS faculty. The SBHHS Academic Committee is composed of a broad-based membership from clinical departments of SBHHS and an appointed representative from CSOM. The CUNY School of Medicine Academic Committee consists of key clinical faculty and deans and a SBHHS faculty representative. The Academic Committees will propose the specific rank/title for each affiliate faculty based on criteria approved by the CSOM Executive Faculty Committee (EFC) in 2015 (see Appendix 9-02 Affiliate Faculty Academic Rank Promotion Criteria) and in accordance with CUNY bylaws. The suggested rank is then submitted to the EFC for discussion and final approval. Once candidate appointments and proposed ranks are approved by the EFC, onboarding is coordinated by the CSOM Administration Office in collaboration with the SBHHS Medical Education Office for SBHHS faculty, and completed within approximately 30 days.

c. Where teaching and assessment of students will be carried out by individuals who do not hold faculty appointments at the medical school, describe how the teaching and assessment activities of these individuals will be supervised by medical school faculty members.

We require all faculty with significant teaching responsibility to have affiliate faculty positions at CSOM. If faculty teach one or two hours a year, they may not initially have an affiliate faculty appointment. However, almost all of these are required to be appointed as adjuncts in order to receive compensation for their teaching. We require the course/clerkship director to provide information regarding the course content, teaching format and assessment methods and to meet with the teaching faculty to review the specifics of their involvement with students. All courses/clerkships offer faculty development sessions to prepare the faculty for teaching in the course/clerkship. We require that the course/clerkship director receive any teaching materials at least three weeks in advance of a session in order to review and provide feedback for any didactic sessions. For clinical teaching in the preclerkship years, all faculty have appointments and have required weekly faculty development sessions when teaching on campus. For faculty teaching at clinical sites, we have required faculty development sessions at the sites that are overseen by the Practice of Medicine course directors. This will also be true for the clerkship teaching faculty and the clerkship director is responsible for scheduling and monitoring attendance at these sessions.

9.3 CLINICAL SUPERVISION OF MEDICAL STUDENTS

A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the activities supervised are within the scope of practice of the supervising health professional.

9.3 NARRATIVE RESPONSE

a. Describe how departments and the central medical school administration will ensure that medical students will be appropriately supervised during required clinical clerkships and other required clinical experiences so as to ensure student and patient safety.

The affiliation agreement used by CSOM stipulates the following:

- Students are to be assigned to "qualified, academically sound, ambulatory and inpatient facilities."
- Students are to be supervised by "appropriately qualified residents/fellows and faculty at all times."

The affiliation agreement also describes the process by which faculty appointments are made. Specifically, faculty appointments are given to qualified persons (e.g., board-certified physicians) at the recommendation of the appropriate department chair and with the approval of the dean.

Ensuring compliance with the stipulations of the affiliation agreement is one of the responsibilities of the deputy dean. CSOM defines *appropriately supervised* as ensuring both patient safety and student safety. Appropriate supervision will be ensured by several mechanisms, including the following:

- Students will provide frequent feedback about the frequency and quality of their supervision with written anonymous evaluation forms.
- Course and clerkship directors and the clinical site coordinator will make frequent visits to all clinical sites to assure an educationally conducive environment with the appropriate level of supervision.
- Annual workshops will be provided for all CSOM affiliate faculty on the specifics of course and clerkship objectives, methods of assessment, expectations regarding education environment, and additional sessions as needed to address any deficiencies.

b. What mechanisms will be available for students to express concern about the adequacy and availability of supervision and how and by whom will these concerns be reviewed and be acted upon?

At the beginning of each clerkship, each course/ clerkship director will give students information on how they can report concerns regarding adequate and available feedback. This will include the following:

- Students can communicate any concerns with the course/clerkship director, assistant dean for the clinical curriculum, or the Office of Student Affairs via phone or email.
- Students will be asked about adequacy and availability of feedback on anonymous evaluation forms at the end of each clerkship.

c. What mechanisms will be used during required clinical experiences to ensure that the level of responsibility delegated to a medical student is appropriate to the student's level of training and experience?

- Course and clerkship directors will supervise attendings and residents to ensure that student responsibilities match the list of appropriate clinical tasks designated for each the clerkship.
- Course and clerkship directors and the clinical site coordinator will make frequent visits to all clinical sites to assure an educationally conducive environment with the appropriate level of student tasks and responsibility.
- Students will provide feedback about the appropriateness of their level of responsibility and tasks and responsibility in anonymous end-of-clerkship evaluations.
- Annual workshops will be provided for all CSOM faculty on the specifics of course and clerkship objectives, methods of assessment, expectations regarding education environment, and additional sessions as needed to address any deficiencies.

d. Describe how the clerkship director or the student's attending physician will ensure that health professionals who teach or supervise medical students and do not hold a medical school faculty appointment are acting within their scope of practice.

In cases in which students are taught by persons who do not hold faculty appointments at CSOM, the course or clerkship director or another faculty with an appointment at CSOM, will be responsible for supervising the activity. For instance, if nurse midwives or nurse practitioners will help supervise medical students on the OB/GYN rotations, the faculty member overseeing their practice will be contacted and must agree to oversee medical student education. This physician must have an affiliate faculty appointment at CSOM.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 9.3

1. Policies or guidelines related to medical student supervision during required clinical activities that ensure student and patient safety (e.g., policies about timely access to, and in-house availability of, attending physicians and/or residents).

The affiliation agreement used by the CUNY School of Medicine stipulates the following:

- Students are to be assigned to "qualified, academically sound, ambulatory and inpatient facilities."
- Students are to be supervised by "appropriately qualified residents/fellows and faculty at all times."

9.4 ASSESSMENT SYSTEM

A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and that ensures that all medical students achieve the same medical education program objectives.

9.4 NARRATIVE RESPONSE

a. For each comprehensive clinical assessment (e.g., OSCE or standardized patient assessment) that occurs or will occur independent of individual courses or clerkships, describe when in the curriculum it is/will be offered, the general content areas covered by each, and whether the purpose of the assessment is formative (to provide feedback to the student) or summative (to inform decision-making about grades, academic progression, or graduation).

   At the end of M2, the students will complete a multi-station OSCE as part of the POM3 course. This will include a formal evaluation of history taking, communication, and physical examination skills. Clinical reasoning and note writing will also be assessed. This OSCE will be summative and the students must pass the OSCE to pass the POM3 course and begin their clerkships.

   At the beginning of M4, the students will complete another OSCE ("End-of-M3 Clerkship Clinical Skills Assessment") that will assess medical history-taking, physical examination skills, communication skills, clinical reasoning, and note writing. This OSCE will be summative, will prepare students for the USMLE Step 2 CS. Students must pass this OSCE in order to progress to M4 clerkships.

   At the end of M4, the students will complete a formative and summative evaluation using an OSCE. This will include:

   - Assessment of patients with acute conditions, including those decompensating.
   - Participating in a code.
   - Handing off a patient.
   - Procedural skills, including intubation, central line, and arterial blood gas procedures (using a simulator).

   Students must pass this OSCE as a requirement for graduation. The OSCE assessment will be both formative and summative.

b. Describe how the medical school will ensure that students will be observed performing core clinical skills during the required clerkships.

   Students will be required to be directly observed performing core clinical skills in all required clerkships. The students and faculty will be made aware of the list of required clinical skills by each clerkship director. The skills will be listed on LCMS+ in the patient encounter tracking system. Students will be observed performing the core clinical skills by faculty (resident or attending) who will give the student real time verbal feedback and document the encounter directly in LCMS+. The clerkship site director will get weekly reports from LCMS+ so that students who have not completed these observations can be contacted directly.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 9.4

1. A copy of any policies or guidelines related to the observation of medical students' clinical skills.

   There is no written policy. The clerkship directors have developed the assessments including direct observation and feedback as part of the clerkship assessments and agreed how to implement these guidelines. Each clerkship director will be responsible for educating the teaching attendings, preceptors, and residents about the observations be completed during each specific clerkship. A list of the clinical skills for each clerkship will be posted on LCMS+. The assistant dean for medical education and faculty development will arrange faculty development sessions on direct observation to train the faculty and residents in how to observe and to give formative feedback.

2. Samples of course/clerkship-specific or standardized forms that are or will be used in the assessment of the following clinical and cognitive skills. Indicate the course or clerkship where each form is used and whether the results are used for formative (feedback) or summative (grading) purposes.

   <u>Practice of Medicine (POM in M1 and M2) course assessment forms</u>

   a. History taking

   The students complete 11 formative OSCEs during M1 and M2. These OSCEs are held during the intersession clinical skills weeks at the end of each Organ System Module and are part of the POM3 course. Each OSCE allows the students to complete a focused history and physical on a topic covered in the module. The students also complete a formative clinical-reasoning exercise after the OSCE. The student receives feedback on their history, physical exam and communications skills from a standardized patient both verbally and in an electronic checklist that is stored on LCMS+. The information gathered by the students is then used in small-group clinical skills and clinical reasoning sessions. These OSCEs are formative.

   Below are the checklists used by the standardized patient in the Cardiovascular module to assess the student's history-taking and communication skills. These results are formative. The results are electronically logged into LCMS+. Maintaining this feedback on LCMS+ allows the students to monitor their progress as they complete the 11 OSCEs in the POM3 preclerkship clinical curriculum.

   General Communication Skills

   The formative assessment form below is used in each of the 11 OSCEs in the POM3 course by the standardized patients to assess communication/interviewing skills:

1. Opening	----------(1)---------- No introduction	--(2) --	----------(3) ---------- Learner's introduction was missing a critical element	--(4) --	----------(5)---------- Greeted patient in friendly and professional manner: learner introduced self, clarified role, and used patient's name; inquired how to address patient
2. Elicits spectrum of concerns	----------(1)---------- Learner failed to elicit the patient's concerns	--(2) --	----------(3) ---------- Learner elicited some of the patient's concerns on his/her chief complaint	--(4) --	----------(5)---------- Learner obtained patient's chief concern and asked if patient had further questions to elicit the patient's full spectrum of concerns within the first few minutes of the interview; gave patient opportunity to ask questions and bring up additional topics not covered in interview
3. Questioning skills	----------(1)---------- Learner asked many leading questions and multiple questions	--(2) --	----------(3) ---------- Learner began line of inquiry with close-ended (yes/no) questions	--(4) --	----------(5)---------- Learner began with open-ended questions and followed up with more direct questions when clarification was required; avoided multiple and leading questions
4. Organization	----------(1)---------- Learner asked questions that seemed disjointed and unorganized	--(2) --	----------(3) ---------- Learner seemed to follow a series of topics or agenda items; however, there were a few minor disjointed questions	--(4) --	----------(5)---------- Learner asked questions that followed a logical order for the patient; avoided disjointed questions
5. Pacing	----------(1)---------- Learner frequently interrupted patient and there were awkward pauses that broke the flow of the interview;	--(2) --	----------(3) ---------- Pace of interview was comfortable most of the time, but the learner occasionally interrupted the patient and/or allowed awkward pauses to break the flow of the interview	--(4) --	----------(5)---------- Interview was smooth; learner avoided interrupting patient while speaking; avoided awkward pauses; may have used silence deliberately
6. Connection	----------(1)---------- Learner demonstrated no empathy or encouragement. Learner used negative emphasis or openly criticized the patient.	--(2) --	----------(3) ---------- A few empathetic statement were used and learner was neutral, neither overly positive nor negative in demonstrating empathy during the interview; verbal encouragement could have been used more effectively	--(4) --	----------(5)---------- Expressed empathy and support; made explicit verbal statements that supported patient's emotions and provided encouragement
7.Non-verbal facilitation	----------(1)---------- Learner's body language was negative or closed. Eye contact was not attempted or was uncomfortable. Annoying mannerisms were distracting during the interview	--(2) --	----------(3) ---------- Learner made some use of facilitative techniques, but could be more consistent in using techniques effectively; a physical barrier (i.e., clipboard) was present	--(4) --	----------(5)---------- Learner used appropriate body language (e.g., comfortable distance, eye contact, appropriate facial expressions)
8. Patient's perspectives	----------(1)---------- Learner failed to elicit the patient's Perspective	--(2) --	----------(3) ---------- Learner elicited some of the patient's perspectives on his/her illness and/or did not follow through with addressing beliefs;	--(4) --	----------(5)---------- Learner elicited patient's perspectives on his/her illness; explored impact of illness on patient's life
9. Language	----------(1)---------- The interviewer used difficult medical terms and jargon throughout the interview	--(2) --	----------(3) ---------- Learner occasionally used medical jargon during the interview and/or failed to define the medical terms for the patient unless specifically requested to do so by the patient	--(4) --	----------(5)---------- Learner used language that was appropriate to patient's level of education, avoided jargon and difficult medical terms, immediately defined words for patient

10. Closure	----------(1)---------- At the end of interview, the learner failed to specify the plans for the future and patient left the interview without a sense of what to expect. No closure whatsoever	--(2) --	----------(3) ---------- At the end of the interview, the learner partially detailed the plans for the future.	--(4) --	----------(5)---------- At the end of interview, interviewer clearly specified: 1) what the interviewer will do, 2) what the patient will do, 3) when (e.g. time of next communication or appointment)
11. Patient Comfort and modesty	----------(1)---------- Did not use draping; exposed patient unnecessarily during exam; did not position patient in comfortable manner	--(2) --	----------(3) ---------- Used draping, but not always properly; made effort to attend to patient's comfort	--(4) --	----------(5)---------- Used proper draping and positioning to maintain patient comfort and modesty during entire exam
12. Sequence of Examination	----------(1)---------- Physical examination was out of sequence and interrupted; patient was asked to change positions frequently and unnecessarily	--(2) --	----------(3) ---------- Learner attempted to perform exam in logical order, but minor elements felt out of sequence	--(4) --	----------(5)---------- Sequence of examination was smooth and followed a logical order; minimal changes in patient positioning during exam
13. Communicatio n during examination	----------(1)---------- Learner did not provide clear instructions for patient positioning; did not inform patient of upcoming maneuvers; provided no feedback on findings	--(2) --	----------(3) ---------- Learner provided some instructions and feedback to patient during examination, but missed opportunities to inform patient during examination	--(4) --	----------(5)---------- Learner provided clear instructions for patient positioning and informed patient of upcoming maneuvers; provided feedback on findings

General History Taking Skills

The form below is used in the Cardiovascular OSCE by the standardized patient to assess the student medical-interviewing skills. Each OSCE has a similar case specific formative assessment form:

	Yes	No	Comments
14. Asks patient's chief concern			
15. History of Present Illness: Asks about location and radiation of chest pain			
16. Asks about timing of chest pain (onset, duration, frequency)			
17. Asks about quality of chest pain ("Can you describe the pain"?)			
18. Asks about intensity/severity of the pain (scale 0-10)			
19. Asks about setting/context of the pain ("What are you doing when the pain occurs?" "Worse after meals?, etc.)			
20. Asks about aggravating/alleviating factors ("Does anything make the pain better or worse?")			
21. Asks about associated symptoms (e.g., other factors--shortness of breath, palpitations, diaphoresis, decreased exercise tolerance, cough, etc.)			
22. Asks about past medical history (chronic illnesses like diabetes, cardiovascular, gastrointestinal, pulmonary, surgeries, etc.)			
23. Asks about information about current medications (including over-the-counter medications, aspirin, NSAIDS, vitamins, supplements, complementary/alternative medications)			
24. Asks about drug allergies			
25. Asks about family medical history (cardiovascular diseases, etc.)			
26. Asks about social history: asks about recreational drug use, tobacco, and alcohol use, excessive caffeine use, etc.			
27. Asks about sexual activity (sexually active, with men, women or both, contraceptive use, prior STI)			

28. Asks about exercise (how much or how little, type, able to still climb stairs, can still run for the bus, tolerance for walking, etc.)			

The form below is used in the Cardiovascular OSCE by the standardized patient to assess the student physical examination skills. Each OSCE has a similar case specific formative assessment form

	Yes	No	Comments
29. Washes Hands			
30. Performs vital signs including pulse, blood pressure, and respiratory rate			
31. Inspects jugular venous pulsations (with head of bed at 45 degrees)			
32. Examines carotid arteries (by palpation OR auscultation)			
33. Palpates anterior chest wall (for tenderness)			
34. Palpates PMI (point of maximal impulse)			
35. Auscultates heart in all 4 cardiac areas with stethoscope directly on skin			
36. Auscultates chest with stethoscope directly on skin			
37. Palpates abdomen for epigastric tenderness			
38. Palpates ankles for edema			
39. Palpates lower extremity pulses (*at least one of the following:* popliteal, posterior tibial, or dorsalis pedis)			

Clerkship History Taking and Communication Skills

This formative assessment form is used to assess and give feedback on communication/history taking skills in the clinical clerkship:

(History of Present Illness)

	Done	Needs Improvement	Not Done	Comments	Not applicable
Obtains chief complaint					
Begins with open-ended questions					
Asks appropriate directed questions					
Elicits onset and time course					
Adequately characterizes quality/severity of symptoms					
Adequately characterizes alleviating/aggravating factors					
Adequately characterizes location/radiation of symptoms					
Adequately characterizes associated symptoms (pertinent positive, negatives)					
Elicits relevant risk factors based on chief complaint					
Establishes rapport with patient					
Treats patient/family with respect					
Provides appropriate instructions/counseling					
Invites and considers the patient's perspective					
Ascertains patient's understanding					
Avoids use of medical jargon					

Uses verbal and non-verbal communication to convey support/empathy					
Gives patient opportunity to ask questions					
Provides closure to the encounter					

Clerkship Physical Examination Skills

This assessment form is used to assess and give formative feedback on physical exam skills in the clinical clerkships:

	Done	Needs Improvement	Not Done	Comments	Not applicable
Protects patient's modesty and comfort as needed (eg., uses proper draping, proper positioning)					
Washes hands before and after encounter					
Performs appropriate targeted physical exam					
Demonstrates proper physical examination technique					
Interprets findings correctly					

9.5 NARRATIVE ASSESSMENT

A medical school ensures that a narrative description of a medical student's performance, including his or her non-cognitive achievement, is included as a component of the assessment in each required course and clerkship of the medical education program whenever teacher-student interaction permits this form of assessment.

9.5 NARRATIVE RESPONSE

a. Describe any institutional policies that include the requirement for a narrative description of medical student performance (narrative assessment), where feasible.

The policy for narrative assessment is listed in the faculty handbook (See Appendix 3-04 Faculty Handbook, pg. 23 which states:

All courses/clerkships of four weeks or longer must include formal feedback early enough to allow sufficient time for remediation. This feedback will typically be provided no later than halfway through the course or clerkship, and will be based on formal graded assessments as well as, where appropriate, individualized narrative feedback.

b. List the courses in the preclinical phase of the curriculum that include narrative descriptions as part of a medical student's final assessment where the narratives are:

1. Provided only to the students as a formative assessment
2. Used as part of the final grade (summative assessment) in the course

Preclinical Curriculum Courses with Narrative Descriptions

Course	Year in the curriculum	Formative (1.)	Summative (2.)
Practice of Medicine 1,2,3 course sequence	U2, U3, M1 and M2	+	+
Organ Systems course sequence	M1 and M2	+	+
Evidence-Based Medicine	M1 and M2	+*	
Research Selectives	M1 and M2	+*	
Introduction to Genetics	U2	+*	
Epidemiology and Biostatistics	U2	+*	
Introduction to Biomedical Ethics	U3		+
Fundamentals	U3	+*	

* Narrative assessment is during the course but not at the end as part of the final assessment.

c. If a narrative assessment is not provided in a course where teacher-student interaction could permit it to occur (e.g., there is small group learning or laboratory sessions where students work in small groups), describe the reason(s) for the absence of narrative assessment.

In all courses in the MD portion of the curriculum, narrative assessment will be provided where there is small-group learning. In the undergraduate courses, narrative assessment will be provided in courses where small groups are facilitated by faculty or members of the permanent instructional staff only. This narrative assessment is often after the small- group sessions and not at the end of the course as part of the final assessment.

9.6 SETTING STANDARDS OF ACHIEVEMENT

A medical school ensures that faculty members with appropriate knowledge and expertise set standards of achievement in each required learning experience in the medical education program.

9.6 NARRATIVE RESPONSE

a. Describe the roles, as relevant, of the body with responsibility for central management of the curriculum (i.e., the curriculum committee), other medical school committees, the chief academic officer, and departments, and course/clerkship leadership in setting the standards of achievement for the following:

See Standard 8.1 for specific details about each committee's composition and role.

1. Courses:
The Curriculum Committee has responsibility for central oversight of the curriculum, which includes content and organizational structure (sequence and time allotment), and for policies regarding teaching and assessment methods. In consultation with the course directors and department chairs, this responsibility includes defining the grading system for each course (numeric, honors/pass/fail, etc.), requirements for using external standardized examinations (NBME subject tests), and a policy regarding the minimum score required for passing each course/block/module, NBME subject test examinations, and in-house comprehensive examinations.

The assessment tools for each course are designed to measure the achievement of the corresponding course and linked educational program objectives. Standards of achievement in each of these areas are determined by faculty members with the corresponding expertise (see below in 9.6b)

Course directors, in conjunction with the corresponding course committees, propose to the curriculum committee which assessment methods should be used to determine student competency and the relative contribution of each method to the overall grade.

The overall assessment matrix and the policy for calculating a final grade are approved and monitored by the Curriculum Committee, which oversees the work of both the Basic Science Subcommittee and the Clinical Curriculum Subcommittee.

Each course undergoes a detailed biennial review by the Course and Clerkship Review Subcommittee, for which course directors are required to complete a detailed Course Evaluation Sheet. The review includes an evaluation of the assessment methods, the relative contribution of each assessment to the grade, and the cutoffs and standards for passing. The recommendations from the subcommittee are presented to the Curriculum Committee for its review, determination of any necessary course of action, and eventual approval of methods of assessment and grading policies across preclinical courses and clerkships. Moreover, course and clerkship directors will discuss the phrasing of items on assessment forms to improve consistency across courses and clerkships; they will also share assessment instruments for use across clerkships. Finally, the assistant dean for medical education and faculty development meets with course directors to review their policies and offer advice about assessment tools and methods.

2. Clerkships:

   The Curriculum Committee has the final authority for the standards of achievement for the clerkships. The clerkship directors in discussions with the Clinical Curriculum Subcommittee agree on assessments that are then presented by the Clinical Curriculum Subcommittee as recommendations for the standards of achievement to the Curriculum Committee.

3. The curriculum as a whole (i.e., graduation requirements)
   The Curriculum Committee has final authority over the curriculum as a whole. Graduation requirements are set by the Curriculum Committee, and the Student Academic Progress committee oversees individual student progress toward graduation.

b. Describe how the medical school ensures that faculty members with appropriate knowledge and expertise set the standards of achievement for courses and clerkships and for the curriculum as a whole.

   The curriculum reform committee, a working group of the Curriculum Committee, (existing 2012--2015) designed the initial blueprint of the curriculum and of corresponding standards of achievement. The detailed content for each course, as well as the corresponding standards of achievement, are determined by course committees consisting of the course director, content experts (basic scientists, population health experts, and clinicians), with input from the assistant deans of medical education and faculty development, basic science curriculum, and/or clinical curriculum as appropriate. The Curriculum Committee performs detailed reviews and must approve the curriculum and all of the standards of achievement.

   Standards of achievement are guided by comparison with national norms, using NBME examinations in courses for which they are appropriate. USMLE examinations will be used to assist in the determination of whether national standards are met.

   All faculty members are required to have terminal degrees and/or board certification in the disciplines in which they teach. Further, all members of the faculty take part in faculty development to learn the goals and objectives of the program, and receive coaching from the Curriculum Specialist on aligning their course goals, objectives, and assessments to program goals and objectives.

9.7 FORMATIVE ASSESSMENT AND FEEDBACK

A medical school ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship four or more weeks in length to allow sufficient time for remediation. Formal feedback typically occurs at least at the midpoint of the course or clerkship. A course or clerkship less than four weeks in length provides alternate means by which a medical student can measure his or her progress in learning.

9.7 SUPPORTING DATA

Table 9.7-1 | Pre-clerkship Formative Feedback

Provide the mechanisms (e.g., quizzes, practice tests, study questions, formative OSCEs) used to provide formative feedback during each course in the pre-clerkship phase of the curriculum (typically years/phases one and two).

Course Name	Length of Course (in weeks)	Type(s) of Formative Feedback Available
Sociomedical Sciences	15 weeks	Formative verbal feedback 4 times during the course
Freshman Inquiry Writing Seminar: Narrative Medicine	15 weeks	Formative feedback on written work (10--12 times throughout the semester)
Introduction to Human Genetics	15 weeks	Formative weekly clicker quizzes and weekly feedback from small-group facilitators
Practice of Medicine 1	30 weeks	Formative peer assessment
Practice of Medicine 2	30 weeks	Formative SP feedback 9 times throughout the course Formative facilitator assessment Formative peer assessment
Practice of Medicine 3	58 weeks	Narrative formative assessment after each communications skills session (6 times over 2 years) Narrative formative assessment at the end of each semester by intersession small-group facilitators Oral and electronic formative assessment from Standardized Patients after each OSCE (11 times in M1 and M2)
Molecules to Cells	30 weeks	12 formative quizzes
Population Health and Community Health Assessment	15 weeks	2 formative assignments: one essay and one personal reflection
Evaluation of Healthcare Settings	15 weeks	Oral formative feedback during weekly small groups and from a midpoint written assignment
U.S. Healthcare Systems and Policies	15 weeks	Weekly formative quizzes
Introduction to Biomedical Ethics	15 weeks	Weekly small-group sessions with formative oral feedback about student understanding of ethical principles and participation in group discussions. In addition, although the written assignments are graded, the students also get narrative feedback on them.

Fundamentals of Epidemiology and Bio-stats	15 weeks	Formative clicker questions within each lecture and review session Formative assignments 2 times per week
Clinical Anatomy	12 weeks	Formative "Mock" quizzes
Fundamentals of Organ Systems	23 weeks	Weekly formative quizzes Formative narrative PBL assessments
Evidenced Based Medicine	58 weeks	Formative facilitator and peer assessments-- one for each organ system module
Organ Systems	58 weeks	Weekly formative quizzes Mid-module narrative formative assessment from the PBL facilitator for each module Practice tests are posted Formative preassignments are posted before some lectures
Research Selectives	58 weeks	Formative feedback on written drafts of assignments--once per month

9.7 NARRATIVE RESPONSE

a. Describe how and by whom provision of formative feedback in pre-clerkship courses is monitored within individual departments and at the curriculum management level.

All courses are required to complete a course form that requires information regarding formative and summative evaluations. These are reviewed by the Curriculum Committee during each course review and by the Course and Clerkship Review Subcommittee of the Curriculum Committee. Course directors are reminded annually about course policies, which require formative feedback and the appropriate assistant dean reviews each course to assure they are compliant with course policies (hours, assessments, teaching formats and feedback).

b. For courses of less than four-weeks duration, describe how students are provided with timely feedback on their knowledge and skills related to the course objectives.

In clerkships less than four-weeks long, the clerkship director will give the students one-on-one mid-clerkship feedback on their performance related to their knowledge and skills based upon course objectives. Clerkship directors complete an online form documenting their meetings with students and in the end of clerkship evaluations, students are asked if they received this feedback.

c. Describe information from the independent student analysis, course evaluations, or other measures regarding medical students' perceptions of the amount and quality of formative feedback in the pre-clerkship (first and second years of the curriculum).

	1 = very dissatisfied	2 = dissatisfied	3 = somewhat satisfied	4 = very satisfied	N/A = No opportunity to assess/No opinion	Total	Weighted Average
Adequacy of undergraduate courses in preparation for medical school courses	1.59% 1	7.94% 5	53.97% 34	30.16% 19	6.35% 4	63	3.32
Utility of the educational program objectives to support learning	3.17% 2	11.11% 7	60.32% 38	23.81% 15	1.59% 1	63	3.10
Quality of the first year/first academic period	1.59% 1	12.70% 8	53.97% 34	30.16% 19	1.59% 1	63	3.17

LCME Student Survey

Clinical skills instruction in the first years	1.59% 1	15.87% 10	52.38% 33	30.16% 19	0.00% 0	63	3.11
Amount and quality of formative feedback in the first year	3.17% 2	22.22% 14	44.44% 28	30.16% 19	0.00% 0	63	3.02
Opportunities for self-directed learning in the first year	0.00% 0	0.00% 0	49.21% 31	47.62% 30	3.17% 2	63	3.54
Appropriateness of methods to assess student achievement in the first year	4.76% 3	15.87% 10	46.03% 29	33.33% 21	0.00% 0	63	3.08
Overall workload in the first year	1.59% 1	6.35% 4	55.56% 35	36.51% 23	0.00% 0	63	3.27
Coordination/integration of content in the first year	6.35% 4	19.05% 12	47.62% 30	25.40% 16	1.59% 1	63	2.97
Clarity of policies for advancement/graduation	4.76% 3	14.29% 9	39.68% 25	39.68% 25	1.59% 1	63	3.19
Ease of access to student academic records	1.59% 1	15.87% 10	44.44% 28	31.75% 20	6.35% 4	63	3.25
School responsiveness to student feedback on courses and teaching	6.45% 4	27.42% 17	40.32% 25	24.19% 15	1.61% 1	62	2.87
Adherence of faculty to set schedule	15.87% 10	30.16% 19	36.51% 23	15.87% 10	1.59% 1	63	2.57

In our preclerkship, curriculum students are asked to express their "perceptions of the amount and quality of formative feedback" in their end-of-course evaluations. Some examples include:

POM3

Student Assessment of Faculty in Communication Skills Sessions:
Students assess the following on a Likert scale (rating 1--5) "The preceptor gave me honest feedback"
Student Assessment of Faculty in Intersession Small-Group Sessions:
Students assess the following on a Likert scale (rating 1--4) "The preceptor gave me honest feedback"

Organ Systems

Student Assessment of Faculty/Group in PBL sessions
Students assess the following on a Likert scale (rating 1--5) "Group members modify behaviors based upon areas identified during self-assessment and group feedback"

Evidenced-Base Medicine(EBM)

In EBM, students are asked to assess each other in their ability to give formative feedback. These are Likert scare ratings. Students assess each other (rating 1--4).
[Student] "Gives useful feedback to others"
[Student] "Accepts and appropriately responds to feedback"
[Student] "Identifies own strengths and weaknesses during feedback sessions"

All preclerkship courses
At the end of each course, students are asked to assess the course.

Student course-end evaluations contain both closed-ended (Likert scale) and open-ended items in two primary domains:

1. Course/curriculum ratings–Eight closed-ended items addressing the course organization, effectiveness of teaching modalities and course materials, and overall quality of the course. Two open-ended items seek students' feedback regarding the course's strengths and areas for improvements.
2. Faculty ratings–Four closed-ended items per instructor are included, to assess subject presentation, responsiveness to student questions and overall teaching effectiveness. Two open-ended items seek students' feedback regarding the instructor's strengths and areas for improvements.

Average scores are computed for each closed-ended item based on a 1-5 Likert scale ranging from poor to excellent.

Summary of Student Course Evaluation Results: MED 22309--Fundamentals of Biostatistics and Epidemiology, fall 2016
A total of 74 students enrolled in the course, and 74 completed the online evaluations at the time of this report, yielding a response rate of 100 percent.

Course / Curriculum Ratings:
Student ratings on closed-ended items ranged from 4.59–4.86. The mean score for item 8, "Overall course quality rate" was 4.86; the item most favorably endorsed by students. "Exam(s) and quizzes success in assessing the understanding of important course concepts" received the least favorable rating (4.59).

Faculty Ratings Including Lecturers:
Students were asked to rate lecturers along 5 items: "Quality of slides, Quality of presentation skills (clarity), Encouragement of student participation, Professionalism (begins and ends on time, prepared, etc.), and Clarity of the take-home points from the lecture(s))." Ratings of the Course Director Dr. Philip Smith ranged from 4.81 (Quality of slides) to 4.90 (Professionalism [begins and ends on time]).

Course Strengths:
35 Comments: Structure – Course was well organized and requirements and content were clear.
22 Comments: Teaching/faculty – Course Director was supportive of and available to students.
6 Comments: Resources – The videos and practice questions were helpful in learning material.

Suggestions for Improvement:
24 Comments: Resources – In addition to the textbook, include more videos, provide more practice and review for exams.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 9.7

1. Any institutional policy or directive requiring that medical students receive formative feedback by at least the midpoint of courses and clerkships of four weeks (or longer) duration.

   The Curriculum Committee has mandated that all clerkships lasting four weeks or longer must include formal feedback early enough to allow sufficient time for remediation (See Appendix 9-07 Faculty Handbook, pg. 23). Students will receive formal feedback as part of a required mid-cycle evaluation for all clinical experiences of four weeks or more.

9.8 FAIR AND TIMELY SUMMATIVE ASSESSMENT

A medical school has in place a system of fair and timely summative assessment of medical student achievement in each course and clerkship of the medical education program. Final grades are available within six weeks of the end of a course or clerkship.

9.8 NARRATIVE RESPONSE

a. List any courses in the pre-clerkship phase of the curriculum where all students did not receive their grades within six weeks during the most recently-completed academic year.

None (CUNY policy is that grades must be submitted within one week of the end of the course).

b. Describe how and by whom the timing of course grades is monitored and the steps taken if grades are not submitted in a timely manner. How does the medical school ensure that course grades are reported to students on schedule?

Oversight by the Office of Academic Affairs

Submission and release of course grades is under continuous monitoring by the Office of Academic Records, under the auspices of the deputy dean for medical education and the Office of Academic Affairs, which provides administrative support for all courses and clerkships (including grades). CUNY's policy is that grades must be submitted within one week of the end of the course (these are nonclinical courses). For CSOM clinical courses, all evaluations must be completed and available to students within four weeks of the completion of a section or a clinical rotation.

Course and clerkship coordinators are responsible for providing the Office of Academic Affairs with the grades for their individual courses and clerkships within the required time frames; the office performs ongoing tracking of this requirement. If there are delays in the submission of grades, the assistant deans for either the basic science curriculum or the clinical curriculum will take action to identify the cause of the delay and to facilitate resolution, with support from the deputy dean for medical education, to ensure timely submission.

A database will be used to continually track grade submissions to ensure they are timely. An annual report will be generated regarding timeliness of grade submission; if grades are not submitted on time, this report will be provided to the relevant course and clerkship directors, their department chairs, and all relevant deans' office staff.

Online Evaluation Tracking System

We are also using the LCMS+ system for faculty evaluation of students and for student evaluation of faculty and courses. LCMS+ provides an automatic reminder system for completion of assigned evaluations; this system allows us to monitor faculty completion of student evaluations. Each course or clerkship director and the deputy dean will receive weekly lists of incomplete evaluations. Course and clerkship directors will be responsible for contacting delinquent faculty members to ensure their timely completion.

Curriculum Committee Review

The Curriculum Committee will regularly review composite evaluation data and individual course and clerkship grade submission data as part of the review of each course and clerkship.

c. Describe the process that will be used to ensure that students will receive their clerkship grades within six weeks. How will be provision of clerkship grades be monitored?

Submission and release of clerkship grades will also be under continuous monitoring by the Office of Academic Records, under the auspices of the deputy dean for medical education and the Office of Academic Affairs, as is the case for course grades. As per CSOM policy (see below), clinical and clerkship grades must be submitted within four weeks of completion of the course or clerkship. Clerkship directors or their coordinators will be responsible for providing the Office of Academic Affairs with the grades for their individual courses and clerkships within the required timeframes. Clerkship directors will be responsible for contacting delinquent faculty members to assure their timely completion of evaluations. If there are delays in the submission of grades, the assistant dean for the clinical curriculum will take action to identify the cause of the delay and to facilitate resolution, with support from the deputy dean for medical education, to ensure timely submission. An administrator in the Office of Academic Affairs will keep a database with each clerkship rotation documenting when grades were distributed to students and will make the assistant dean for the clinical curriculum aware of any delay in receipt of grades.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 9.8

1. Policy or directive that specifies the timeframe (deadlines) for the reporting of grades.

The following policy, approved by the Curriculum Committee in summer of 2014, governs the release of grades for courses and clerkships:

POLICY ON TIMING OF RELEASE OF COURSE AND CLERKSHIP GRADES.

"The following policies govern the timing for submission of course and clerkship grades for all CUNY School of Medicine courses and clerkships:

1. Each course director is charged with ensuring regular, timely, and universal completion of student evaluations.

2. Grades must be submitted within one week of the end of a nonclinical course.

3. For medical school clinical courses, all grades are expected to be completed and available to students within four weeks of the completion of a section or clinical rotation.

4. Course and clerkship directors or their coordinators will be responsible for providing the Office of Academic Affairs with the grades for their individual courses and clerkships within the required timeframes.

5. Course and clerkship directors will be responsible for contacting delinquent faculty members to assure their timely completion of evaluations.

6. The curriculum committee will regularly review composite and individual course and clerkship grade submission data as part of the review of each course and clerkship."

9.9 STUDENT ADVANCEMENT AND APPEAL PROCESS

A medical school ensures that the medical education program has a single standard for the promotion and graduation of medical students across all locations and a fair and formal process for taking any action that may affect the status of a medical student, including timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the medical student to respond, and an opportunity to appeal any adverse decision related to promotion, graduation, or dismissal.

9.9 SUPPORTING DATA

Table 9.9-1 | STUDENT ADVANCEMENT AND APPEAL PROCESS

Survey Question	Year 1--2020
Clarity of policies for advancement/graduation	Somewhat satisfied 39.7% /Very satisfied 39.7%

9.9 NARRATIVE RESPONSE

a. Describe the means by which the medical education program ensures that a single standard (i.e., set of policies) for promotion and graduation is applied across all instructional sites, including regional campuses. Note if there are any variations in the case that the school offers a parallel curriculum (track) for some students.

The CUNY School of Medicine has only one campus, and there is only one curriculum. Thus, all students are held to the same set of policies and our Student Academic Progress Committee (SAPC) applies the policies in a consistent manner for the entire student body for all seven years of the BS/MD curriculum.

In the fall at the beginning of every academic year, the registrar disseminates by email to all matriculated students a copy of the Student Handbook on Academic Policies and Procedures, which articulates the policies that govern students' academic standing and promotion in the CSOM-SDBEP. The student handbook is also posted on the school's Blackboard website (our learning management system for undergraduate students) and is included in the LCMS+ website (our learning management system for medical students) and thus accessible at all times. Once annually, the Dean's Office disseminates to all faculty and staff a copy of the student handbook as well.

b. Describe the composition of the medical student promotions committee (or the promotions committees, if more than one).

The Student Academic Progress Committee (a standing committee of the school that has been in existence for years for our undergraduate degree program) reviews the academic progress of each student as indicated by grades and other information on academic performance, including ethical and professional behavior reported to the SAPC; seeks methods of enhancing the academic performance of all students; and makes appropriate recommendations concerning the academic status of each student. The committee consists of seven voting members, six *ex officio* members and two student representatives. Voting members include faculty members from various departments in the school, and *ex officio* representation includes members from the following

departments/offices: Medical Education, Student Affairs and the Registrar. Student representatives are elected and participate in SAPC meetings related to the review of the student handbook or revision of policies, but are prohibited from attending meetings when there are discussions about specific students.

At the beginning of each course, based upon guidelines from the Curriculum Committee, the course director provides the students and the Medical Education Department with documentation describing the course's grading policy, including policies regarding course failure and reassessment examination, and criteria for students' eligibility for the reassessment examination. These policies are developed by the course directors, vetted by the appropriate subcommittee of the Curriculum Committee, and approved by the Curriculum Committee at its review of each course. Course policies are posted in LCMS+, which is used for medical school courses, as well as in courses' Blackboard areas (for baccalaureate degree courses) and is also included in the course syllabus posted on the Blackboard site of the Department of Medical Education.

At the end of each semester, if a student receives a failing grade in any course, the SAPC applies the conditions, articulated in the student handbook, under which the student can remediate or retake the course and determines whether the student should be dismissed from the program for failing to meet the academic standards of the school.

c. Summarize the due process protections in place at the medical school when there is the possibility of the school's taking an adverse action against a medical student for academic or professionalism reasons. Include a description of the process for appeal of an adverse action, including the groups or individuals involved at each step in the process.

Referral to the SAPC:

If a student is referred to the SAPC (excluding the annual meeting in which students are promoted to the next academic year), and/or the student does not meet the academic standards of the school and their record will be considered for academic probation, a prescription year, or dismissal, the student is officially notified via receipt email by a staff person in the Office of Academic Records that their academic status will be reviewed by the SAPC. The email notification includes information about the student's right to submit a written statement in advance of the SAPC meeting, with information relevant to their academic performance (e.g., personal or family issues, or medical hardship) and/or the option of appearing in person before the SAPC with an advocate. The student is advised to meet with the associate dean for student affairs, who acts in the capacity of student advocate, to learn about the proceedings and to ensure that due process occurs.

Although SAPC meetings are closed and the deliberations are confidential, a student may bring, as an advocate, a fellow student, an advisor, a faculty member, or a family member. Legal representation is not permitted at SAPC meetings, and the proceedings of the meeting may not be recorded by the student or their advocate. The SAPC reviews the student's full record, including the student's personal statement before the meeting. Then, the SAPC schedules a seven-minute meeting with the student: five minutes are allotted to the student to present their case, and two minutes are allotted for the SAPC to ask questions. This time limit has worked well for the SAPC since it was instituted four years ago: both SAPC members and the student come to the meeting very well prepared and ready to focus on the issue at hand.

At the meeting, SAPC considers the student's overall academic record and the circumstances presented in the student's statement, (written and/or in person) and will decide the appropriate action, including a prescription year or dismissal.

The associate dean for student affairs verbally communicates the decisions made by the SAPC to the student immediately after the meeting is adjourned and the chair of the SAPC transmits in writing the decision of the group within 10 days of the SAPC meeting.

Appeal Process: When an action is taken that may affect the status of a student, the student is notified in writing of their right to appeal the action to the dean within 10 business days of receipt of the letter. Actions that could lead to the dismissal of a student for nonacademic reasons or could threaten the student's ability to graduate may be appealed to the dean.

Upon receipt of a written appeal, the dean notifies the SAPC, the deputy dean for medical education, the associate dean for student affairs, and the student's advisor. The dean also appoints an *ad hoc* Appeals Committee to review the case. Membership of the Appeals Committee does not overlap with membership of the SAPC. The Appeals Committee is charged with determining the following:

1. Whether the adverse decision was made in accordance with the approved and established policies of the Student Academic Progress Committee

2. Whether the student was accorded due process

3. Whether the adverse decision was arbitrary or capricious, or reflected prejudice against the student

At least 10 business days before the Appeals Committee meets with the student, the dean will notify the student in writing of the time and place of the meeting and of the student's right to be present at the meeting and to make oral or written statements to the committee regarding the decision. The student may also bring a non-legal advisor, such as a faculty member or fellow student, to the meeting.

The Appeals Committee may request, in writing, that the appropriate course director(s) and the chair of the SAPC attend the meeting. After reviewing all documentation and hearing all presentations, the Appeals Committee will make a recommendation based only on whether or not the student was accorded due process, either confirming or reversing the original adverse decision. Within seven business days of the meeting, the Appeals Committee will transmit its written recommendation only to the dean.

The dean will review the recommendation of the Appeals Committee. If it is evident that the Appeals Committee properly carried out the appellate process, the dean will confirm its recommendation; if the dean finds that the committee did not properly carry out the appellate process, the dean will reverse its decision.

The dean will promptly notify the student in writing of the final decision (with copies to the Appeals Committee, the SAPC, the deputy dean for medical education, the associate dean for student affairs, and the student's advisor).

If the original adverse decision is reversed, the dean may refer the student's record to the SAPC for remediation.

The decision of the dean in such cases is final; no further institutional recourse is available to the student.

d. Describe the means by which the due process policy and process are made known to medical students.

The due process policy and procedure is initially explained to students in the New Student Seminar in Year U1 and is reviewed each year at the beginning of the year during class orientation. It is included in the Student Handbook on Academic Policies and Procedure (pgs. 28-32) and on the website.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 9.9

1. The policy that specifies that there is a single standard for promotion and graduation is included in the Student Handbook on Academic Policies and Procedures, pgs. 13-32.

2. The due process policy and procedure is included in the Student Handbook on Academic Policies and Procedures, pgs. 28-32.

3. The policy that specifically addresses the process the SAPC uses to address ethical and professionalism issues is in the Student Handbook on Academic Policies and Procedures, pgs. 36-38.

STANDARD 10: MEDICAL STUDENT SELECTION, ASSIGNMENT, AND PROGRESS

A medical school establishes and publishes admission requirements for potential applicants to the medical education program, and uses effective policies and procedures for medical student selection, enrollment, and assignment.

SUPPORTING DATA REQUIRED FOR STANDARD 10

Table 10.0-1/Applications

Provide data for the indicated entering classes on the total number of initial applications received in the admissions office, completed applications, applicants interviewed, acceptances issued, and new medical students matriculated for the first year of the medical curriculum. Do not include first-year students repeating the year.

*****Data is for entrance into the BS portion of the seven-year program. Because of attrition, the number enrolled in the MD portion is significantly lower than that of BS matriculants.

****Data in bold for the incoming 1st year MD students (M1 students but Year 4 of the seven-year BS/MD program)**

	2016-2017		2017-2018	
	BS*	MD**	BS*	MD**
Initial applications	1051	**75**	1190	**71**
Completed applications	603	**75**	850	**71**
Interviews	249	-	293	-
Acceptances issued	113	**69**	115	**71**
Matriculants	90	**69**	95	**70**

Table 10.0-2/Entering Student MCAT Scores/ NA

If applicable, use the table below to provide mean MCAT scores, for new (not repeating) first-year medical students in the indicated entering classes.

	2016-2017	2017-2018
Verbal Reasoning		
Physical Sciences		
Biological Sciences		

UPDATED 12.29.17

Table 10.0-3/Entering Student Grade Point Average		
Provide the mean overall premedical GPA for new (not repeating) first-year medical students in the indicated entering classes. If using a weighted GPA, please explain how the weighted GPA is calculated in the last row of the table.		
	2016-17	2017-18
Overall mean GPA - entering BS students	94.56	95
Mean GPA for **first-year medical students (M1), (** year 4 of BS/MD program)	**3.58**	**3.48**
Weighted GPA calculation (if applicable)/**NA**		

Table 10.0-4 | Medical School Enrollment		
Provide the total number of enrolled first-year medical students (include students repeating the academic year) and the total number of medical students enrolled at the school for the indicated academic years. For students in dual-degree programs, only include those participating in the medical curriculum.		
	2016-17	2017-18
First-year medical students/4th year BS/MD (M1)	**69**	**70**
Total enrollment	**69**	**139**

10.1 PREMEDICAL EDUCATION/REQUIRED COURSEWORK

Through its requirements for admission, a medical school encourages potential applicants to the medical education program to acquire a broad undergraduate education that includes the study of the humanities, natural sciences, and social sciences, and confines its specific premedical course requirements to those deemed essential preparation for successful completion of its medical curriculum.

10.1 NARRATIVE RESPONSE

a. List all the college courses or subjects, including associated laboratories, which are required as prerequisites for admission to the medical school.

Although ordinarily four years of undergraduate education are necessary to prepare for entrance into an MD-degree program, because of the nature of the combined undergraduate BS and MD program at CSOM-SDBEP, we have control over undergraduate education to ensure that students study the humanities and the natural and social sciences. For the three-year BS degree, we currently require studies in humanities, the natural sciences, and the social sciences. The required courses for the BS degree are the following:

Math and Sciences

- Biology of Organisms
- Principles of General Chemistry
- General Physics 1 and 2
- Bio-Organic Chemistry
- Introduction to Human Genetics
- Fundamentals of Epidemiology and Biostatistics
- Molecules to Cells
- Clinical Anatomy
- Fundamentals of Organ Systems

Humanities

- 2 English courses: a course in Composition and one in Writing for the Sciences
- Narrative Medicine

Social Sciences

- World Civilizations
- Development of the United States and Its People
- Applications of Psychology in the Modern World
- Introduction to Biomedical Ethics

Electives

- 19 elective credits that can be taken in any area of study

Other Requirements

- Sociomedical Sciences
- Population Health and Community Health Assessment
- Evaluation in Healthcare Settings
- U.S. Healthcare Systems and Policy
- Practice of Medicine 1 and 2

Because CSOM-SDBEP offers a combined BS/MD program, our students are admitted from high school, so we do not require specific courses or credit hours before acceptance. The BS degree is conferred by CCNY after completion of the first three years of the program.

All CUNY students earning a bachelor's degree are required to take a total of at least 30 credits as part of a common core: 12--13 credits as part of a fixed core of courses and 18–19 credits in a flexible core. This table lists all courses required for fulfillment of CUNY core requirements. [See a list of all required common core courses below.]

The table below lists the required courses for the BS degree by year and semester.

FIRST YEAR - FALL SEMESTER			
NUMBER		COURSE TITLE	CREDITS
BIO 20700		Biology of Organisms	4
FIQWS 10013		Freshman Inquiry Writing Seminar--Creative Expression: Narrative Medicine	3
FIQWS 10113		Freshman Inquiry Writing Seminar--Creative Expression: Composition	3
PHYS 20300		General Physics I	4
NSS 10000		New Freshman Seminar	0
WCIV 10100 / 10200		World Civilizations: Prehistory to 1500 A.D. / World Civilizations: 1500 A.D. to present	3
TOTAL			**17**
FIRST YEAR - SPRING SEMESTER			
MED 10200		Principles of General Chemistry	5
PHYS 20400		General Physics II	4
USSO 10100		The Development of the United States and Its people	3
ENGL 21003		Writing for the Sciences	3
MED 11209		Sociomedical Sciences	3
		Elective	3
TOTAL			**21**

SECOND YEAR - FALL SEMESTER			
MED 20300		Bio-Organic Chemistry	5
PSY 10200		Applications of Psychology in the Modern World	3
MED 22309		Fundamentals of Epidemiology and Biostatistics	4
MED 29309		Practice of Medicine 1 (POM1)	2
		Elective	6
TOTAL			**20**
SECOND YEAR - SPRING SEMESTER			
NUMBER		COURSE TITLE	CREDITS
MED 20400		Molecules to Cells I	4
MED 20000		Introduction to Human Genetics	3
MED 22409		Population Health and Community Health Assessment	3
MED 24409		Evaluation in Healthcare Settings	6
MED 29409		Practice of Medicine 1 (POM1)	2
		Elective	6
TOTAL			**24**
THIRD YEAR - FALL SEMESTER			
NUMBER		COURSE TITLE	CREDITS
MED 30501		Molecules to Cells II	4
MED 32509		U.S. Healthcare Systems and Policy	3
MED 30000		Introduction to Biomedical Ethics	3
MED 39509		Practice of Medicine 2 (POM2)	2
		Elective	6
TOTAL			**18**

THIRD YEAR - SPRING SEMESTER			
NUMBER		COURSE TITLE	CREDITS
MED 33609		Clinical Anatomy	5
MED 37609		Fundamentals of Organ Systems	15
MED 39609		Practice of Medicine 2 (POM2)	2
TOTAL			**22**

b. List any courses or subjects that the medical school recommends, but does not require, as prerequisites for admission.

None

c. Describe how the current premedical course requirements were established and by which individuals and/or groups they were approved.

Curriculum content was designed in 2012 by the Curriculum Reform Committee. The Curriculum design included both BS and MD portions of the educational program. Selection of the premedical course requirements was guided by an evaluation of the existing Biomedical Sciences BS requirements, evaluation of other premedical program curricula, attention to the guidelines from the HHMI/AAMC "Scientific Foundations for Future Physicians" report from 2009, and requirements for Liberal Arts and General Education coursework from the City University of New York (CUNY). Where appropriate, we also used the Educational Program Competencies and Objectives to guide design. The overall design of the curriculum, including the pre-medical curriculum, was reviewed and approved by the CSOM-SDBEP Curriculum Committee, and ultimately approved by the whole faculty.

d. Describe how often and by whom premedical course requirements will be reviewed. Note if there are data or other information (e.g., about medical student performance) that will be used to make decisions about changes to premedical course requirements.

Review of the premedical course requirements is an ongoing process as part of the continual review of the BS and MD curricula. The Course and Clerkship Review Subcommittee of the Curriculum Committee, which meets typically once a month, performs the initial detailed review of every course offered by CSOM-SDBEP initially on a yearly basis, and then once the course is stable, on a biennial basis. The course review and any suggestions from this subcommittee are presented to the full Curriculum Committee for review, discussion and recommendations for changes, and implementation is monitored by the Office of Academic Affairs in conjunction with department chairs when appropriate. The Curriculum Committee also reviews every year of the curriculum in aggregate. For the BS courses, this includes a brief review of courses that are offered by CCNY instead of directly by CSOM-SDBEP. The course reviews consider aggregate data pertaining to student performance in each individual course, student evaluations of the courses, course director self-assessments, redundancies (intended or unintended) with other courses, overall gaps, performance in subsequent courses, and other information that the Course and Clerkship Review Subcommittee and/or the Curriculum Committee deem appropriate.

10.2 FINAL AUTHORITY OF ADMISSION COMMITTEE

The final responsibility for accepting students to a medical school rests with a formally constituted admission committee. The authority and composition of the committee and the rules for its operation, including voting privileges and the definition of a quorum, are specified in bylaws or other medical school policies. Faculty members constitute the majority of voting members at all meetings. The selection of individual medical students for admission is not influenced by any political or financial factors.

10.2 NARRATIVE RESPONSE

a. Describe the size and composition of the medical school admission committee, including the categories of membership (e.g., faculty, students, medical school administrators, community members) and the specified number of members from each category. If there are subcommittees of the admission committee, describe their composition, role, and authority.

The CSOM Admissions Committee is composed of 15 members: 10 voting members and, as of September 2017, 5 *ex officio* members. The category of memberships are faculty, staff, students, and medical school administrators. The Committee is constituted as follows:
Faculty members –7 (4 basic science, 3 clinical)
At large members–either 3 faculty OR staff
Student–1 (*ex officio* member)
Medical school administrators–4 (*ex officio* member).

There are two subcommittees of the Admissions Committee:

Interviewers' Subcommittee–The Interviewers' Subcommittee (faculty majority) is composed of faculty and staff who also participate in the interviewing process. Currently, 25--30 CSOM individuals serve on this committee. Responsibilities include reviewing the entire application package, interviewing the student, and filling out CSOM's Interview Evaluation Form in a timely manner.

Student Interviewers' Subcommittee –The Student Interviewers' Subcommittee is a separate subcommittee of students who interview applicants. Currently, approximately 35 U2, U3, and M1 year students participate in the process. Students submit a one-page evaluation that includes the applicant's positive and negative qualities, how the applicant would fit in as a student, and how the applicant handled the interview process, as well as a possible recommendation for acceptance or rejection, or a statement of neutrality.

b. Describe the process for selection of admission committee members and the length of their initial appointment. Note if members can be reappointed and if there is a maximum term of service.

The CUNY School of Medicine's (CSOM) Admissions Committee is constituted under the authority of the Admissions Committee bylaws. Members, selection process, voting status, and term of appointment are shown below, as of fall 2017.

Members	Selection Process	Voting Status	Term
Chair	Initial chair selected by CSOM Dean and approved by Executive Faculty Committee (EFC) from the faculty members on the Admissions Committee; subsequent chairs selected by committee vote	Voting	3 years, renewable without limits
Basic science faculty members	EFC makes the final selection based upon recommendations from department chairs and faculty	Voting	3 years, renewable without limits
Clinical faculty members (includes at least one SBHHS clinical faculty member)	EFC makes the final selection with recommendations from the St. Barnabas CAO for St. Barnabas faculty and from department chairs and faculty for the other clinical faculty	Voting	3 years, renewable without limits
At-large members (faculty or staff)	EFC based upon recommendations from department chairs and faculty	Voting	3 years, renewable without limits
Executive Director, Admissions	Dean, CSOM	Non-Voting *Ex officio*	Indefinite
Associate Dean, Student Affairs	Dean, CSOM	Non-Voting *Ex officio*	Indefinite
Director, Admissions	Dean, CSOM	Non-Voting *Ex officio*	Indefinite
Associate Director, Admissions	Dean, CSOM	Non-Voting *Ex officio*	Indefinite
3rd year student	Elected by 3rd year class	Non-Voting *Ex officio*	1 year

In support of the CSOM mission of "expanding access to medical education to individuals from underserved communities, of limited financial resources, and of ethnic backgrounds underrepresented in the medical profession," and to encourage students to become primary care physicians who will advocate for and provide disease prevention and medical care to underserved communities, the Admissions Committee is made up of diverse faculty and staff members. The Executive Faculty Committee has sole authority over the appointment and approval of faculty and staff who serve on the Admissions Committee. (The CUNY School of Medicine Governance Plan appears as Appendix 1-05

Governance Plan.)

The third year medical student who sits on the Admissions Committee as an *ex officio member* serves in a couple of key capacities: the student acts as the liaison between the Admissions Office, the Admissions Committee and the Student Interviewers' Subcommittee; participates in Admissions Committee decisions when they involve policy decisions; and leads and organizes the student greeters, who welcome applicants to the school on the day of their interviews.

The Admissions Committee also serves to review and vote on the advancement process of our U3 students advancing into the medical school and matriculating as M-1 students.

c. Identify the current chair of the admission committee, including his or her faculty and/or administrative title(s).

The current chair of the Admissions Committee is Paul Gottlieb, Ph.D., Associate Medical Professor, Department of Molecular, Cellular and Biomedical Sciences (MCBS).

d. Describe how admission committee members are oriented to the admission committee policies and to the admissions process.

The Admissions Office annually conducts a required training session for all faculty and staff who are members of the Admissions Committee and/or the Interviewers' Subcommittee, and a separate mandatory training session for students who are members of the Student Interviewers' Subcommittee in any given year.

The executive director for admissions, wellness, and counseling coordinates all training efforts in collaboration with the chair of the Admissions Committee and the director of admissions. The faculty and staff training session is typically held in January at the start of the interview season. The training includes an overview of the mission of CSOM, the relevance and importance of the holistic review, committee policies and procedures, admissions criteria, assessment measures, interviewing skills, and a review of the evaluation form. Training focuses on standardization of core questions and on eliciting deep rather than superficial responses from applicants. Updated literature from the AAMC, the College Board, and related sources regarding holistic review and student interviewing are distributed to the members of the Admissions Committee and, when appropriate, its two subcommittees. A guest speaker, an expert on adolescent behavior and development from CCNY's Clinical Psychology Doctoral Program with expertise on matters relating to medical student selection, is invited to the training session to coach interviewers and Admissions Committee members and answer questions. Because CSOM admits students directly from high school who are much younger than traditional medical school students, it is imperative that our training of interviewers includes an overview of adolescent psychology and cognitive development. The guest speaker provides a strategy for interviewing high school students. Methods for maximizing and standardizing the effectiveness of the interview process are discussed. The interview evaluation forms are reviewed and carefully explained to clarify any questions interviewers may have.

Faculty and staff who are interviewing for the first time are trained in an additional meeting with a focus on how to access and read the application package, including how to interpret required documents. Meetings with the executive director of admissions and the director of admissions are held, if necessary, to provide any additional clarification.

We also hold a training session for student interviewers to coach them on the interview process, the purpose of their interview and how to best elicit responses that would help them to evaluate the fit of

the applicant for the school. Students are also briefed about navigating conflicts of interest and how to conduct themselves in the interview waiting room.

e. Describe whether the admission committee as a whole, or a subset of the admission committee, has the final authority for making all admission decisions. Is the authority of the admission committee formally codified (for example, in medical school bylaws)?

The final authority for admissions decisions rests solely with the voting membership of the Admissions Committee. No individual or other constituted body can overturn an Admissions Committee decision. Specifically, the president and other university administrators, the dean, deputy dean, and all associate or assistant deans, and faculty of CSOM cannot, under any circumstances, exert influence over the deliberations of the Admissions Committee involving any candidate. The authority of the admission committee is formally codified in policies in the CSOM Governance Plan, included as Appendix 1-05 Governance Plan.

f. Note the circumstances, reasons, and final outcome surrounding any admission committee decision that has been challenged, overruled, or rejected during the past two admission cycles.

Following the 2015-16 cycle, one decision was challenged. An applicant, who was the child of a CSOM faculty member, had been interviewed but not admitted. After the admissions decisions were sent, the faculty member approached the director of admissions and the executive director, to question the decision. In addition, the faculty member also approached the dean and the deputy dean for medical education. Both the dean and deputy dean explained that the decision was solely the responsibility of the Admissions Committee and that they would not get involved. The decision of the Admissions Committee remained final.

g. Describe how the medical school ensures that there are no conflicts of interest in the admission process and that no admission decisions are influenced by political or financial factors.

It is the policy of CSOM to ensure that there are no conflicts of interest that arise in the admissions process and that it is not influenced by political or financial factors. This is achieved in a number of ways. First, during the faculty and staff training, our policies regarding *conflicts of interest* and *no outside influence* are discussed, and we instruct faculty and staff on how to recuse themselves from the process and under what circumstances they should do so. Faculty, staff and student interviewers must declare a conflict of interest if they have a personal connection to an applicant and thus cannot participate in the interviewing process. If anyone on the Admissions Committee has any connection to an applicant being discussed, they must recuse themselves from discussion and the decision. We believe our process works well. CSOM is a school where siblings and other extended family members of matriculated and former students apply. Faculty and staff routinely recuse themselves from particular discussions.

Second, the process of evaluation is consistently and fairly implemented. The Office of Admissions is responsible for ensuring that all applicants' full set of materials are thoroughly screened according to our criteria. Those who meet the academic requirements are selected for the second screening based on careful assessment of the submitted documents, including related personal experiences, student essays and letters of recommendation. Those who then make it through the second screening are invited to be interviewed by one member of the Admissions Committee, one faculty or staff member and one student. We have language at the bottom of the evaluation form, filled out after the interview is completed, indicating the signing individual attests that they had no conflict of interest in interviewing the student.

UPDATED 12.29.17
Finally, no outside influences (e.g., financial, CUNY-wide, political, etc.) are considered or permitted to be part of the admissions process and/or decisions.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 10.2

1. An excerpt from the medical school bylaws or other formal document that specifies the charge to and composition of the admission committee and its subcommittees (if any) and the rules for its operation, including voting membership and definition of a quorum at meetings.

   GOVERNANCE PLAN - ARTICLE IV: Admissions Committee

   Section 4.1 Responsibilities: The Admissions Committee is charged to select and admit students to the CSOM, and to establish and revise admissions policies and procedures, as appropriate. Once a year, at the beginning of the interview season, the Director of Admissions presents proposed policy changes to the Admissions Committee for discussion and approval. Once approved, changes in policy and/or procedure go into effect immediately.

   Section 4.2 Voting: All final decisions about admission of applicants will be made by the voting membership of the Admissions Committee. Faculty will constitute the majority of the voting membership of the Committee; no vote may be taken in any convened meeting where faculty does not constitute a voting majority.

   Section 4.3 Membership: Membership of the Admissions Committee will include a minimum of: three (3) basic sciences faculty, three (3) clinical faculty, including at least one clinical faculty member from the primary clinical partner, three (3) at-large faculty and/or staff, and one (1) medical student elected annually by the student body. *Ex officio*, non-voting members will include: Associate Dean for Student Affairs, and representation of the administrative leadership of the Office of Admissions (e.g., the Executive Director, Director and Associate Director of Admissions). The student member will participate with the committee when issues related to policies are discussed and/or voted upon.

   Section 4.4 Chair: The initial chair of the Admissions Committee will be a faculty member appointed by the Executive Committee, with the advice and consent of the Dean. Subsequent chairs will be elected by vote of the Committee members.

2. Provide a list of current admission committee members, including each member's faculty and/or administrative title, student status, or other status (e.g., graduate of the medical school, community physician) and year of appointment to the committee.

   Members of the 2017-18 Admissions Committee:

   Basic Science Faculty
   *Paul Gottlieb, PhD, Associate Medical Professor, MCBS
   *Michelle Juarez, PhD, Assistant Medical Professor, MCBS
   **Itzhak Mano, PhD, Assistant Medical Professor, MCBS
   *Joao Nunes, MD, Associate Medical Professor, MCBS

UPDATED 12.29.17

Clinical Faculty
*Lisa Auerbach, MD, MHPE, Distinguished Lecturer, Course Director ICM and Organ Systems
**Erica Lubetkin, MD, MPH, Associate Medical Professor, Community Health and Social Medicine
*Paulo Pina, MD, Clinical Faculty, St. Barnabas Hospital Health System

Other at-large Faculty/Staff
*Joy Richards, MA, Education Specialist, Learning Resource Center
*Nicole Roberts, PhD, Assistant Dean for Medical Education and Faculty Development

Ex Officio/Non-Voting Faculty/Staff
*Jerrold Erves, MA, Associate Director of Admissions
*Dani McBeth, PhD, Associate Dean for Student Affairs
*Jodie Meyer, PhD, Executive Director of Admissions, Wellness, and Counseling
*Christopher Wanyonyi, MPA, Director of Admissions
** 3rd year student, serving for 2017-18

*Appointed in 2015-16
**Appointed in 2016-17

10.3 POLICIES REGARDING STUDENT SELECTION / PROGRESS AND THEIR DISSEMINATION

The faculty of a medical school establish criteria for student selection and develops and implement effective policies and procedures regarding, and make decisions about, medical student application, selection, admission, assessment, promotion, graduation, and any disciplinary action. The medical school makes available to all interested parties its criteria, standards, policies, and procedures regarding these matters.

10.3 NARRATIVE RESPONSE

a. Describe how the policies, procedures, and criteria for medical student selection were developed and approved, and how they are disseminated to potential and actual applicants and their advisors.

The criteria, policies, procedures and decisions regarding medical student application, selection, and admission have evolved over the 40-year history of the former Sophie Davis School of Biomedical Education. These policies and procedures developed by the Admissions Committee and approved by the Executive Faculty Committee have been improved upon to enhance our mission by incorporating the AAMC's holistic admission review. Before each admission cycle, the Admissions Committee reviews, deliberates and votes on policies regarding the admission process for the year. After reviewing feedback from the interviewers, members may propose changes to the policies or recommend retaining them based on the success of meeting the mission and on any new knowledge from the Holistic Review Project. Committee members then vote to ratify the policies before the admission cycle begins. Any new policies must approved by the Executive Faculty Committee, which represents the faculty of the school.

The admissions procedures for CUNY School of Medicine (CSOM) have been designed to achieve the goals of the AAMC holistic review process. We focus on academic excellence and take seriously our mission to train students from underserved communities who may not have had access to all of the advantages of typical medical students, but who are more likely to return to those communities to help address the shortage of primary care physicians. As a result, our admissions criteria intentionally allow for flexibility in the interpretation of our standards to consider taking a "risk" on motivated students from underperforming high schools with fewer resources.

The admission policies, including the admission requirements are posted on our website. View books and fact sheets containing the admission policies and criteria are distributed to all high school college advisors and guidance counselors in the targeted regions for our student recruitment, as well as at all recruitment events (e.g., high school visits, college fairs, special programs, etc.).

The application process for the third year (U3) BS Sophie Davis Biomedical Education Program (SDBEP) students who will enter CSOM in their fourth year (M1), is explained to them at a class meeting in the spring semester of the third year. This meeting is conducted by the executive director of admissions and the associate dean for student affairs. The process will be described later in this Standard 10.3d.

b. Describe the steps in the admissions process, beginning with the receipt of the initial application. For each of the following steps, as applicable, describe the procedures and criteria used to make the relevant decision and the individuals and groups (e.g., admission committee or subcommittee, interview committee) involved in the decision-making process:

1. Preliminary screening for applicants to receive the secondary/supplementary application
2. Selection for the interview
3. The interview
4. The acceptance decision
5. The offer of admission

The Application Process (for the BS portion of the BS/MD program)

Almost all of our students apply directly from high school. Transfer students who have completed no more than one semester of college may also apply to enter the BS portion of the program (Note: we do not accept transfer students into the medical school portion of the program.) Occasionally we have an applicant who was previously rejected from our program but who reapplies to our program while a freshman in college, having completed no more than one semester at the time of their application.

Students who are applying to CSOM from high school are required to complete two applications: the City University of New York (CUNY) standardized application and the CSOM application. The online BS/MD CSOM application, submitted directly to the school, consists of five letters of recommendation, three essays, and an academic profile that includes a high school transcript, SAT and ACT scores, and mention of any special academic distinction (e.g., honors, college-level or other courses reflecting a high level of academic rigor, or specialized enrichment programs). In addition to the above documents, transfer students into the BS portion of the program must also include a college transcript. The application package is uploaded to our system except for the letters of recommendation, which are mailed to the school. The deadline to apply is January 8 of the year the applicant wishes to be considered.

.

The CUNY University Application Processing Center (UAPC) receives the university's standard application, a transcript, SAT scores and a fee of $65.00. UAPC reviews all applications to determine eligibility for admission to CCNY. Applicants who do not meet the minimum requirement for admission to CCNY are automatically eliminated from the CSOM-SDBEP applicant pool.

Because CSOM is a joint BS/MD program, applicants do not need to complete a supplementary application for entry into the medical school portion of the program. In addition, we do not participate in the Common Application process, and there are no additional supplementary questions.

A. Screening

The Admissions Office staff reads all applicants' files to determine whether the candidate meets preliminary academic acceptance criteria for admission into the CSOM seven-year program. This process, initiated by the assistant director of admissions, is based solely on academic achievement; applicants are ranked by their GPA, as well as their SAT and ACT scores from the highest to the lowest. Based on this ranking, the assistant director presents the list to the associate director for further review and evaluation.

The associate director then screens the candidates based on Metrics, Experiences and Attributes, according to the AAMC's Holistic Review. Each application is screened a second time by either

the executive director or director of admissions. (See Appendix 10-03 Application Screening Form). The associate director certifies the review and applicants are either recommended for and granted an interview or not invited for an interview. An applicant can request an additional look at the application, which would be done by either the executive director of admissions or a member of the Admissions Committee. The applications of students who meet the academic criteria but are not granted an interview are reviewed again by the director of admissions. The decision regarding an interview is based on a holistic review of the application to assess the fit of the applicant with the core values, mission, and vision of CSOM-SDBEP and to ensure the diversity of the student body.

The desired personal attributes include maturity, motivation for medicine, empathy, compassion, strong verbal and written communication, and leadership skills, and demonstration of exceptional integrity. This demonstration includes life experiences, which have been significantly shaped by volunteering, work experience, extracurricular involvement, letters of recommendation, and the student's essays. We are also sensitive to any obstacles and challenges faced by the applicants and their ability to overcome them.

The desired academic criteria include demonstration of the ability to succeed in challenging academic coursework; this determination is based on factors such as graduation from a very selective high school, successful completion of advanced placement courses, placement in the top 10 percent of their class, or other evidence of academic excellence. Academic excellence should be reflected in the high school grade point average; Regents scores in mathematics, science, English, and humanities; and achievement on standardized tests, including the SAT and ACT. The rigor of the high school curriculum, including honors courses, advanced placement or IB (International Baccalaureate) courses, college-level courses, and a competitive cohort of Regents courses, are key in the determination of academic eligibility for consideration for admission to the CSOM-SDBEP's program.

As stated previously, the screening of applications to determine whether an applicant will be interviewed includes a focus on the AAMC's Holistic Review. As it pertains to the applications, the following applies specifically to the screening of applicants for interviews:

1. Metrics

Metrics include a minimum high school GPA of 85; New York State Regents examination scores of 85 or above, especially in biology, chemistry, third-year mathematics and physics; recommended SAT 1 scores (in critical reading and math only) totaling 1,200 or higher when combined, and a recommended composite ACT assessment score of 26 or higher. For out of state residents and New York State residents who attend high schools exempt from the Regents exams, the academic review will focus on the high school achievement in math and science subjects. Note that The City College of New York (CCNY) academic criteria include a high school GPA of 80, combined SAT scores of 1000 and/or ACT composite score of 21. All applicants who are interviewed automatically meet the academic criteria for acceptance into CCNY.

New York State Regents scores and other examination scores are reviewed in combination with other criteria. For example, a student whose Regents chemistry examination score is lower than 85 will be interviewed if the chemistry course grade for the year is higher than 85, if they score a six or better on the International Baccalaureate program exam, or if the student took and passed an advanced placement chemistry examination and who meets all other screening criteria.

2. Attributes

We seek to identify students who are most likely to fulfill the mission of the school. We look for candidates who possess character traits such as empathy, integrity and compassion; have the maturity and emotional stability required of a primary care physician; have demonstrated motivation, intellectual curiosity, and altruism; and have the potential to become leaders. Our interview process seeks to determine coping skills, resilience, and self-direction; it focuses on active listening, problem-solving ability, and communication skills. The required essays provide an opportunity to assess each candidate's critical thinking skills and written communication skills. Demographic factors such as the family's socioeconomic status and parental education levels are considered as we try to create a diverse incoming class.

3. Experiences

Many applicants have substantial experience in extracurricular activities, but for some applicants a difficult family situation is, by necessity, their extracurricular activity. Both types of circumstances are explored during the interview and are considered in the decision process. Interviewers are trained to probe for the impact of life experiences on the student rather than simply a catalog of activities. We look at the advantages and obstacles in each candidate to assess and determine the "distance travelled," even at this young age.

Prior to inviting applicants for an interview, the director of admissions reviews the selected candidates. Applicants are then notified about interviews by both email and by direct mail.

B. Interviews

The purpose of the interview is to assess the experiences and attributes of the applicant independent of the academic profile and to provide information regarding the "fit" of the applicant for our program. Applicants are interviewed by three people in three separate one-on-one interviews: a combination of faculty, staff, and current students. One of the interviewers must be a member of the Admissions Committee, who will present the student to the entire committee; another must be a currently matriculated student. Faculty and staff interviewers are allowed electronic access to the entire package of the candidate to be interviewed. This package includes a CSOM-SDBEP application form, a transcript, SAT and ACT scores, three essays, and five letters of recommendation, including letters from the college advisor or guidance counselor, a mathematics or science teacher, and someone outside the high school. Student interviewers do not have access to the candidate's application package.

Faculty and staff interviewers complete an evaluation form (see Appendix 10-03 Application Screening Form) that includes assessment of the student's life experience and connection to the world, approach to learning, commitment to the goals of the program, personal attributes and communication skills. On each category, the applicant is rated from 0 (unacceptable) to 5 (outstanding) and a total interview score is compiled. Suggested standard questions are provided to the interviewers as a guide for assessing each category on the form. Written comments in support of the scores are encouraged. Interviewers also complete a form stating whether the applicant would add or detract from the mission and culture of the school. Student interviewers write a one-page assessment of the candidate, including how the candidate handled the interview process and a recommendation for acceptance or rejection or a statement of neutrality. The Admissions Committee uses all assessments of the applicant in its review of the applicant.

Interviews are held twice each week, beginning in February and continue through the third week

in March. On each day, approximately 20 students are invited to meet in the conference room of the Admissions Office. Each candidate is welcomed by the admissions staff and by current students. The candidate is interviewed first by a student interviewer and then by a faculty or staff member, and by a member of the Admissions Committee. Each candidate then completes a post-interview assessment.

C. Admission

The Admissions Committee is responsible for all decisions regarding admission of students to CSOM. During the six-week interview period, the committee meets twice weekly for approximately five hours per session to discuss the recently interviewed students. Additional meetings are scheduled as needed.

The Admissions Committee reviews students' application packages and interview assessments as part of the final step in determining whether to offer admission. This decision is made collectively by the voting members of the committee, with a quorum of voting faculty members present, after careful examination of all criteria and from a holistic perspective (as described in the next section). Each member of the committee is responsible for presenting candidates they have interviewed. Every interviewed applicant is discussed by the Admissions Committee. The entire application is presented, along with the comment sheets submitted by the Admissions Committee interviewer, the faculty or staff interviewer, and the student interviewer. The interview comment sheets and discussion about the interview are an important part of the overall process, helping us to gain a holistic picture of each applicant. The committee members assess the applicants according to the following criteria, in addition to the cognitive metrics previously mentioned:

- Non-numerical components of the application: Experiences in the healthcare profession, community service, academic rigor, academic breadth, leadership and teaching experience, consistency of academic performance, and the presence or absence of academic adverse actions.
- Non-cognitive characteristics: Evidence derived from the application, interview day, personal writings, and letters of support. This evidence includes humanistic qualities, interpersonal skills, evidence of empathy and compassion, confidence, intellectual flexibility, humor, and ability to express cogent responses to unprepared questions.
- Student essays in response to specific questions: These essays are used to assess writing ability, skill at presenting a cogent position on difficult topics, intellectual breadth, and organization. The questions are intentionally provocative and open-ended, without a specific expected answer; students are judged on the quality of their responses and not on the content or their specific viewpoint. CSOM values diversity in viewpoints and has no predetermined expectations for student opinions.
- Letters of recommendation from high school: These documents are reviewed for overall recommendation or ranking, evidence of professionalism, citizenship, and educational and community engagement. They also often make us aware of anything that is exceptional about the student or any personal challenges or obstacles that they may have overcome.
- Fit for the mission of CSOM: So that we can select students best poised to meet our mission, the applicant's stated interest in entering a primary care field and practicing medicine in an underserved community is considered.

After discussion and deliberation, the voting committee members rank each applicant by secret ballot and assign to the applicant a value between one and five. The average score is computed, and a list is prepared by rank from the highest to the lowest. To enroll a class of the designated size, we admit approximately 20 percent more students than we hope to enroll; this percentage is based on our historic yield of 80 percent of the accepted candidates. Admission is offered to the top students by rank order who meet the minimum score required to be considered for admission. Approximately 30 students are typically offered a place on the wait-list.

CSOM adheres to the AAMC recommendation of creating a class that is widely representative of society. Although no quota system exists for any demographic category, we are committed to diversity in its broadest sense. The director of admissions and the chair of the Admissions Committee informs the committee about the characteristics of admitted students to assure adherence to this goal.

D. Acceptance

The director of admissions sends decision letters of acceptance, wait-listing, or rejection to students on or about April 1. Students who have been admitted have until May 1 to accept the offer of admission. After students' letters of acceptance have been received, we encourage faculty members who have interviewed prospective students, as well as current students, to contact accepted students and serve as an ambassador to the program, making themselves available while admitted students are making their decisions. In addition, we offer admitted students the opportunity to visit the school and to be paired with a current student. A reception is held for admitted students and their families during the month of April; this reception provides additional information about the program. Students who agree to matriculate are then contacted by the associate dean for student affairs, director of academic records and registration, and the Learning Resource Center, with information regarding the New Student Orientation in June. All admitted students are invited to enroll in the summer Prematriculation Program in advance of their first semester as freshmen.

c. If decisions at any of these points are made by a subset of the admission committee (e.g., a subcommittee) or by administrators, describe whether the criteria are set by the whole admission committee. **NA**

d. If there is a joint baccalaureate-MD program(s) or dual degree program(s) (e.g., MD-PhD), describe whether the procedures for the selection and admission of students to the MD-granting portion of the program differs from the procedures described in "b" above. Does the MD-program admission committee have the final responsibility to admit dual-degree applicants to the MD program?

The process and criteria for advancing current Sophie Davis Biomedical Education Program students into the MD (4^{th}-year) portion of the program is as follows:

The final decision about entry into the medical school portion of the program (Years M1-4) is made upon completion of the spring semester of Year 3 (U3). A student deemed not suitable to enter medical school may have completed sufficient credits to be awarded a BS, or can decide to transfer to another CCNY major in order to graduate with a BS degree. The process and timing occurs as follows:

1. In the spring semester of Year 3 (U3), students submit an online application that includes information about all extracurricular activities and two letters of recommendation (at least one of these must be from a faculty member of CSOM).

2. The Office of Academic Records provides a college transcript and any adverse reporting information from the Student Academic Progress Committee, including instances of probation, prescription year, or reported lapses in professionalism.

3. The application and all supporting documents are reviewed by the executive director of admissions and the chair of the Admissions Committee.

    - Students with GPAs higher than 3.2, no adverse reports from the Academic Progress Committee, positive recommendations, and evidence of co-curricular activity (e.g., clubs, volunteer work, or research activities) are granted admission to the medical school portion of the seven-year continuum.
    - Students with GPAs higher than 3.2 and an adverse report in their record or an issue that raises concern in their activity record or recommendation letters are interviewed by two Admissions Committee members who do not have administrative oversight or input into their grades. They will discuss their findings and analysis with the Admissions Committee, which will then vote to decide on granting admission to the medical school.
    - Students with GPAs lower than 3.2 and/or an adverse report or issue that raises concern are interviewed by two Admissions Committee members, who do not have administrative oversight or input into their grades. They will discuss their findings and analysis with the Admissions Committee, which will then vote to decide on granting admission to the medical school.
    - The Admissions Committee determines via majority vote whether the students who are interviewed are offered final admission to the medical school portion of the program. This decision will be based on evidence of progress and, if applicable, on improving issues that raised concerns, such as academic progress or professionalism.
    - All students are notified of their final admission status via official letter from the Admissions Committee preceding the start of the medical school portion of the program.

e. Describe how the policies for the assessment, advancement, and graduation of medical students, and the policies for disciplinary action are made available to medical students and to faculty.

The CSOM-SDBEP Student Handbook on Academic Policies and Procedures (Appendix 3-04 Student Handbook, page 20) contains the policies that govern students' standing and promotion relative to academic performance, as well as Ethics and Professionalism policies (page 33) that define standards of academic integrity and professional behavior. The policies and procedures are reviewed annually by the Student Academic Progress Committee and are updated and revised as required.

The handbook is published annually and is distributed electronically to all students, deans, faculty, administrators, and staff. The handbook is also available on the LCMS+ (medical school) and Blackboard (undergraduate) software platforms.

During the fall semester of Year U1, in the New Student Seminar course, students attend a session on Academic Policies and Procedures and a separate session on Ethics and Professionalism.

f. Describe how and by which individual(s) or group(s) the following decisions are or will be made:

1. The advancement of a medical student to the next academic period
2. A medical student's graduation

The Student Academic Progress Committee (SAPC)
The Student Academic Progress Committee (SAPC), a standing committee of CSOM, reviews the academic progress of each student as indicated by grades and other information on academic performance reported to the committee, including professional attributes; seeks methods of enhancing the academic performance of all students; and makes appropriate recommendations concerning the academic status of each student. The Committee consists of seven voting members, six *ex officio* members and two student representatives. Voting members include faculty members from various departments in the School, and *ex officio* representation includes members from the following department/office: Medical Education, Student Affairs, Admissions, and the Registrar. Student representatives are allowed to participate in SAPC meetings only when there will be no discussions about specific students (meetings related to reviewing student handbooks or revising policies).

In reviewing the academic performance of a student, the Student Academic Progress Committee may recommend that the student:

- Be promoted to the next academic year.
- Be awarded the BS degree and the MD degree.
- Take the United States Medical Licensing Examination, Step 1.
- Be granted a leave of absence, (academic or personal).
- Be placed on academic probation.
- Repeat a failed course during the next academic year.
- Be granted a prescription year (i.e., repeat an academic year).
- Be dismissed from the program.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 10.3

1. Policies and procedures for the selection, assessment, advancement, graduation, and dismissal of medical students, and the policies and procedures for disciplinary action.

Policy/procedure for selection of students as listed on our website:

"CUNY School of Medicine is designed to attract students who have an outstanding academic performance in high school with a strong record in the sciences, mathematics, written and verbal communication skills and community service. Academically qualified students who demonstrate the maturity, integrity, compassion, and motivation needed to become dedicated and highly skilled professionals are those most likely to succeed in the program. The school's holistic admission review is based on the AAMC standard of assessing students based on each individual's experiences, attributes and metrics with the goal of matriculating a diverse student body.

A key factor considered in the admissions process is the applicant's potential and interest in

pursuing a career as a primary care doctor in a physician shortage area. This also includes opportunities and obstacles that students have experienced.

The overall assessment of the applicants by the Admissions Committee includes:

- Academic ability as demonstrated by high school grades in all subjects, with special attention to the science scores in 11th grade, including biology, chemistry, physics and 11th-year mathematics.
- ACT and SAT scores.
- Personal attributes, such as initiative, leadership and responsibility.
- Interest in working with people, as evidenced by health care–related experiences and participation in community and extracurricular activities.

Following a careful initial screening, the most highly qualified applicants are invited for personal interviews. The Admissions Committee makes the final selection of the students admitted for the fall semester each year from among those interviewed."

Policy/procedure for assessment, advancement graduation and dismissal; disciplinary action:

1. The policies are included in the Student Handbook on Academic Policies and Procedure, Section B., pgs.13-32; pgs. 33-35.

2. The charge to or the terms of reference of the medical student promotions committee(s).
   The medical student promotions committee falls under the purview of the SAPC. See Appendix 1-05 Governance Plan.

10.4 CHARACTERISTICS OF ACCEPTED APPLICANTS

A medical school selects applicants for admission who possess the intelligence, integrity, and personal and emotional characteristics necessary for them to become competent physicians.

10.4 NARRATIVE RESPONSE

a. Describe the personal attributes of applicants considered during the admission process. How was this list of personal attributes developed? By which individuals and groups was the list reviewed and approved?

The CSOM Admissions Committee considers the following personal attributes as desirable: intelligence, self-awareness, maturity, motivation, empathy, compassion, strong verbal and written communication and leadership skills, and demonstration of exceptional integrity. This demonstration includes life experiences, which have been significantly shaped by volunteering, work experiences and extracurricular involvement; letters of recommendation; and the student's essays. We are also sensitive to any obstacles and challenges faced by the applicants and their ability to overcome them. Students who come from disadvantaged backgrounds (socially, economically, and geographically) are recruited.

Evidence of the qualities listed above is sought in the information provided in the application, the essays, the letters of recommendation and the interviews.

The list of personal attributes has been developed over the 40+ years of the former Sophie Davis School of Biomedical Education's experience and track record with admissions. We have also been informed by the evolution of the holistic review as promulgated by the AAMC. Our list of personal attributes is reviewed and approved annually by the Admissions Committee.

b. Describe the methods used during the admission process to evaluate and document the personal attributes of applicants. Refer to the admission procedures as outlined in element 10.3 to illustrate where and how these attributes are assessed.

Screening–We require, as a complete submission package, the following: a high school transcript, NY State Regents' scores, SAT and ACT scores, a CUNY or Macaulay Honors application, along with our supplemental application, three personal essays, and five letters of recommendation. These documents lay the foundation for assessing the various personal attributes that we seek. The screening of the completed application is the initial step in evaluating the personal attributes of the applicants, along with their academic achievement. We also assess life experiences (both through the resume portion of the application itself and the student's essays), leadership skills (again, both through the resume portion of the application and from the student's essays), motivation and critical thinking and writing skills (essays) and the student's maturity and integrity (primarily through the letters of recommendation).

Interviews–Every applicant who is selected for interview is interviewed by three different individuals: a member of the Admissions Committee, another member of the faculty or staff, and a current student. Before the start of the interview process, all interviewers participate in a mandatory training session coordinated by the executive director of admissions. Every interviewer completes an evaluation form for each candidate interviewed that will be an integral part of the discussion of the applicant when presented to the committee for consideration. The

interview score and student assessment is significant in considering the applicant's overall fit for the mission and values of the school.

Our interview process focuses on assessing the student's self-awareness, maturity, motivation, empathy and compassion, as well as coping skills, resilience, and self-direction, with specific interest in the applicant's active listening, problem-solving, and communication skills. The required essays provide an opportunity to assess each candidate's critical thinking skills and written communication skills. In addition, student's experiences and letters of reference are given serious consideration. Socioeconomic factors are considered as well, as we seek to select a diverse incoming class.

As described in 3.1, faculty and staff interviewers complete the evaluation form (see Appendix 10-04 2017 Faculty-Staff Interview Score Form). The form requires each interviewer to evaluate the candidate in five categories: life experience and connection to the world, approach to learning, commitment to the goals of the program, personal attributes, and communication skills with a potential total score of 25. A score of 25 represents an outstanding candidate; 20, an excellent candidate; and 15, a very good candidate for the program. Generally, an average score of less than 15 will automatically disqualify the student from being accepted. The form also requires each interviewer to comment on the appropriateness of the candidate for CSOM. These evaluation forms are used in conjunction with the interview ratings to determine the overall ranking of applicants for admission to the program.

Student interviewers submit a one-page description of the candidate's positive and negative qualities and how the candidate handled the interview process; this description also contains a possible recommendation for acceptance or rejection or a statement of neutrality.

Admission Committee Deliberation–The Admissions Committee reviews students' application packages and interview assessments as part of the final step in determining whether to offer admission. This decision is made collectively by the voting members of the committee, with a quorum of voting faculty members present, after careful examination of all criteria and from a holistic perspective (as described in the next section). Each member of the committee is responsible for presenting candidates who they have interviewed. Every interviewed applicant is discussed by the Admissions Committee. The entire application is presented, along with the comment sheets submitted by the Admissions Committee interviewer, the faculty or staff interviewer, and the student interviewer. The interview comment sheets and discussion about the interview are an important part of the overall process, helping us to gain a holistic picture of each applicant.

c. Describe how the members of the admission committee and the individuals who interview applicants (if different than members of the admission committee) are prepared and trained to assess applicant's' personal attributes.

As previously stated in Element 10.2: the Admissions Office annually conducts a required training session for all faculty and staff who are members of the Admissions Committee and/or the Interviewers' Subcommittee, and a separate mandatory training session for students who are members of the Student Interviewers' Subcommittee in any given year.

The executive director for admissions coordinates all training efforts in collaboration with the chair of the Admissions Committee and the director of admissions. The faculty and staff training session is typically held in January at the start of the interview season. The training includes an overview of the mission of CSOM, the relevance and importance of the holistic review,

committee policies and procedures, admissions criteria, assessment measures, interviewing skills, and the evaluation form. Training focuses on standardization of core questions and on eliciting deep rather than superficial responses from applicants. Updated literature from the AAMC, the College Board, and related sources regarding holistic review and student interviewing are distributed to the members of the Admissions Committee and, when appropriate, its two subcommittees. A guest speaker, an expert on adolescent behavior and development from CCNY's Clinical Psychology Doctoral Program with comprehensive knowledge of matters relating to medical student selection, is invited to the training session to coach interviewers and Admissions Committee members and answer questions. Because CSOM admits students directly from high school who are much younger than traditional medical school students, it is imperative that our training of interviewers includes an overview of adolescent psychology and cognitive development. The guest speaker provides a strategy for interviewing high school students. Methods for maximizing and standardizing the effectiveness of the interview process are discussed. The interview evaluation forms are reviewed and carefully explained to clarify any questions interviewers may have.

Faculty and staff who are interviewing for the first time are trained in an additional meeting with a focus on how to access and read the application package, including how to interpret required documents. Meetings with the executive director of admissions and the director of admissions are held, if necessary, to provide any additional clarification.

We also hold training for student interviewers to coach them on the interview process, the purpose of their interview, and how to best elicit responses that would help them to evaluate the fit of the applicant for the school. Students are also briefed about navigating conflicts of interest and how to conduct themselves in the interview waiting room.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 10.4

1. Copies of any standard form(s) used to guide and/or to evaluate the results of applicant interviews.

   See Appendix 10-04 for the following:

   CSOM Faculty/Staff Comment Sheet
   CSOM Faculty/Staff Interview Score Form
   CSOM Student Evaluation Form-Students

10.5 TECHNICAL STANDARDS

A medical school develops and publishes technical standards for the admission, retention, and graduation of applicants or medical students with disabilities, in accordance with legal requirements.

10.5 NARRATIVE RESPONSE

a. Describe how and by whom the technical standards were developed and approved. Note if the technical standards will be reviewed on a regular basis

CSOM-SDBEP, as required by accrediting agencies and permitted by law, has adopted technical standards (TS) that apply to those being considered for admission, matriculating students, enrolled students, and those graduating from CSOM-SDBEP. The TS were developed by a small administrative committee, which reviewed the technical standards of other medical schools and adapted them for our school. The faculty of CSOM-SDBEP approved the TS at a faculty meeting on June 19, 2014. CSOM-SDBEP is committed to full compliance with section 504 of the Rehabilitation Act of 1973 (PL 93-112) and the Americans with Disabilities Act (ADA PL 101-336) enacted by Congress in 1990.

The TS are reviewed on an biannual basis by the deputy dean for medical education, the associate dean for student affairs, the chair of the Student Academic Progress Committee (SAPC) and the director of the CCNY AccessAbility Center/Student Disability Services to be sure that our TS are consistent with other medical schools and assure our TS enable our students to complete any national assessments that are required in order to graduate medical school. In addition, the TS are annually reviewed with all course, clerkship directors and key educators when other academic policies are reviewed at either the Basic Science Course Director's or the Clinical Curriculum Subcommittee's monthly meetings. Any proposed changes or updates will be presented to the faculty of the school for final approval.

b. Describe how the technical standards for admission, retention, and graduation are disseminated to potential and actual applicants, enrolled medical students, faculty, and others.

CSOM-SDBEP requires that all applicants and current students be made cognizant of the TS and the mechanisms by which they are implemented, as described within this policy. The Technical Standards Policy is posted on our website and the Standards are distributed annually via email to all matriculated students.

The TS are also included in our admissions package. The online admission application includes a check box for the applicant to indicate that he or she has read and is aware of the TS requirement. An applicant for admission to the BS/MD program must, without exception, certify that he or she has read the CSOM-SDBEP Technical Standards for Admission, Retention, Promotion, and Graduation and must declare that he or she is able to meet these TS.

Once accepted, the candidate must again certify their ability to meet CSOM-SDBEP TS before matriculation. The acceptance letter includes a form that the student is required to sign to accept admission to our program and on which the student must indicate whether they can satisfy the TS without accommodation. If the candidate asserts a disability, they must indicate whether that disability necessitates the provision of accommodations. This certification form is kept in a locked file in the office of the associate dean for student affairs.

Any student who requests accommodations, either pre- or post-matriculation, is referred to the CCNY AccessAbility Center/Student Disability Services, where the final determination is made. The associate dean for student affairs works closely with the CCNY AccessAbility Center and information is shared between offices to ensure that students are appropriately provided services. Substantial impairments or disabilities that are reasonably likely to affect a prospective student's ability to satisfy the TS, or that reflect a condition that is reasonably likely to prevent completion of the curriculum, may not be concealed or otherwise misrepresented. Doing so would be grounds for immediate suspension, dismissal, or other disciplinary considerations, according to the policies of the Student Academic Progress Committee (SAPC). Although asking outright whether an applicant is disabled is not permitted, CSOM-SDBEP may properly seek the information necessary to determine whether an applicant can meet the requirements of the overall educational program.

In considering the matter of long-term and short-term disabilities, CSOM-SDBEP recognizes that some types of impairments or disabilities may be intermittent in nature, rarely apparent, or remitting for years at a time. Nonetheless, the nature of some impairment may be such that even the rare intrusion of severe symptoms poses an unacceptable risk to patients or others, and on this basis these conditions may not be compatible with participation in medical training, despite attempts at accommodation. The TS policy is overseen by the SAPC and, after matriculation, is administered under the auspices of that committee.

c. Describe how medical school applicants and/or students are expected to document that they are familiar with and capable of meeting the technical standards with or without accommodation (e.g., by formally indicating that they have received and reviewed the standards).

At the time of application and at the time of acceptance of an offer of admission to CSOM-SDBEP, prospective students must indicate that they have reviewed the TS and can meet the requirements. If accommodation is required, students are referred to CCNY AccessAbility Center/Student Disability Services as described above.

Subsequent to matriculation, the TS are applicable at all times throughout the seven-year program up to the date of graduation. They dovetail with the standards-setting functions of the SAPC. Students receive a copy of the TS annually via email at the beginning of the year and are required annually to recertify their ability to meet the CSOM-SDBEP Technical Standards along with any need for accommodation. This is done through submission of a statement of compliance to a special email address compliance@med.cuny.edu.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 10.5

1. The medical school's technical standards for the admission, retention, and graduation of applicants and students.

   Appendix: 10-05 Technical Standards (and Appendix 3-04 Student Handbook, pg. 39)

10.6 CONTENT OF INFORMATIONAL MATERIALS

A medical school's catalog and other informational, advertising, and recruitment materials present a balanced and accurate representation of the mission and objectives of the medical education program, state the academic and other (e.g., immunization) requirements for the MD degree and all associated joint degree programs, provide the most recent academic calendar for each curricular option, and describe all required courses and clerkships offered by the medical education program.

10.6 NARRATIVE RESPONSE

a. Describe how and how often informational materials about the medical education program are created. How does the leadership of the medical education program ensure that the materials are accurate and timely?

CSOM has established a working committee, the Information Materials Committee (IMC), whose mandate is to ensure that all materials about the medical education program are accurate and timely. The IMC is made up of one representative each from these departments/offices: the Dean's Office, the Office of Admissions, the Academic Records Office, the Office of Academic Affairs, the Office of Student Affairs and the IT Department. The representative from the Dean's Office chairs the IMC.

The IMC has developed a list of documents that routinely need reviewing and updating. Individual departments/offices are responsible for creating materials pertinent to its own domains. The IMC collects the documents and meets on at least a quarterly basis, or more frequently if necessary, to review individual documents, and then triage them for upload to the CSOM website. All documents cycle through the review process on an annual basis. The IMC works to ensure that the documents are in compliance with policies and that the language and details in all documents are consistent across materials.

The Dean's Office provides full financial support for these materials.

b. Describe how recruitment materials about the medical education program are made available (e.g., online, in the media, in hard-copy) to potential and actual applicants, career advisors, and/or the public.

Various recruitment materials are disseminated either online and/or in hard copy. The admissions policies, requirements, application and technical standards are available on the CSOM website. Information brochures and fact sheets used for recruitment are sent to high school guidance counselors, and pipeline programs, as well as distributed at all student recruitment events.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 10.6

1. Samples of any recruitment materials related to the medical school
   Appendix 10-06 Program Marketing BS MD Brochure and Appendix 10-06 Admissions Fact Sheet.

2. Copy of the current medical school academic bulletin or catalog. Indicate where in the bulletin/catalog, or other informational materials available to the public, the following information can be accessed:

a. Medical education program mission and objectives

Information regarding the mission, vision, core values and objectives can be found at https://www.ccny.cuny.edu/csom/mission

b. Requirements (academic and other) for the MD degree and joint degree programs

Appendix 3-04 Student Handbook outline all academic requirements (see pgs. 13-28)

c. Academic calendar for each curricular option

https://www.ccny.cuny.edu/csom/academic-calendars

d. Required course and, if available, clerkship descriptions

The curriculum of the program, with course descriptions, can be found at https://www.ccny.cuny.edu/csom/medical-school-curriculum

10.7 TRANSFER STUDENTS

A medical school ensures that any student accepted for transfer or admission with advanced standing demonstrates academic achievements, completion of relevant prior coursework, and other relevant characteristics comparable to those of the medical students in the class that he or she would join. A medical school accepts a transfer medical student into the final year of a medical education program only in rare and extraordinary personal or educational circumstances.

10.7 SUPPORTING DATA

This element is not applicable to the CUNY School of Medicine, because we do not accept transfer students.

Table 10.7-1 Transfer Students

If any transfer or advanced standing students were admitted for the current academic year, provide the following data

	Mean Biol Sci MCAT	Mean Phys Sci MCAT	Mean Verbal Reasoning MCAT	Mean Undergraduate GPA
Year 2 transfers	N/A	N/A	N/A	N/A
Second-year class members	N/A	N/A	N/A	N/A

10.7 NARRATIVE RESPONSE N/A

a. Describe the procedures used for selecting applicants for transfer or for admission with advanced standing, including the procedures by which the medical school determines the comparability of the applicant's educational program and prior academic achievement to those of medical students in the class that they would join. List the criteria (e.g., GPA, USMLE scores, MCAT scores) that are considered in making the determination of comparability.

b. Describe the role of the admission committee and members of the medical school administration in: 1) determining if space and resources are available to accept transfers and 2) making the decision to accept applicants for transfer or for admission with advanced standing.

c. Describe how policies and procedures related to transfer/admission with advanced standing are made available to potential applicants for transfer and advanced standing and their advisors.

d. Describe the circumstances, if any, that would permit a transfer student to be accepted into the final year of the curriculum.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 10.7

1. Medical school policies and procedures related to transfer and admission with advanced standing.

10.8 VISITING STUDENTS

A medical school does all of the following:

- Verifies the credentials of each visiting medical student
- Ensures that each visiting medical students demonstrates qualifications comparable to those of the medical students he or she would join in educational experiences
- Maintains a complete roster of visiting medical students
- Approves each visiting medical student's assignments
- Provides a performance assessment for each visiting medical student
- Establishes health-related protocols for such visiting medical students
- Identifies the administrative office that fulfills these responsibilities

10.8 NARRATIVE RESPONSE

This element is not applicable to the CUNY School of Medicine, because we do not accept visiting students.

a. Describe the procedures by which the medical school will grant approval for medical students from other medical schools to take electives at the institution.

b. Describe the procedures and criteria that will be used by the medical school to determine if a potential visiting medical student has qualifications comparable to those of the medical students he or she would join in a clinical experience. Which medical school, university, or other office is responsible for determining whether visiting medical students have comparable qualifications to those of the school's own student?

c. Identify the medical school or university staff member(s) who will be responsible for maintaining an accurate and up-to-date roster of visiting medical students and describe how the roster will be used.

10.9 STUDENT ASSIGNMENT

A medical school assumes ultimate responsibility for the selection and assignment of medical students to each location and/or parallel curriculum (i.e., track) and identifies the administrative office that fulfills this responsibility. A process exists whereby a medical student with an appropriate rationale can request an alternative assignment when circumstances allow for it.

10.9 NARRATIVE RESPONSE

a. Describe the process that will be used for medical student assignment to a clinical clerkship site and to a regional campus (if relevant).

We will conduct a lottery in the spring of Year M2 using our LCMS+ software, which allows students to rank their preference for the order in which they prefer to do their clerkships, as well as their preference for the site at which they want to undertake the clerkship. The lottery is overseen by the Office of Student Affairs. Students are then apprised of the lottery results and allowed a period of time in which they can seek alternatives through one of two primary mechanisms: either switching with other students or requesting options through the administrative mechanism (see b. and c. below).

b. Describe if, in any of the circumstances above, medical students have the opportunity to negotiate with their peers to switch assignment sites after an initial assignment has been made but before the experience (site assignment or parallel curriculum) has begun.

After students receive their lottery results, they have a three-week period in which they can switch with their classmates. Both students must notify the Office of Student Affairs in writing of their 1:1 switch. The switch must be completed during this open period, and student switches cannot be done once clerkships begin.

c. Describe the procedures whereby a student with a rationale can formally request an alternative assignment through a medical school administrative mechanism either **before** or **during** his or her attendance at/in the clerkship or regional campus site. Describe the criteria that will be used to evaluate the request for the change and the individuals tasked with making the decision. Describe how medical students are informed of the opportunity to request an alternate assignment.

Students can request a schedule change or site reassignment before or during an assigned clerkship for a compelling reason. The student must provide a clearly articulated statement regarding his/her rationale for seeking a change.

Administrative mechanism:
If the request for change is **before** the clerkship begins, the student must make the request in writing to the medical student advisor in the Office of Student Affairs, and copy the clinical clerkship coordinator in the Office of Medical Education. The medical student advisor will make the first assessment regarding appropriateness of the request and, if appropriate, work to find an alternative schedule and/or site. If the medical student advisor finds that the request is not appropriate, the situation will be discussed with the associate dean for student affairs and the assistant dean for clinical curriculum. If the request for change is **after** the clerkship begins, the student must notify both the clinical clerkship director and the medical student advisor and copy the assistant dean for clinical curriculum. The clinical clerkship director and the medical student advisor, in concert with one another, will determine the appropriateness of the request. If these

two individuals find the request to be inappropriate, the student may solicit the input of the associate dean for student affairs and the assistant dean for clinical curriculum.

Criteria used:
Students must have a compelling reason to make a change. Before the clerkship begins, compelling reasons include major life events, health or disability issues, religious observances and/or conscientious objections. Compelling reasons after the clerkship begins include some of the former and concerns about team dynamics or the learning environment. In the end, however, each request is decided on a case-by-case basis.

Decision makers:
Individuals tasked with making the decision include the medical student advisor in the Office of Student Affairs and, at times, with the appropriate clerkship directors. Requests initially disallowed may be adjudicated by the associate dean for student affairs and the assistant dean for clinical curriculum in concert with one another.

How medical students are informed of the alternate assignment process:
Medical students are informed of the alternative assignment request process in three primary ways: (1) during their second year of medical school as part of their orientation to Year M3 of medical school; (2) via the student handbook, which is available on the CSOM website; and (3) as part of the instructions when they are completing their lottery choices in LCMS+.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 10.9

1. Medical school policy/procedure allowing a medical student to formally request an alternate educational site or curriculum assignment.

   Policy approved by the Curriculum Committee on September 19, 2017. See Appendix 10-09 Clerkship Lottery Policy and Appendix 3-04 Student Handbook, page 49.

STANDARD 11: MEDICAL STUDENT ACADEMIC SUPPORT, CAREER ADVISING, AND EDUCATIONAL RECORDS

A medical school provides effective academic support and career advising to all medical students to assist them in achieving their career goals and the school's medical education program objectives. All medical students have the same rights and receive comparable services.

11.1 ACADEMIC ADVISING

A medical school has an effective system of academic advising in place for medical students that integrates the efforts of faculty members, course and clerkship directors, and student affairs staff with its counseling and tutorial services and ensures that medical students can obtain academic counseling from individuals who have no role in making assessment or promotion decisions about them.

11.1 SUPPORTING DATA

Table 11.1-1 Complete the following table with data for the 2016 entering class	
Number of medical students who:	First Academic Year
Withdrew or were dismissed	0
Transferred to another medical school	0
Were required to repeat the year	0
Moved to a decelerated curriculum	0
Took a leave of absence as a result of academic problems	0
Took a leave of absence for academic enrichment (including research or a joint degree program)	0
Took a leave of absence for personal reasons	0

Table 11.1-2 | Academic Advising/Counseling by Curriculum Year	
Survey Questions	**YEAR 1**
Availability of academic counseling	Somewhat satisfied 32.8% / Very satisfied 18.8%
Availability of tutorial help	Somewhat satisfied 17.2% / Very satisfied 23.4%

11.1 NARRATIVE RESPONSE

a. Describe how and when medical students experiencing academic difficulty are identified. When would be the earliest time an entering medical student could be identified as being in academic difficulty?

CSOM employs several mechanisms for identifying students in academic difficulty:

- Student assessments from our Summer Prematriculation Program are used to identify those students who may need academic support upon matriculation.
- Grades are used to identify those students who are experiencing academic difficulty. We have a tracking system coordinator, based in the Office of Academic Affairs, who is tasked with compiling scores on all course assignments and examinations and creating spreadsheets for all courses in each year. These spreadsheets are evaluated weekly and used to identify students who fall into the bottom 10 percent for each course or whose grades are borderline or failing. This tracking system allows us to identify students in potential academic difficulty even before course midpoints. The students who are identified as being “at risk” are directed to meet with the deputy dean for medical education and the associate dean for student affairs.
- Beginning in the M1 year, the Student Academic Progress Committee (SAPC) meets with the organ systems course director after each module examination to review students who have failed or nearly failed the examination. The aim of these meetings is for the SAPC to identify

students with academic difficulties and recommend appropriate interventions for remediation prior to course failure.
- Course directors, who notify the deputy dean, may also identify students in potential academic difficulty.
- Students often self-report to academic counselors and/or advisors prior to initial course examinations they may be having difficulty, and this results in the provision of various types of academic assistance.

The earliest time a student could be identified as being in academic difficulty is during the Summer Prematriculation Program. It is a four-week program (more below) open to all entering undergraduates before they start the first semester of their first year in the BS program. Through this program, we have the opportunity to identify students who may need academic support very early on, in fact, before the beginning of their first semester of their first year in our seven-year program. For those students who do not attend the Summer Prematriculation program, we have the opportunity to identify those students who are at risk in their first semester of school, even before course midpoint.

b. Describe the types of academic assistance available to medical students (e.g., tutoring, academic advising, study skills/time management workshops). For each type of assistance provided to students, summarize the role and organizational locus (e.g., medical school, university) of the individual(s) who provide this support and how medical students can gain access to each of the resources.

We have a number of different types of academic assistance available to students, depending upon where they are in the longitudinal curriculum and their specific personal needs. Since our students enter as freshmen in college, we have the advantage of beginning our support programs in the undergraduate years so that students are prepared to enter medical school and we are aware of our students strengths and challenges when they officially enter the medical school. The programs described below begin in undergraduate Year 1 (U1). We indicate below when these programs occur (undergraduate, graduate or both).

1. Transition Support Programs (Undergraduate)

a. We have two specific curricula in the undergraduate years aimed to help students make transitions and adapt to the demands of our seven-year program. These are:

- **Summer Prematriculation Program:** This is a four-week program open to all entering undergraduates before starting the first semester of their first year in the BS program. The majority of students who matriculate in the Sophie Davis Program for Biomedical Education attend our summer Prematriculation Program: typically, more than 80 percent of matriculants participate in this program. Although this program is not required, some students are strongly encouraged to attend based on their admissions profile. Program content includes problem-based learning modules in chemistry, biology, and physics; and mastery learning seminars that cover a variety of topics: study skills, time management, concept mapping, teamwork, effective study groups, introduction to clinical medicine topics, and information about progression through all phases of the program. This program also introduces the technique of being mindful through a series of mindfulness sessions.

- **New Student Seminar:** In their first semester of college (U1), all students complete a required noncredit orientation course. This course is designed to help students adjust to the demands of college and eventually to the demands of medical school. Topics include sessions on academic rules and regulations, ethics and professional development, Learning Center Resources, and psychological counseling services. Additional sessions include a session with upperclassmen to talk about how to succeed in the program and with alumni of the program to talk about preparation for the MD coursework, residency, and beyond. Finally, during the course, students are required to create an e-portfolio and to post a short autobiography. Creation of the e-portfolio at this early point in student development provides an opportunity for course directors in a variety of courses to encourage students to use their portfolios for documenting achievement and for sustained reflection on their experiences.

b. We also have a volunteer student mentorship program (undergraduate and graduate years). The primary one is run by the Sophie Davis Student Government and offered to all incoming students. The mentorship program pairs U1 students with upperclassmen to help them with their transition to college. In addition, our Black Male Initiative Program, now over a decade old, offers continuous mentorship regarding academics and career planning to participating students (~35 per year) throughout all seven years of the program. Further, Primary Care Progress also has a mentorship program set up that is available to U3 and M1 students to help with the transition to medical school.

2. Academic Advising (Undergraduate and Graduate)

The associate dean for student affairs, who oversees the Office of Student Affairs, is tasked with oversight and coordination of academic advising, which occurs across both the undergraduate and graduate years. The associate dean also provides extensive *ad hoc* advising at an individual student's request or as suggested by academic advisors or other faculty and staff. The associate dean for student affairs is an *ex officio* member of the Student Academic Progress Committee and the Curriculum Committee, serving on both as a student advocate. He also oversees the activities of the Students' Ethics and Professionalism Subcommittee, which deals with issues of honor code violations, professionalism, and/or academic integrity. He has no role in the assessment or promotion of students.

The coordinator of advising, who is resident within the Office of Student Affairs, coordinates student advising. Each student is assigned to an advisor upon entry into our seven-year program as a U1. That advisor remains with the student throughout the first five years of the combined BS/MD program. The advisory system has been termed Learning in Integrated Communities (LINC). Each advisor is assigned 6--8 students per year and expected to meet with them monthly as a group during the first year. At any time, a student may request that the associate dean for student affairs reassign him or her to a different advisor. Group sessions focus on specific topics that, early on, range from college adjustment to study skills to skills for an effective small-study group. Advisors are also urged to meet with their students individually twice per semester during the first year and then as requested by the student during the years thereafter. The AAMC's Careers in Medicine program (including its online resources) is introduced and discussed in individual meetings and in advisory group meetings early in Year 4 for the M1 students. The associate dean for student affairs also organizes development sessions for the faculty advisors that focus on counseling skills, mentoring, and students' personal and professional development from college through

UPDATED 12.29.17
medical school.

3. Academic Assistance (Undergraduate and Graduate)

CSOM-SDBEP provides students with a number of types of academic assistance throughout both the undergraduate and graduate years. These include the following:

A. Personal Academic Assistance

Academic advising to support those who need academic assistance is provided by a number of our professional staff, including:

Deputy Dean for Medical Education and Associate Dean for Student Affairs (undergraduate and graduate)–Every student the tracking system identifies as "at risk" in any course *is actively sought out* and scheduled to meet with either the deputy dean for medical education or the associate dean for student affairs. Through these meetings, individual action plans are formulated to guide students toward appropriate resources, such as support from their academic advisor, learning and study help through the Learning Resource Center (LRC), and referral to psychological counseling services or to other persons who can help with identified problems.

Academic Advisors (predominately undergraduate)–Students experiencing academic difficulty are urged to meet with their academic advisor to help carry out the individual action plans formulated in consultation with the deans. At this point, students have forged a working relationship with their advisors, and these meetings will help students clarify what they need to do to begin performing academically at an acceptable level.

Medical Student Advisors (graduate)–The Office of Students Affairs currently has one full-time medical student advisor (MSA) and, as of January 21, 2018, is adding a second full-time medical student advisor, both physicians. Their role is central to the advising system for the medical students: they are responsible for assisting in academic advising as well as advising medical students on career planning, specialty selection and the residency application process. Each first year medical student is assigned to one of the medical student advisors. The MSAs also work closely with the academic advisors and will forge relationships with the clinical advisors to promote faculty understanding of best practices in Careers in Medicine advising.

Professional Staff in the Learning Resource Center (undergraduate and graduate)–Students experiencing academic difficulty will often be referred to the CSOM Learning Resource Center (LRC), which provides a variety of support services free of charge. The LRC staff includes the director and two academic counselors, who serve as learning specialists. In addition there are two full-time and two part-time ancillary staff members. The primary focus of the LRC is to provide academic resources and support that will assist students in completing their medical education. Support services are designed to aid all students, particularly those in academic difficulty, with mechanisms for developing lifelong learning skills through self-discipline, motivation, professionalism, and self-directed learning.

B. Services Provided by the Learning Resource Center

The CSOM Learning Resource Center offers a variety of services, including the following:

1) Academic Counseling (Undergraduate)

- **Preventive:** All matriculating students meet with a learning specialist to discuss and develop learning strategies. The Learning and Study Strategies Inventory (LASSI) is used to help identify academic strengths and weaknesses.
- **Cognitive skills development:** Students are encouraged to enhance their learning skills by applying critical thinking, clinical reasoning, and problem-solving skills. The academic counselor helps students practice focused learning techniques, knowledge acquisition and organization, and concept mapping and integration so that they can achieve success in the learning experience.
- **Intervention:** Students who have failed a course or are experiencing academic difficulty are asked to complete a series of learning assessments, including the Motivated Strategies for Learning Questionnaire (MSLQ), the Harvard Medical School Learning Survey, the Learning Resource Center's Learning Needs Assessment, and an abbreviated version of the Myers-Briggs Learning Styles Inventory. The results of these assessments are used to help students identify possible areas of challenge and to target those areas for possible intervention. In addition, these students must complete an Academic Achievement Plan (AAP), the LRC's version of an Individual Education Plan. The students meet with an academic counselor at least twice monthly to review their assignments and grades and to discuss and revise their AAP. They also keep a journal that documents their weekly academic progress. See Appendix 11-01 Academic Achievement Plan.

2) Tutorial Services (Undergraduate and Graduate)

Students are offered free tutoring sessions in any course for which they request the assistance. Peer tutors usually facilitate the sessions, but in some cases professional tutors are utilized. Groups generally consist of 6--8 students and meet for 1--1.5 hours once weekly. For those students identified as needing additional help, individual tutoring sessions can be arranged.

Students also have the resources of CCNY available to them. For example, the Writing Center of CCNY provides a number of tutorials as well, and is easily accessed by CSOM-SDBEP students.

3) Academic and Course Workshops (Undergraduate and Graduate)

Workshops on a variety of pertinent topics are offered throughout the year. In 2016, CSOM's Learning Resource Center (LRC) gave 12 Standard Academic Skills workshops; to date this year, the LRC has given 15 Standard Academic Skills workshops. Topics have included time management, study strategies, learning to learn, college success, test anxiety, LASSI, stress management, and mindfulness. The LRC has also responded to requests from both faculty and students by putting on workshops addressing specific course subjects.

C. Testing of Students with Suspected Learning Disabilities

UPDATED 12.29.17

In some cases, the deans for medical education or student affairs, the academic advisor, medical student advisors or the LRC staff may refer a student for testing for learning disabilities. CSOM-SDBEP has an arrangement with the Department of Clinical Psychology of CCNY to provide such testing and a complete report at very low cost to any referred student. The results of testing are confidential; however, students will be encouraged to share the results with the associate dean for student affairs to guide the student toward appropriate use of the results to improve academic performance. If the results demonstrate a learning disability, the student is referred to the CCNY AccessAbility Center/Office of Disability Services to receive the appropriate accommodations.

D. Psychological Counseling Services

Every student in all years of the program has access at no cost to psychological counseling services through the CSOM-SDBEP Counseling Office. Licensed clinical psychologists who have a detailed knowledge of the school's programs provide counseling services. Students may self-refer at any time. In some cases, after academic counseling meetings, students may be strongly encouraged to use the psychological counseling services to help with issues that may be interfering with their academic success (e.g., stress, sleep difficulties, relationship problems, family issues, eating disorders). The counseling relationship and the content of counseling sessions are strictly confidential and are never shared with the administration unless specifically requested by the student. None of the clinical psychologists involved in counseling services teach medical students or are in any way involved in academic assessments of students.

4. Student Awareness and Access to Services

Students are made aware of the availability of these services and how to access them through a variety of venues, including a presentation at the Summer Prematriculation Program; at orientation sessions at the beginning of each year; specific lectures and presentations given in NSS (New Student Seminar) 100, a mandatory course for all students offered in fall of their first year; at the MD Prematriculation Program; by direct outreach of the deputy dean's office to students at risk; via the Student Handbook; postings on the school's website; through brochures and handouts available in the Learning Resource Center; and through recommendations provided by various professional staff members.

c. Describe how the medical school ensures that medical students have the option of obtaining academic counseling from individuals who have no role in assessment or advancement decisions about them.

For the undergraduate portion of the curriculum, most of our professional staff who are engaged in advising and counseling our students have *no* role in teaching students and are not involved in any way in the academic assessments of students. During the four years of medical school, none of the advisors are involved in the academic assessment of students. This applies to our deputy dean for medical education, our associate dean of student affairs, our medical student advisors, the learning professionals who staff our Learning Resource Center, and the clinical psychologists who provide counseling to our students.

11.2 CAREER ADVISING

A medical school has an effective career advising system in place that integrates the efforts of faculty members, clerkship directors, and student affairs staff to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs.

11.2 SUPPORTING DATA

Table 11.2-1 | Career Planning Services by Curriculum Year	
Survey Question	**YEAR 1**
Availability of career counseling	Somewhat satisfied 40.6% / Very satisfied 20.3%

Table 11.2-2| Optional and Required Career Advising Activities	
Provide a brief description of each career information session and advising activity that was or will be available to first-year and second-year medical students during the current academic year. Indicate whether the session was optional or required. Add rows as needed	
Advising Activity/Info Sessions for First-year Medical Students	**Advising Activity/Info Sessions for Second-year Medical Students**
Required Session 1.1--Orientation of Careers in Medicine (CiM) Program and Process–60 min.	Required Session 2.1–AAMC Self-Assessment and Exploring Career Options and Specialties–60 min.
Required Session 1.2--Understanding Yourself and Demonstration of AAMC CiM Website–60 min.	Required Session 2.2–Getting Personal: Narrowing Your Specialty Choice and Successful Networking --60 min.
Required Session 1.3–Intro to CV Writing--60 min.	Required Session 2.3–Updating/Polishing Your CV–60 min.
Required Session 1.4--Individual meeting with career advisor--45 to 60 min.	Required Session 2.4–Individual meeting with career advisor--45 to 60 min.
Optional Session–Student-led Specialty Groups	Optional Session–Student-led Specialty Groups
Optional Session--Career Fairs	Optional Session–Career Fairs
Optional Session–Career Night Seminars	Optional Session–Career Night Seminars
	Optional Session–Brown Bag Lunch Seminars

11.2 NARRATIVE RESPONSE

1. Describe the medical school's system for career and residency counseling. Provide information on the formal (required) and optional activities that occur or will occur for students in each year of the curriculum.

   The objective of our system for career and residency counseling is to provide our students with 1) reliable information, 2) trustworthy resources, 3) meaningful experiences and 4) outstanding counseling to make sound career decisions and achieve success in the residency match. A comprehensive system for career and residency counseling will be in place, using formal and informal activities, beginning in the first three years of the BS/MD program and continuing throughout the seven-year curriculum. These include the following:

   Undergraduate Course Work

UPDATED 12.29.17

During Years 1 through 3 (U1--U3), undergraduate students complete courses through the Department of Community Health and Social Medicine that add to their knowledge of various career options. Although often focused on primary care settings, these courses, which are aligned with the mission of the BS/MD program, also expose students to many career opportunities. The most relevant courses are Sociomedical Sciences, Population Health and Community Health Assessment, and Evaluation in Healthcare Settings. These are followed in undergraduate Year 3 by U.S. Healthcare Systems and Policy. Also relevant during the undergraduate years are courses overseen by the Department of Medical Education, beginning with Practice of Medicine (POM) 1 in the second year followed by POM2 in the third year. This course sequence, which continues in the medical school years (M1 and M2) with POM3, provides students a longitudinal clinical experience over several years in a primary care healthcare setting.

Academic and Clinical Advising System

Students receive more formal guidance about career and residency choice from a variety of sources and are offered specific planned activities designed to educate them about career options and the process for residency application. Student begin their initial discussions regarding career planning with their academic advisor and continue with their medical student advisor, clerkships directors, and clinical advisor (see Element 11.1 for a description of the overall advising system).

Academic Advisor and Advising Groups

Each student is assigned an academic advisor and is placed in a specific advising group at the beginning of their first undergraduate year. Academic advisors are expected to meet with their advising group, typically 6--8 students, monthly in Year 1. One of the topics that is discussed among the groups is career development. In addition, academic advisors are expected to meet with individual students at least twice in one-on-one meetings during the first year. Advisors are routinely available for *ad hoc* meetings with their advisees who have questions regarding their academic and career planning.

Medical Student Advisors

The Office of Students Affairs currently has one full-time medical student advisor (MSA), and in January 2018, will add a second full-time MSA, both physicians. The MSA role is central to the career-advising system: the medical student advisors are responsible for the delivery of the formal Careers in Medicine (CiM) Program curriculum (see below) and also be available to individually advise medical students on career planning, specialty selection and the residency application process. Upon entering the first year of medical school, each student will be assigned to one of the two medical student advisors. In addition to individually advising students, the MSAs will work closely with the academic advisors and the clinical advisors to promote faculty understanding of best practices in Careers in Medicine advising.

Clerkship Directors

Clerkship directors at our clinical affiliates will play an important role in advising our medical students, especially regarding choosing electives, discussing career options, and applying to residency programs. As part of their formal contractual duties, clerkship directors (committed at 50 percent of their time) and clerkship co-directors (committed to 25% of their time) are expected to meet one-on-one with students our third- and fourth-year medical students to advise them in this capacity.

Clinical Advisors

Toward the end of the second year of medical school, students will select or be assigned a clinical advisor to aid them in exploring their career options and choosing appropriate electives that will help them explore and solidify their career choice. Students will be provided with a list of clinical advisors

from numerous specialties, with representation of the vast majority of AAMC's Careers in Medicine (CiM) Specialty Paths (including Allergy/Immunology; Anesthesiology; Dermatology; Emergency Medicine; Family Medicine, Internal Medicine; OB/GYN; Ophthalmology; Pathology; Pediatrics; Physical and Rehab Medicine; Preventive Medicine; Psychiatry; Radiology; Sleep Medicine; Surgery; and Urology). Our clinical advisors will be recruited from our partner hospitals (e.g., St. Barnabas Hospital Health System and Staten Island University Hospital) and our alumni specifically to provide career guidance to our students. Clinical advisors and the Office of Student Affairs will help students navigate the residency application process. As career goals solidify, students may opt to change to a clinical advisor more aligned with their chosen medical specialty or career field.

The associate dean for student affairs and the medical student advisors will coordinate a process to update all advisors about career planning and the residency application process and about best practices on how to counsel students regarding this process.

CSOM Careers in Medicine Program

The associate dean for student affairs and the medical student advisor(s) oversee a four-year Careers in Medicine Program at CSOM, in accordance with the AAMC's CiM structure. A number of mandatory workshops are conducted in Years M1, M2, M3, and M4 of our curriculum) that align with the recommended AAMC CiM workshops (see Table 11.2-2 above). The workshops move from an overview of the Careers in Medicine process and resources through workshops on exploring and choosing a specialty to, finally, the details of applying to residency—including instruction on the application process, milestones and deadlines, introduction to the ERAS website and the National Resident Matching Program process, and assistance with finalizing their CVs, writing their personal statements, budgeting for their travel for interviews and preparing for the residency interview. These workshops will be in addition to the planned and *ad hoc* individual meetings and group sessions offered by the medical student advisor(s), clerkship directors, clinical advisors, and the associate dean for student affairs. In addition, there are a number of school-wide planned activities to which all medical students are invited and that expand upon the core mandatory workshops, including the following:

Career Fairs: During the fall semester of each year, the school's AMSA chapter coordinates a Primary Care Career Fair during AMSA's Primary Care Week. All students across the BS/MD continuum are encouraged to attend this activity. In addition, the Office of Student Affairs will organize an annual career fair in the spring with representatives from all major clinical specialties. Students from across the entire seven-year BS/MD program will be encouraged to attend and to speak with representatives from those career fields that attract them.

Career Night Seminars*:* These seminars, coordinated by the Office of Student Affairs and the director of alumni relations, feature panel discussions by practicing alumni and school faculty from each clinical department. Students have the opportunity to engage with the panelists in a Q&A session to learn more about each specialty area and then network with panel members.

Student-led Specialty Interest Groups (SSIGs): Student-led specialty interest groups aim to help deepen students' knowledge about their specialty of interest and develop relationships with peers and faculty who are interested in the field. Throughout the year, the Student-led Specialty Interest Groups will host seminars with the field's locally practicing professionals and active researchers. Through these seminars, the SSIGs will inform students on the career path toward specializing in their chosen specialty, the lifestyle of practicing specialists in that field, and the ongoing scientific studies that will influence the future of the practice. As of June 2017, M1 students have launched, with the support of the Office of Student Affairs, several major specialty groups, including internal medicine, family practice, pediatrics, OB/GYN, surgery and dermatology.

Brown Bag Lunch Series: This series will allow M3 and M4 students to learn more informally about specific topics such as "what residency programs are looking for," "how to apply to residency as a couple," "building your CV," and "a chat for the undecided." The medical student advisor in the Office of Student Affairs, who will run the lunch series, will give a brief overview of the topic and then engage the group in a Q&A session.

Frequent Informational Class Meetings: Besides the core workshops, there will be formal meetings for the entire M3 class at which goals and deadlines are reviewed related to specialty selection. Meetings for the entire M4 class will include crafting of the MSPE letter, the importance of the residency interviews and how to create a rank order list. One-on-one meetings will be held with each M4 student to review the MSPE, enact a mock interview and discuss the individualized rank order list.

Match Day Celebration: The CSOM CiM Program culminates on Match Day, with a celebration of all M4 students with family members and invited friends.

Students who are at risk of not matching will be identified and the associate dean of student affairs and the medical student advisor will provide them with additional counseling and support, pay close attention to their progress, and help them develop a backup plan. Students who do not match will receive intensive counseling and support, and assistance with the challenge of securing an unfilled residency position.

Careers in Medicine Resource Center
We are also in the process building out a separate space for our Careers in Medicine Program in an office next to the Office of Student Affairs in our main building, Harris Hall. The CiM Resource Center will accommodate the offices of the two staff medical student advisors and a reception area/common space with computers and CiM resource material for students. The materials provided will offer a range of resources, including CiM timeline, checklists, semester calendars, handouts from workshops, a suggested reading list and reprints of key articles, a resource list of useful websites, sample CVs and personal statements, tips on interviewing, and details regarding the residency application process.

2. Provide an overview of the personnel from the medical school administration, faculty (e.g., career advisors), and other sites (e.g., a university career office, outside consultants) who will be available to support the medical student career advising system across the four years of the curriculum. Provide the title(s) and organizational placement(s) of the individual(s) responsible for the management of the career advising system.

   The following individuals have responsibility for the medical student career advising system:

   A. Associate Dean for Student Affairs, Office of Student Affairs
      The associate dean for student affairs in the Office of Student Affairs is organizationally responsible overall for the medical student advising system. The associate dean is available on an *ad hoc* basis to students seeking guidance on career planning and residency choices. In addition, the associate dean organizes a mandatory meeting with each student in the third year of medical school, during which the MSPE is reviewed and the final requirements of the residency application process are discussed.

   B. Medical Student Advisor(s), Office of Student Affairs

UPDATED 12.29.17

In 2016, CSOM hired a physician faculty member whose primary role is to be the medical student advisor in the Office of Student Affairs. The medical student advisor is responsible for overseeing the development, execution and enhancement of the Careers in Medicine Program across the four years of medical school. This entails developing and delivering the mandatory CiM sessions as well as developing and coordinating the optional sessions (see Table 11.2-2). This individual also does career counseling for medical students across all four years. CSOM will be hiring a second MD medical student advisor (who will start on January21, 2018) to assist with the CiM program and also engage in one-on-one career counseling.

C. Academic Advisors, from a Variety of Departments

Each first year undergraduate student is assigned to an academic advisor and an advising group upon matriculation (see Element 11.1). The advisor will be available at any time, but especially during the undergraduate program (BS Years 1–3), to provide guidance to the student regarding academic issues and career planning.

D. Clerkship Directors, at our Clinical Affiliates

Clerkship directors at St. Barnabas Hospital Health System and Staten Island University Hospital are expected to, as part of their formal responsibilities, meet one-on-one with third and fourth year medical students to advise them regarding specialty choice, electives and the residency match.

E. Clinical Advisors, from a Variety of Clinical Specialties

Each student will select/be assigned a clinical advisor toward the end of the second year of the medical school program. The clinical advisor will assist students in identifying appropriate elective choices and will provide guidance about career choices and, if necessary, will recommend other faculty members in specific specialties who can assist students in selecting a specialty and corresponding residency program.

F. Deputy Dean, and Assistant Dean for Clinical Curriculum, Office of Medical Education and Academic Affairs

The deputy dean and the assistant dean for clinical curriculum are available on an *ad hoc* basis for students seeking guidance regarding any aspect of career planning, elective scheduling or residency choice.

3. Provide a description of the print and/or online resources available to medical students to support their career investigations. Note if students are required to use some or all of these materials (e.g., as part of career advising sessions).

We use a number of resources, both print and online, to support our students in their career investigations. Print resources include handouts generated by the AAMC's CiM initiative. For example, we use the AAMC's CiM Timeline and a number of its Workshop Handouts at appropriate points in our CiM program. Further, we are in the process of developing our own customized material for distribution. For example, we have a PPT presentation that we post on Blackboard that gives an overview of the CiM Process. We are developing some key electronic forms that students will be required to fill out online that will (1) them to track their milestones/requirements for our CiM program and (2) allow faculty/staff to collect pertinent information for the MSPE letter. We rely substantially on the AAMC's CiM website to support our students in understanding themselves and exploring various specialties. We strongly urge all students to take the Self-Assessment Surveys

offered on the AAMC CiM website, and we actively use the survey results in counseling students about their career choices. Finally, we are in the process of developing, designing and building out an area on our CSOM website to help students navigate our specific program, as well as access through a number of links, other critically useful websites to help them choose a specialty and apply for a residency position.

4. Identify the individual(s) who are/will be primarily responsible for providing guidance to medical students on their choice of intramural and extramural electives during each year of the curriculum. Note the role(s) or title(s) (e.g., student affairs dean, college advisor, departmental faculty advisor) of the individual(s) who are/will be responsible for the formal approval of medical students' elective choices. Describe any formal (required) sessions where counseling on electives will occur.

   Individuals who are primarily responsible for providing guidance to medical students on their choice of intramural and extramural electives are the associate dean for student affairs, the medical student advisor(s) in the Office of Student Affairs, the clerkship directors and the clinical advisors. The associate dean for student affairs is responsible for formal approval of the medical students' elective choices. The medical student advisor will hold a counseling session in the spring of the second year of medical school for all students to explain the elective process, especially the "away" elective process. Our electives primarily occur in the fourth year of medical school, with the exception of 2 two-week electives in the third year.

5. List the individual(s) who will be primarily responsible for the preparation of the Medical Student Performance Evaluation (MSPE). Describe the opportunities for medical students to request another MSPE writer.

   The associate dean for student affairs in the Office of Student Affairs has responsibility for coordinating the process leading to preparation of the MSPE, including the application of a final ranking rubric as approved by the Student Academic Progress Committee, and for meeting individually with students to review the MSPE.

   The associate dean for student affairs and the two medical student advisors, who report to the associate dean for student affairs, constitute the MSPE team and will collaboratively take responsibility for preparing the MSPE for each student. They have no role in direct student assessment in any part of the curriculum and the associate dean for student affairs serves only as a student advocate as an *ex officio* member of the Student Academic Progress Committee. The associate dean for student affairs is responsible for ensuring consistency among the MSPE preparers in providing a full picture of each student's personal and academic characteristics relevant to the process. The MSPE team will meet annually in advance of the MSPE preparation to determine the standardized components of the MSPE letter, including the application of a ranking rubric as approved by the Student Academic Progress Committee and any updates to our Medical School Information that accompanies every letter. They will meet at least biweekly during the drafting, revision, and completion of the MSPE letters so that they can address any questions or issues that arise and ensure standardization of letter writing.

   Students will meet individually with one of these MSPE team members to review their record and assist in crafting the initial draft of the MSPE. If the student wishes to request another MSPE writer, the student can seek out the deputy dean to request another writer. Students are given the opportunity to review the final draft of the MSPE. Students may request correction of factual inaccuracies. In the event that the student believes that their writer cannot provide an unbiased ranking because of previous interactions that resulted in perceived bias, the student may request that the MSPE team

review the final MSPE draft, including the application of the ranking rubric. In the event that the MSPE team reviewers agree that the student had been ranked in error, the final decision for the ranking will be determined in consultation with the dean of CSOM.

11.3 OVERSIGHT OF EXTRAMURAL ELECTIVES

If a medical student at a medical school is permitted to take an elective under the auspices of another medical school, institution, or organization, a centralized system exists in the dean's office at the home school to review the proposed extramural elective prior to approval and to ensure the return of a performance assessment of the student and an evaluation of the elective by the student. Information about such issues as the following are available, as appropriate, to the student and the medical school in order to inform the student's and the school's review of the experience prior to its approval:

- Potential risks to the health and safety of patients, students, and the community;
- The availability of emergency care;
- The possibility of natural disasters, political instability, and exposure to disease;
- The need for additional preparation prior to, support during, and follow-up after the elective;
- The level and quality of supervision; and
- Any potential challenges to the code of medical ethics adopted by the home school.

11.3 NARRATIVE RESPONSE

1. Describe how and by whom extramural electives will be reviewed and approved prior to being made available for student enrollment.

The associate dean for student affairs, the medical student advisor in the Office of Student Affairs, and the CSOM registrar in the Office of Academic Records are responsible for reviewing and approving all extramural electives that are made available to and selected by CSOM students. Students take electives during their third and fourth years of medical school.

Clinical Extramural Electives in the Third and Fourth Year of Medical School

Medical students have two-week electives in Year 3 but are required to take them at our affiliate institutions. Medical students in their fourth year are allowed to take extramural electives at other medical schools as part of the core curriculum to enhance their medical education and prepare for entering the residency of their choice. Approved U.S.-based electives will consist of the standard four-week elective experience at LCME-accredited schools. Fourth year medical students may participate in up to two four-week blocks of an international elective.

The associate dean for student affairs and the medical student advisors must approve all away electives. Students on probation will not be allowed to participate in an away elective. Students will be strongly advised to use the Visiting Student Application Service (VSAS) to apply for away electives. Students who seek an elective at those institutions that do not utilize VSAS will be directed to the AAMC Extramural Electives Compendium to pursue alternative away elective experiences. Students must satisfy all policies and procedures of both CSOM and the hosting institution (health insurance coverage, up-to-date immunizations, malpractice coverage, etc.). Students may receive credit for fourth-year elective clerkships taken at LCME-accredited U.S. medical schools only upon the CSOM registrar receiving an evaluation from the hosting school's registrar that indicates the student received a grade of satisfactory or higher.

International Extramural Electives

Fourth-year students will be allowed to take an international elective for credit if they satisfy all requirements of the best practices for international education mandated by the CCNY Office of Study

Abroad and International Programs' (https://www.ccny.cuny.edu/studyabroad). Any manner of international travel for an extramural elective requires proper documentation and approvals (https://www.ccny.cuny.edu/studyabroad/non-cuny-programs-abroad). These include specifically, a comprehensive overview of the proposed extramural elective and an accompanying itinerary, approved by the associate dean for student affairs and the medical student advisor. The elective must have a high level of quality supervision *on the ground* in the host country, provided either by an accompanying CUNY faculty member or another designated program or trip director/leader from a U.S. institution or an appropriate professional from the partner institution in the host country. All student participants must sign the CUNY Waiver and Release Agreement, which details appropriate behavior and individual accountability according to a host country's laws while on the trip. All student participants must be enrolled for international health insurance for the duration of travel. (CUNY has an account with CISI and enrollment is managed by the CCNY Office of Study Abroad and International Programs.) All student participants must complete the Emergency Contact Form, which allows the college to notify those listed in case it were necessary. Further, before going into the field, students are required to participate in a pre-departure orientation that addresses issues involved in planning and preparing for health and safety issues that may arise in the context of students participating in international education programs (http://www1.cuny.edu/sites/studyabroad/students/before-you-go/) and all students, whether traveling alone or in a group, must follow the CUNY International Travel Guidelines.

2. Describe how the medical school will evaluate each of the following areas in its review of electives in which there is a potential risk to medical student and patient safety:

a. The availability of emergency care
b. The possibility of natural disasters, political instability, and exposure to disease
c. The need for additional preparation prior to, support during, and follow-up after the elective
d. The level and quality of supervision
e. Potential challenges to the code of medical ethics adopted by the home institution

The Office of Student Affairs will create an Electives Oversight Committee, chaired by the associate dean of student affairs, and joined by the medical student advisor(s), assistant dean for clinical curriculum and the CSOM registrar, which will review each potential extracurricular elective proposed by a student.

The CUNY School of Medicine is committed to seeing that our students participate in extramural electives that offer high-quality academic formative experiences within a supportive, professional and safe environment. In determining those electives that will be approved, we give critical weight to our students' need for professional supervision on the ground. Further, safety is paramount and we err on the side of being conservative in that countries or situations that may put students in harm's way, either at high risk of man-made or natural disasters, are not approved**.** In particular, electives must not take place in countries with any U.S. Department of State or CDC warnings or alerts that caution or strongly urge against travel unless the student/program director obtains prior written approval from both the University Office of Academic Affairs and the University Office of Environmental, Health, Safety and Risk Management, according to CUNY policy (see CUNY International Travel Guidelines www.ccny.cuny.edu/sites/default/files/IntlTripandTravelGuidelines10-10-2014.pdf).

Domestic electives that are approved for CSOM medical students will be only those that are offered by LCME-accredited medical schools in the United States and the student must comply with the policies of both CSOM and the host institution (e.g. insurance coverage, up-to-date immunizations, malpractice coverage, etc.).

International electives must meet a very high standard in order to be offered to medical students: They must be academically rigorous and relevant for either clinical or research endeavors pertinent to the

academic goals of the individual student; have high-quality supervision on the ground in the host country; not unduly put the student in harm's way (e.g., **not** in a setting that is politically unstable, experiencing an epidemic, or that *a priori* compromises the student's ethics or professional behavior); and have reasonable healthcare and/or emergency evacuation capabilities or access.

3. Describe the status of developing a process to collect performance assessments of medical students and evaluations of electives from medical students completing extramural electives.

Students who opt to take an extramural clinical elective at another LCME-accredited institution will be mandated to arrange for the hosting school to provide an evaluation of the student's performance, preferably using the standard form the hosting institution uses to evaluate its own students. If the hosting school does not use a standard form, the CSOM student will provide the host school with CSOM's clinical evaluation form. The student must apprise the CSOM registrar during the first week of the rotation if such an evaluation form is needed. At the end of the elective, the student is responsible for making sure the CSOM registrar receives the evaluation form. The registrar of the host institution must directly send a copy, either by mail or secure electronic transmission, of the student's evaluation form to the CSOM registrar. Credit will not be granted without receipt of the evaluation. Furthermore, before credit is granted for any extramural elective, the student will be required to fill out a CSOM evaluation of the elective experience.

11.4 PROVISION OF MSPE

A medical school provides a Medical Student Performance Evaluation required for the residency application of a medical student only on or after October 1 of the student's final year of the medical education program.

11.4 NARRATIVE RESPONSE

1. Provide the earliest date for release by the medical school of the MSPE.

In accordance with LCME Standards and the residency application process, the earliest release date for the MSPE will be October 1 of the final year of the medical school portion of the combined seven BS/MD Program.

Also, see Element 11.2 for description of the process of the provision of the MSPE letter.

11.5 CONFIDENTIALITY OF STUDENT EDUCATIONAL RECORDS

At a medical school, medical student educational records are confidential and available only to those members of the faculty and administration with a need to know, unless released by the student or as otherwise governed by laws concerning confidentiality.

11.5 NARRATIVE RESPONSE

a. How does the medical school differentiate between medical students' academic records and other relevant records (e.g., health information) to maintain appropriate separation and assurance of confidentiality?

An "education record," for FERPA purposes, is any record that is directly related, that is, personally identifiable, to a student and maintained by the school or an agent for the school, and is subject to the "inspect and review" right. Students have the right to inspect and to review all education records maintained by the school.

The student academic record, an "education record" for FERPA purposes, contains all correspondence related to a student's matriculation, academic standing, academic progress, grade change documentation, promotion, graduation, certification of medical school education, transcripts, and student's requests for enrollment verifications received or generated by the Office of the Registrar.

Medical and psychological treatment records are excluded from the definition of education records if they are made, maintained, and used only in connection with treatment of the student and disclosed only to individuals providing the treatment. These records are maintained by the facility providing the treatment, and not by the school.

Financial records, education records for FERPA purposes maintained by the Office of Financial Aid, although not part of students' academic records, are available for students' inspection and review, except for parental financial records, which are excluded from FERPA definition of education records.

b. Describe how the medical school has determined which individuals are permitted to review a medical student's file. Identify the institution officials (i.e., administrators, faculty) who are permitted to review medical student educational records. How does the medical school ensure that student educational records are available only to those individuals who are permitted to review them?

FERPA and the City University of New York (CUNY) policy apply in this regard. To comply with both, access to a medical student's file is limited to the student and appropriate faculty and staff. Notification of the student's FERPA rights is disseminated via email each spring.

The registrar, the custodian of education records, and registrar office staff members have the right to access such records at all times, as access is reasonably necessary for the performance of their duties and responsibilities.

Only school officials with legitimate interest – if access is reasonably necessary to perform their instructional, research, administrative, or other duties and responsibilities — may have access to a student's educational records without the need to obtain the student's permission. These officials are

the dean of the school, the deputy dean for medical education, and the associate dean for student affairs.
The Office of the Registrar is the official custodian of students' education records. The registrar and staff members strictly adhere to FERPA regulations, and no records are released to any member of the school who is not authorized to access students' records. On a need-to-know basis, members of the Office of Medical Education may access students' records, if access is reasonably necessary for the performance of their instructional, research, administrative, or other duties and responsibilities. As per our Record Access Policy (see Appendix 11-05 Record Access Policy), requests to access a student's education records by individuals other than the dean of the school, the deputy dean for medical education, and the associate dean for student affairs, must be made in writing, dated, and specify the records to which access is being sought and the reason for the request. Such request for access must be submitted to the CSOM registrar for consideration. The registrar consults with the dean and deputy dean to decide on a case-by-case basis. Records are maintained electronically and access is granted to a CSOM official with a legitimate need-to-know through provision of a password protected, user-name account.

The Student Academic Progress Committee (SAPC) has access to a student's education records once the student is referred to the committee, if access is reasonably necessary for the activities of the committee. After an SAPC committee meeting, education records that have been distributed and used in the meeting are collected and destroyed.

c. Describe the location(s) where medical student academic records are stored.

The Office of the Registrar is the official custodian of students' education records. The registrar and office staff members strictly adhere to FERPA regulations. No records are released to any member of the school who is not authorized to access students' records. In addition, the Office of the Registrar maintains electronic students' education records, access to which is granted a school official with a legitimate need-to-know through a password protected user-name account.

CUNYfirst is the Oracle database used to house all records for the CUNY School of Medicine. This is done in several relational tables. There is a set of tables that maintain a student academic record and a separate set of tables for all other student information. Access to those tables (inquiry or update) is driven by the CUNYfirst security structure.

Access to student academic information is driven by specific user-assigned security roles, designed in consultation with the CUNY College and central office subject matter experts. These hundreds of security roles provide specific access to one or more components of a student's record. Each institution within CUNY, including the medical school, determines who has access to what student information and assigns the appropriate security role to the user. Although CUNY does allow any of its institutions to view information for all students in all institutions, some information can be restricted by specific institution security processes. In this respect, through our security assignments, CUNYfirst limits access to medical school students' grades, milestones, and course repetition only to individuals designated by CSOM.

CUNYfirst data (including academic records) reside in the hosted site of the CUNYfirst project in Atlanta, GA, and confidentiality is covered by a binding agreement with the hosting vendor. Additionally, the academic data are housed in a data warehouse and available through a data analytic software platform, OBIEE, at the CUNY data center, which has specific security access roles, and Oracle performs ethical hacking assessments at least once a year.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 11.5

1. Policy and procedure for a member of the faculty/administration to gain access to a medical student's file.

   Appendix 11-05 Record Access Policy

11.6 STUDENT ACCESS TO EDUCATIONAL RECORDS

A medical school has policies and procedures in place that permit a medical student to review and to challenge his or her educational records, including the Medical Student Performance Evaluation, if he or she considers the information contained therein to be inaccurate, misleading, or inappropriate.

11.6 NARRATIVE RESPONSE

a. Describe the procedure that medical students must follow in order to review or challenge their records. What is the timeframe for students to gain access to their records? Note if there are any components of students' records that students are not permitted to review.

   FERPA and the City University of New York (CUNY) policy apply in this regard. Students must identify the record(s) they wish to inspect in a written request submitted to the registrar, dean, head of academic department, or other appropriate official. If the CSOM official to whom the request was submitted is not the keeper of the records, that official shall advise the student of the correct official to whom the request should be addressed.

   When a request is submitted to the registrar's office, the student is asked to complete a "Student Request to Review Education Records" form. The registrar's office gives the student an appointment within 15 days after receipt of the request, a timeline that conforms to the FERPA requirement that all requests be granted or denied in writing within 45 days of receipt.

   Prior to the appointment date, the registrar reviews the student's file to ensure that the file contains no information beyond FERPA guidelines, such as information pertaining to another student. If it does contain such information, the extraneous information is expunged from the file. The student reviews the record in the presence of a designated administrator.

   If a student believes that the education record contains information that is inaccurate, misleading, or in violation of the student's right to privacy, the student may ask the school to amend the record. Within a reasonable time after receiving the request, the school will investigate the claim's accuracy through the appropriate means, e.g., information from course directors, and will decide whether to amend the records. If the school denies the student's request to amend the record, the student will be informed of the decision and advised of their right to a hearing before the school's FERPA appeals officer, at which time additional information regarding the hearing procedures will be provided to the student.

   Through this procedure, a student may not contest the assignment of a grade but may contest the accuracy of recording the assigned grade.

b. Indicate whether medical students are permitted to review and, potentially challenge, the following records. If review and challenge are possible, describe the procedures used:

   1. Course and clerkship data (e.g., examination performance, narrative assessments)
   2. Course and clerkship grades

   The Grade Appeals Policy addresses opportunities for medical students to review their performance in required courses and clerkships, and to appeal an examination, assessment or course grade.

Grade Appeals Policy

If there is a disagreement between the course director and the student about a final MED course grade in a preclinical course, the following guidelines govern the grade appeal:

1. Within two weeks of receiving the grade, the student must submit a written communication to the course director, outlining the reason(s) for the grade appeal, and requesting a meeting to review their course grades. Objective information presented must adhere to requirements and grading policies.
2. Upon receipt of the student's appeal and before meeting with the student, the course director within a reasonable time period will review the criteria by which the final grade is determined, the student's course grades, and the preceptor's written evaluation(s), if applicable. The course director may deem it appropriate to obtain additional information about the student's allegations and can review the case with the deputy dean for medical education.
3. When all pertinent documentation has been gathered and if required, the course director has discussed and reviewed the grade appeals with the deputy dean, the course director will convene a meeting with the student. If the student is appealing a grade based on a preceptor evaluation, the course director may request the presence of the preceptor(s) involved in evaluating the student.
4. The meeting will serve as a venue for clarifying, verifying, or rectifying any discrepancies found in the final course evaluation of the student in question. The course director will ultimately decide to maintain the original grade or to submit an amended grade to the registrar.
5. Should the course director not be available, the student can reach out to the chair of the appropriate department, or, if it involves a clerkship, to the clerkship director or chair of the department.
6. If the student is dissatisfied with the results of their initial appeal, the student may appeal to the Student Academic Progress Committee (SAPC) within two weeks of receiving written notification of the course director's findings. The student will be required to submit documentation to support their grade appeal. The SAPC may require a face-to-face meeting with the student.

The student may appeal an adverse decision to the dean of the school if the student believes that due process was not accorded or that the adverse decision was arbitrary or capricious or reflected prejudice against the student. The dean's decision will be final.

If there is a disagreement between the clerkship director and the student about a final clerkship grade the following guidelines govern the grade appeal:

1. Students can request a clarification meeting with the clerkship director within 10 business days of receiving their clerkship grade. This meeting will be a face-to-face meeting during which the clerkship director can explain how the grade was determined.

2. Within 10 business days after the clarification meeting the student must submit a written communication, via Citymail account, to the deputy dean's designate outlining the reason(s) for the grade appeal, and requesting a meeting to review their course grade. Grade appeals should be made only in the case of a grade which the student feels the grade to have been unfairly awarded.
3. The designate will conduct a formal review of the clerkship grade or summative evaluation along with any other information that has become available, such as a letter provided by the student with contextual information.
4. After the review, the designate will have 10 business days to inform the student of the decision. The designate can advise the clerkship director to maintain the original grade or to submit an amended grade to the Office of Academic Records.
5. The student may appeal to the dean of the school within 10 business days of receiving the decision of the dean's designate, if the student believes that due process was not accorded or if the adverse decision was arbitrary or capricious or reflected prejudice against the student. The dean's decision will be final.

c. Describe how the medical school's policies and procedures related to students' ability to review and challenge their records are made known to students and faculty.

Students, faculty, and staff are informed annually of the student record access policy through multiple methods:

- Students receive an annual FERPA notification with their registration materials.
- The CCNY Undergraduate Bulletin, available on the CCNY website, contains the FERPA policy.
- Once a year, the CSOM registrar sends an email notification about the FERPA regulation to deans, faculty, administrators, and staff. They are directed to the URL for the U.S. Department of Education https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html
- CUNY requires that faculty and staff complete online FERPA training before they can access students' records.
- The CSOM registrar's office has created two brochures, one for students called "Are You Familiar with FERPA? Students' Rights Concerning Education Records" and another for faculty and staff called "Are You Familiar with FERPA? What Every Faculty and Staff Member Must Know."

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 11.6

1. Formal medical school policies and procedures related to the ability of medical students to review and challenge their records, including the length of time it takes for students to gain access to their records.

Formal medical school policies and procedures related to the ability of medical students to review and challenge their records are outlined in the annual FERPA notification: Student Rights Concerning Education Records. See Appendix 11-06 Student Rights Concerning Education Records.

STANDARD 12: MEDICAL STUDENT HEALTH SERVICES, PERSONAL COUNSELING, AND FINANCIAL AID SERVICES

A medical school provides effective student services to all medical students to assist them in achieving the program's goals for its students. All medical students have the same rights and receive comparable services.

SUPPORTING DATA REQUIRED FOR STANDARD 12

Table 12.0-1 | Tuition and Fees

Provide the total tuition and fees assessed to first-year medical students (both for in-state residents and out-of-state non-residents) for the indicated academic years. Include the medical school's health insurance fee, even if that fee is waived for a student with proof of existing coverage.

	2016-17	2017-18	2018-19 (as available)
In-state	$38,312	$39,512	na
Out-of-state	$63,572	$65,572	na

Table 12.0-6 is not relevant to CSOM. We do not have any regional campuses.

Table 12.0-6 | Support Services at Regional Campuses (if relevant)

If the medical school operates one or more regional campuses, indicate how the following services are made available to students at each distributed campus by placing a "Y" in the appropriate columns(s). Add additional rows for each service/campus. Note: this question only applies to schools with regional campus (es).

Available to Students Via	Campus	Services			
		Personal counseling	Student health services	Student well-being programs	Financial aid management
Personnel located on campus	N/A				
Visits from central campus personnel	N/A				
Email or tele/videoconference	N/A				
Student-travel to central campus	N/A				

12.1 FINANCIAL AID / DEBT MANAGEMENT COUNSELING/ STUDENT EDUCATIONAL DEBT

A medical school provides its medical students with effective financial aid and debt management counseling and has mechanisms in place to minimize the impact of direct educational expenses (i.e., tuition, fees, books, supplies) on medical student indebtedness.

12.1 SUPPORTING DATA

Table 12.1-1 | Financial Aid and Debt Counseling Services.	
Survey Questions	**Year M1 - 2020**
Quality of financial aid administrative services	Somewhat satisfied 40.6%/Very satisfied 40.6%
Overall debt management counseling	Somewhat satisfied 31.3%/ Very satisfied 23.4%

Table 12.1-2 | Financial Aid/ Debt Management Activities
Describe financial aid and debt management counseling/advising activities (including one-on-one sessions) that are or will be available for first-year and second-year medical students during the 2017-18 academic year. Note whether each was required or optional and if each counseling/advising activity is available for students in the first year, second-year, or both years. Add rows as needed.
Financial Aid/ Debt Management Activities (Required/Optional)
• Jun 13, 2017–A **required** group meeting(s) for the admitted first year M1 students was held to review the details of borrowing federal funds, direct cost vs. indirect cost needs, budgeting and managing money. • Nov 2017–An **optional** group and/or one-on-one sessions will be held for the first year M1 students. We will go over any lingering questions and concerns, such as, how to contact your servicer, credit vs. charges, etc. • Mar 2018–A **required** group meeting will be held for the second year M2 students. This will go over budgeting and debt management. We want the students aware of where they stand in regards to the amount of loans borrowed up to that semester. We want them to be able to understand and review their borrowing pattern for the next two years and how that will translate into repayment after graduation

12.1 NARRATIVE RESPONSE

a. Describe the staffing of the financial aid office that supports medical students and the reporting relationship(s) of the director of financial aid. Note if the financial aid office resides organizationally within the medical school or at the university level. If the latter, list the other schools/programs supported by financial aid office staff.

A full-time CSOM financial aid director was hired on June 17, 2016. The financial aid director reports to the deputy dean, who oversees the Department of Medical Education and Office of Academic Affairs.

The financial aid director is located in Harris Hall, which is the building that houses CSOM. Prior to our undergraduate students beginning the MD portion of the curriculum in Year 4 (M1), they are introduced to the Office of Financial Aid. The Office of Financial Aid serves only the CUNY School of Medicine, which houses both MD and Physician Assistant (PA) Master's degree programs.

b. Indicate the number of financial aid staff who are available to specifically assist medical students. Describe how the medical school determines and evaluates the adequacy of financial aid staffing.

The financial aid director is responsible for overseeing counseling and proper execution of federal, state and institutional fund processing. The director will establish practices and procedures that adhere to CUNY and federal regulations. For the first academic year, the Office of Financial Aid will consist of the financial aid director who will assist the 104 students currently in the both the MD and PA programs. To make sure we have adequate coverage for the second academic year, we hired a college assistant to handle administrative and secretarial work; a full-time financial aid counselor will be added during the third academic year. During the third academic year, July 2018–June 2019, we will administer a survey to second and third year students to determine student satisfaction and obtain feedback regarding whether the current needs of the students continue to be efficiently met.

When students are not present on campus, the Office of Financial Aid may be accessed via email or telephone. In addition, much of the application process is handled and delivered through online and email communication. Students will have access to information and their account 24 hours a day.

c. Provide a description of the types of print and/or online debt management information available to medical students. Note if students are required to use some or all of these materials (e.g., as part of financial aid/debt management sessions).

CSOM established a website containing a tab solely dedicated to financial literacy programs, such as: debt management, credit card management, budgeting, etc. The resources available on the website are selected to address the unique needs of our medical school population. We send out a quarterly email blast to all students reminding them to re-examine their budget and to visit their federal loan history to get a sense of where they are in regards to their level of debt. Information on calculating estimate repayment is made available. These resources are also available in the Office of Financial Aid as hard copies. As the medical students progress in years, what will be made available to them as resources will be based on their current needs. As they approach the residency interview stages of the program, they will be given access to the American Association of Medical College's (AAMC) FIRST programs that detail the cost of applying for residency and information on starting salaries.

d. If the medical school has one or more regional campuses, describe which of the required and optional sessions were available at each campus during the most recently completed academic year.

We have no regional campuses.

UPDATED 12.29.17

e. Describe current activities at the medical school or university to increase the amount and availability of scholarship and grant support for medical students (e.g., a current fund-raising campaign devoted to increasing scholarship resources). Describe the goals of these activities, their current levels of success, and the timeframe for their completion.

Fundraising will play a significant role in the growth of the medical school over the coming years. The first priority of the college is to ensure that the new medical school is promoted widely to the greater New York/Tri-State area and internationally. While The City College of New York (CCNY) is a historic institution, the true fundraising potential has not been fully tapped and we expect that, with the dedicated team in both the medical school and the development office, outreach to potential and continued funders will remain a priority of the college.

Currently, the medical school has one full-time staff member who is responsible for the identification and stewardship of alumni from the former Sophie Davis School of Biomedical Education, and, increasingly, will begin to build relationships with alumni of the medical school upon their graduation. In addition, the formalization of the alumni association with an active alumni board will help identify and coordinate smaller gifts. The first class of the medical school is expected to graduate in 2020.

In addition, CCNY has assigned one additional development staff member to work with the medical school specifically on the identification of prospects who may be interested in supporting the medical school through philanthropy. Fortunately, we have been granted authority by the CCNY to recruit for a dedicated development officer at the rank of executive director who will report directly to the dean and will lead a staff consisting of the alumni relations director (mentioned above), communications officer and a support staff position (in the initial phase). The anticipated hire date of this person is spring 2018. The executive director will be responsible for the development and implementation of a philanthropic strategic plan targeted to raise scholarships and fellowships for medical students in addition to, identifying faculty research opportunities as they work in collaboration with our students, and fellowship and grant support for areas designated as priorities by the dean of the medical school. Working closely with leadership of the medical school and the CCNY foundation executive director and development staff, a case for support is being developed that will help our efforts to secure philanthropy. This case statement has been completed and is currently under review by the dean before sending to the graphic designer. Concurrently, efforts are underway to identify individual prospects from among alumni and friends who have major gift capacity and an inclination to support the mission of the medical school. In addition to individuals, potential corporations and foundations will also be identified with a focus on those that fund programs and themes aligned with our medical school. This project began in spring 2017 and is ongoing. The dean meets regularly with the CCNY foundation executive director and an outside development consultant to discuss these issues.

An advisory board, comprised of thought and philanthropic leaders, will play a vital role in the growth and advancement of the medical school. The board will focus on bringing philanthropic support to the school and promoting our mission to their external networks. At this time, four individuals have agreed to serve as members of the advisory board, with the initial goal of recruiting 5-10 individuals. The CCNY foundation executive director and outside development consultant have arranged for conference calls and meetings with the dean and potential board members and will continue to do so until the full board is formed (anticipated by the end of 2017/beginning of 2018). The goal is to have the first meeting in spring 2018.

UPDATED 12.29.17

CCNY expects to host a series of public cultivation events in support of the new medical school, including a private reception to be hosted by the chancellor of the City University of New York at a future date. This event will welcome both donors and prospects of the medical school and give them an opportunity to learn more about the school from the senior administration of the college and the CUNY system.

We are also in the process of establishing a new service-based scholarship to be made available in 2019 for eight students per class (in the medical school years) that will cover 50 percent of the annual tuition costs (a total of $608,000/year when fully implemented). This is explained more fully in Element 5.1.

f. Describe other mechanisms that are being used by the medical school and the university to limit medical student debt, such as limiting tuition increases.

We have the continuous support from the City College Fund, which provides four different scholarships within the first two years of matriculation of eligible students in the medical school. Between the graduating class of 2020 and 2021, the amount from the City College Fund will total $302,000. These City College Funds do not include funds from the Sophie and Leonard Davis Scholarships, which are awarded annually to 10 medical students from each academic year. The recipients of the Davis award receive $7,500 each academic year, totaling $30,000 per student over the duration of the four-year medical school curriculum. Additionally, among our efforts to limit medical student debt, we will be submitting requests for scholarship support to a number of private foundations, including the Rudin Foundation.

The yearly tuition set for the medical students will never exceed the tuition put forth by the SUNY system. For the 2017-2018 academic year, CUNY has approved a modest tuition increase to $39,200 (from $38,000). The other State medical school tuition (SUNY) is slightly higher than $41,000.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 12.1

1. The school's most recent LCME Part I-B Financial Aid Questionnaire.

No questionnaire was completed as it focused on the prior year 2015-2016 and the medical school had not started yet.

12.2 TUITION REFUND POLICY

A medical school has clear, reasonable, and fair policies for the refund of a medical student's tuition, fees, and other allowable payments (e.g., payments made for health or disability insurance, parking, housing, and other similar services for which a student may no longer be eligible following withdrawal).

12.2 NARRATIVE RESPONSE

a. Briefly describe the tuition and fee refund policy. Describe how the policy is disseminated to medical students.

CSOM-SDBEP has a tuition and fee refund policy that is predicated upon the longstanding policies of CUNY. Information is disseminated on the CCNY website (https://www.ccny.cuny.edu/cps/policies). Tuition refund dates are noted on the CSOM Academic Calendar.

Students who withdraw from the school at the end of a semester, either through resignation or dismissal, are responsible for all tuition and fees for that semester and for all previous semesters. They are not entitled to a refund.

Students who withdraw from classes before the end of a semester may be eligible for partial tuition refund. Procedures for eligibility are as established by the CUNY Board of Trustees.

The refund period is defined as the first 20 percent of the total days (including Saturday, Sunday, & Holidays) in the term/session. The last day of this period coincides with the census date. These policies include the following refund schedule, which depends on the date on which the refund request is received, not the date on which classes are no longer attended:

Preclinical Years - Fall Semester for Years 1 and 2

- Withdrawal before first day of classes (as published in the Academic Calendar): 100%
- Withdrawal within 7 calendar days of opening date: 75%
- Withdrawal between 8 & 14 calendar days of opening date: 50%
- Withdrawal between 15 & 24 calendar days of opening date: 25%
- Withdrawal beyond 24 calendar days after opening: None
- Consolidated and activity fees are not refundable

Preclinical Years - Spring Semester for Years 1 and 2

- Withdrawal before first day of classes (as published in the Academic Calendar): 100%
- Withdrawal within 7 calendar days of opening date: 75%
- Withdrawal between 8 & 14 calendar days of opening date: 50%
- Withdrawal between 15 & 34 calendar days of opening date: 25%
- Withdrawal beyond 34 calendar days after opening: None
- Consolidated and activity fees are not refundable

Clinical Years - Fall and Spring Semesters for Year 3

- Withdrawal before first day of classes (as published in the Academic Calendar): 100%
- Withdrawal within 7 calendar days of opening date: 75%
- Withdrawal between 8 & 14 calendar days of opening date: 50%
- Withdrawal between 15 & 34 calendar days of opening date: 25%
- Withdrawal beyond 34 calendar days after opening: None
- Consolidated and activity fees are not refundable

Clinical Years - Fall Semester for Year 4

- Withdrawal before first day of classes (as published in the Academic Calendar): 100%
- Withdrawal within 7 calendar days of opening date: 75%
- Withdrawal between 8 & 14 calendar days of opening date: 50%
- Withdrawal between 15 & 28 calendar days of opening date: 25%
- Withdrawal beyond 28 calendar days after opening: None
- Consolidated and activity fees are not refundable

Clinical Years - Spring Semester for Year 4

- Withdrawal before first day of classes (as published in the Academic Calendar): 100%
- Withdrawal within 7 calendar days of opening date: 75%
- Withdrawal between 8 & 14 calendar days of opening date: 50%
- Withdrawal between 15 & 21 calendar days of opening date: 25%
- Withdrawal beyond 21 calendar days after opening: None
- Consolidated and activity fees are not refundable

b. If not included in the tuition refund policy, describe policies related to the refund of payments made for health and disability insurance and for other fees.

Students are responsible for their own health insurance; therefore, the school has no control over refunds if students withdraw or are dismissed from our school. Disability insurance is $40 per year and not refunded upon withdrawal.

Most of our students live at home or off campus. On-campus residency in the facility called The Towers is provided by a third party, who is a partner to the university. If students have paid for on-campus housing for the semester and withdraw or are dismissed before the beginning of the term, they do not receive a refund of the $25 application fee or the $400 reservation fee. Once the student has occupied the residence, no refunds will be given that semester for dismissal, unless the student is no longer attending classes on campus because of extenuating circumstances,

such as approved withdrawal from CCNY (e.g., illness, injury), active military duty, or the need to work more than 50 miles from CCNY. If one of these circumstances is documented within the first three weeks of the academic semester, students will receive a refund according to the percentage refund schedule used by the CCNY/CUNY schedule stated above, but the student will forfeit the $400 reservation fee and will be assessed a $1,000 cancellation fee. If the cancellation does not occur within the first three weeks of the semester, the student is responsible for housing costs for the entire semester without refund.

No general student parking is available on campus or offered by CCNY. Paid parking may be offered to students with disabilities who have a disabled parking permit or license plate issued by New York State or New York City. Such parking costs $300 per semester, with no refunds for withdrawal or dismissal.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 12.2

1. Policy for refunding tuition and fee payments to medical students who withdraw or are dismissed from the medical education program.

CUNY's refund policy can be found at http://www2.cuny.edu/about/administration/offices/legal-affairs/university-tuition-fee-manual/vi-refunding-of-tuition/ and is appended (see Appendix 12-02 CUNY Tuition Refund Policy).

UPDATED 12.29.17

12.3 PERSONAL COUNSELING / WELL-BEING PROGRAMS

A medical school has in place an effective system of personal counseling for its medical students that includes programs to promote their well-being and to facilitate their adjustment to the physical and emotional demands of medical education.

s

12.3 SUPPORTING DATA

Table 12.3-1 | Student Support Services by Curriculum Year	
Survey Questions	**1st Year – Class of 2020**
Confidentiality of personal counseling/mental health services	Somewhat satisfied 23.4%/Very satisfied 25%/NA 42.2%
Availability of personal counseling/mental health services	Somewhat satisfied 26.6%/ Very satisfied 25.0%/NA 35.9%
Availability of programs to support student wellbeing	Somewhat satisfied 25.4%/ Very satisfied 27.0%/NA 25.4%

12.3 NARRATIVE RESPONSE

a. Describe the system for personal counseling for medical students, including how, by whom (i.e., roles and titles), and where services are provided. Describe how students are informed about the availability of personal counseling services.

Mental Health Counseling Services

The Counseling Office in CSOM is responsible for mental health counseling, including triaging students and also providing personal counseling services for individual students. These counseling services are completely free and confidential throughout the entire seven-year curriculum. Students may be referred by any faculty or staff member or may self-refer. Students first become acquainted with the Counseling Office when the executive director of admissions, wellness, and counseling speaks to all students as part of their incoming orientation during the required New Student Seminar (NSS) course in Year 1 (U1), and during an annual meeting with each class (Years 1--7). A brochure describing these services is available in the Office of Student Affairs, the Department of Medical Education, on the CSOM website and the wellness website (Sophie's Pulse). Students can contact the Counseling Office by calling the hotline number, or by emailing the executive director of admissions, wellness, and counseling, who is also the director of the counseling office. A referral is then made to one of the Counseling Office's clinical providers.

The Counseling Office is staffed by a total of six individuals: the director, who is a licensed clinical psychologist, and five staff clinicians (four licensed clinical psychologists and one psychiatrist) who provide the counseling services to our students. The Counseling Office director manages the office, triages requests for counseling, but does not provide direct mental health services to students.

All five staff clinicians are hired as adjunct faculty members, for administrative and payroll purposes only. They do not have any faculty privileges and/or responsibilities. The psychiatrist evaluates and follows up with anyone who is referred for a medication consultation. Students can be seen either on campus or in any of the clinicians' private offices.

The Counseling Office provides evaluations and counseling, crisis intervention, and psychopharmacology services. Counseling is provided on an individual basis for the necessary duration. In addition, group therapy is available to address specific ongoing personal concerns. Workshops focus on a variety of issues (e.g., balance of work and family life), and students are encouraged to request workshops related to their interests or needs (stress management, time management, and mindfulness).

All mental health counseling is available at no cost to the student. The Counseling Office also refers students for neuropsychological testing if there are concerns related to learning issues or disabilities. Neuropsychological assessment through the CCNY Psychological Center is available on campus at a reduced cost for students in financial need.

Other Personal Counseling

In addition to mental health services, there are other ways students might seek out personal counseling. Students can choose to meet with their undergraduate advisor (faculty or staff member), their medical school advisor, the associate dean for student affairs, the deputy dean for medical education, the executive director of admissions, wellness, and counseling, faculty or staff with whom they may have a relationship with since their initial admissions interview and/or those with whom they do research, and who serve as mentors. Students tend to develop relationships and seek out those faculty or staff with whom they feel most comfortable. Meetings usually take place in their private offices.

b. Comment on how the medical school ensures that personal counseling services are accessible and confidential.

Students contact the executive director of admissions, wellness, and counseling by email or they leave a message on the Counseling Office hotline, which is checked daily by one of only two people (who trade off 24-hour coverage of the hotline). Once the request has been received, the student is referred, as necessary, to the appropriate service provider. A record is kept of everyone who calls and to whom they are referred. The record is paper-based and kept in a locked file.

The Counseling Office staff are hired by the executive director of admissions, wellness, and counseling solely for the purpose of providing counseling services, and they have no responsibility for or involvement in the academic assessment, evaluation, or promotion of students. Records are strictly confidential and are kept with the provider in his or her private office; they are not part of the student's academic record. The Counseling Office staff adheres to the American Psychological Association's General Guidelines for Providers of Psychological Services and to HIPAA regulations. Students are informed that the services are confidential, except when there is a legal requirement to contact an outside person.

In addition, students have access to low-fee, confidential mental health counseling at the CCNY Psychological Center, also located on campus, if they prefer to use these services or can be referred to practicing clinicians who are not affiliated with the medical school.

c. Summarize medical school programs or other programs designed to support student wellbeing and to facilitate students' ongoing adjustment to the physical and emotional demands of medical school. Describe how students are informed about the availability of these programs/activities.

We have a number of different programs and activities at the school that supports student well-being and facilitate students' adjustment to school:

Summer Prematriculation Program

Beginning with the Summer Prematriculation Program, incoming (first year) BS students are exposed to the expectation that there will be times when they will need to rely on a variety of coping mechanisms to handle the stress that is normal in the course of medical school education. One essential aspect of this Prematriculation Program is that it helps students with the transition to college. Large- and small-group sessions are held that cover a number of topics including adjustment to college, living away from home and/or with roommates, work/life balance, and time management, as well as social and psychological issues that often arise. Students participate in mindfulness sessions throughout the program, and they are informed about the various services that are available both at CSOM and The City College of New York.

Wellness Program

Our Wellness Program, ***Sophie's Pulse - Be Well, Stay Well,*** offers a variety of curricula and resources with a focus on creating habits and attitudes that promote well-being. Specific areas of focus include health, physical fitness, nutrition, psychological and spiritual health, financial matters, and intellectual concerns, with a variety of resources in each area. Information is readily accessible online. Our Wellness Program is promoted through flyers and posters announcing upcoming programs, speakers, or workshops. The Wellness Program's resources are also available to faculty and staff, with the belief that their engagement with these programs will encourage them to be exemplary role models of self-care for the students. In addition to these voluntary programs, during the Summer Prematriculation Program and then again during Year 1, all students are introduced to topics such as time management, stress reduction, and informed about the counseling services. All students (Years 1--7) are made aware of the availability of weekly guided-mindfulness sessions and yoga. The Wellness Program offerings are discussed each year during annual class meetings.

Intersession Wellness Sessions

As part of our Wellness Program, this year (fall 2017) we have introduced the requirement that M1 and M2 student must participate in wellness sessions during intersession weeks. As part of the preclinical medical school curriculum, there are six intersession weeks in the first year and four intersession weeks in the second year of medical school. During all intersession weeks, wellness sessions are offered on Tuesday, Wednesday and Thursday mornings. Students are required to choose at least one one-hour long activity among the several offered. Students can choose from activities such as mindfulness, spin, yoga, walking, and Zumba. Some students have chosen to take more than one activity during the week. M1 and M2 students helped design this program and are continuing to work on the Wellness Committee to respond to student feedback and enhance the activity offerings and overall program. See Appendix 12-03 Results of Wellness Week Feedback from students from first two intersession weeks (M1s during the week of September 11 and M2s during the week of September 25).

Class Meetings

(New Student Orientation Day and an annual meeting for Years 1--7).

The associate dean for student affairs and his staff provide an orientation day that helps students adjust to entering CSOM-SDBEP. Throughout the years, the associate dean, in conjunction with the executive director of admissions, wellness, and counseling address concerns that are year-specific. For example, in Year 1 (BS) students will face the stress of entering college, living on their own, dealing with family demands or managing their time, money, and social life while facing an academically-demanding curriculum. Issues such as sleep deprivation, nutrition, substance use or abuse, and healthy and unhealthy ways to manage stress are discussed. The director of admissions, wellness and counseling also meets with each class (Years 2-7), with a focus on issues relevant to the students' year in the program and related life stressors, similar to those cited above.

New Student Seminar

Year 1 (BS) students take the required New Student Seminar (NSS), which includes a variety of sessions to address specific relevant issues that contribute to student well-being. Speakers include the executive director of admissions, wellness, and counseling, who describes services offered, typical experiences of students, and confidentiality. Separate small-group discussions center on study skills, learning strategies and professional behavior. Sessions are also scheduled with near peers and alumni, both of which help students to see that success in a rigorous program is possible.

Narrative Medicine and Reflective Writing

Narrative Medicine is woven throughout the curriculum. In Year 1, the Freshman Inquiry Writing Seminar focuses on improving and honing students' writing skills by reflecting on the experiences of others through readings, discussion, and their own writing. Narrative Medicine is required for students throughout the seven-year curriculum, and additional sessions are also offered outside of the curriculum as part of the monthly group meetings with advisors and for integrated groups of students, staff, and faculty. It is intended that Narrative Medicine helps our students appreciate the perspectives of others (e.g., the writers, fellow students, staff, and faculty involved in these sessions) and will encourage creativity and self-reflection. Narrative Medicine helps students learn how to listen to others, how to process their own and others' perspectives and experiences, and how to voice their feelings. We expect that, through the longitudinal Narrative Medicine experience, reading and writing will facilitate students' awareness of stress and help them more effectively cope with the physical and mental demands of the seven-year BS/MD program. Students are required to create an e-portfolio (which is not graded), in which they are required to document their para-curricular and extracurricular activities and also to post their reflective writings, as part of the Narrative Medicine longitudinal curriculum. Beginning in Year 2, the Practice of Medicine (POM) course, which runs longitudinally for four years, asks students to reflect on their experiences, including their own self-care and the experience of interacting with patients.

Practice of Medicine 1 (POM1) Course

The POM1 course serves as the introductory course to the longitudinal, preclerkship clinical skills curriculum. The course teaches students about the foundational components of health, including stress, nutrition, exercise, and sleep. Students learn about these topics as an introductory framework for understanding how to promote the health of patients as well as themselves. They read the scientific literature that provides the evidence-based foundation for a healthy life style. Reflective writing assignments within the course ask students to identify ways to promote their own health through behavior modification.

Academic Advising

Each student, upon entry in Year 1, is assigned to an academic advisor. Each advisor accepts a group of 6-8 entering students. Academic advisors meet with their advising group monthly in Year 1. For these meetings, advisors use a set of topics designed to follow the appreciative advising model. These topics and the faculty guides are provided by the Office of Student Affairs. Each student also meets individually with his or her advisor twice per semester during the first year. Advisors are encouraged to meet with their advising groups regularly in Years 2--3. Plans are in place to create a longitudinal advising/mentoring course that will create a structure that ensures these meetings occur monthly.

Advisors have the option to meet with a group of mixed-year students (combined advising groups from different years) so that upper-year students can contribute an added benefit to the advising process. All academic advisors will receive training from the director of counseling about how to identify and address behaviors and issues of concern. Advisors have access to resources for making appropriate referrals for students, if needed. At the beginning of first year of medical school, students are assigned to a medical student advisor who advises students in groups and individually on careers in medicine,

the residency application process and personal and professional issues. Appropriate referrals are made as needed. (See Element 11.1)

Clinical Advising
Toward the end of the second year of medical school, students select a clinical advisor to aid them in solidifying their career goals and select for medical school Years 3 and 4 (M3 and M4) an appropriate elective schedule that will complement their career choice. The Office of Student Affairs will help students navigate the residency application process, working to identify at-risk students and providing them with more intensive support. As career goals solidify, students may opt to change to a clinical advisor more aligned to their chosen medical specialty or career field. (See Element 11.1)

Peer Mentoring
Each entering student is assigned to an upper-year student who serves as a peer mentor. This mentorship provides additional support for students as they make the transition from high school to college. Peer mentors reach out individually to their mentees, and there are also related social events during the year. Many of the students have been peer leaders in their high school, and they particularly value this avenue of support.

Alumni Mentoring
The Office of Alumni Relations brings in alumni on a regular basis to speak about their careers. These sessions are organized around practice areas and include panels of alumni. The office also organizes annual sessions with recent alumni about USMLE Step 1 preparation, and about residency applications and the transition to residency. The Alumni Mentoring Program pairs interested students with alumni for mentoring/shadowing experiences.

Support Groups
The Black Male Initiative, Sisters of Sophie, and Vision Latina are clubs that address the specific needs and concerns of their members. Their purpose is to provide support and to reduce the risk of failure. These groups generally provide a peer level of support and are led by club advisors, strong role models, dedicated to the students' wellbeing and success.

Extracurricular Activities
Students are encouraged to participate in extracurricular activities, including health-related clubs, community service programs, arts programs (e.g., music, drama, fine arts), and sports programs. An example of a new medical school club is Walk With a Future Doc (part of the national initiative Walk with a Future Doc), which is led by students and provides guided walks, informational talks about various health-related topics and social support to encourage healthy lifestyles. Walk With a Future Doc has developed partnerships with the Harlem YMCA, the local police precincts and the CCNY college community. CSOM's clubs are guided by the Office of Student Affairs and financially supported by CCNY. In addition, students have access to all extracurricular activities available at CCNY and to the fitness center and pool on campus.

12.4 STUDENT ACCESS TO HEALTH CARE SERVICES

A medical school provides its medical students with timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the locations of their required educational experiences and has policies and procedures in place that permit students to be excused from these experiences to seek needed care.

12.4 SUPPORTING DATA

Table 12.4-1 | Student Satisfaction with Health Services by Curriculum Year

Survey Question	Year 1
Accessibility of student health services	35.9% somewhat satisfied/18.8% very satisfied/ 17.2% NA

12.4 NARRATIVE RESPONSE

a. Describe the current system for providing medical students with access to diagnostic, preventive, and therapeutic health services, including where and by whom (i.e., roles and titles) services are provided. For example, if there is a student health center, comment on its location, staffing, and hours of operation.

All students are required to carry basic health insurance. Because of the Affordable Care Act (ACA), over 98 percent of students are covered by a parent's health insurance plan. Those who are not are assisted by student affairs in obtaining health insurance. Students typically access their own primary care providers for the services they need. In order to matriculate, students are required to submit a clearance form that documents that they have recently undergone a physical examination and have all their immunizations up to date. They must fulfill these requirements again at the end of the second year and as well as before engaging with community sites as M1 students.

All students have access to CCNY's on-campus Student Health Services (SHS), in Room J-15 of the Marshak Science Building, across from Harris Hall (where the medical school is located). During the regular academic school year, the SHS is open Monday through Friday from 9:00 am through 5:00 pm and during the summer, it is open Monday through Thursday from 8:30 am to 5:00 pm. The SHS is staffed by a full-time registered nurse and services are free and confidential to all currently enrolled students. The SHS offers immunizations (MMR, tetanus, Hep B, PPD testing and flu vaccine) and basic first aid. The SHS also arranges for health promotion activities, including onsite HIV testing, smoking cessation, and information regarding health insurance options. CCNY's Student Health Services Health Initiatives website (http://www.ccny.cuny.edu/shs/campus-health-initiatives.cfm) includes links to nutrition and sexual health information.

In addition, the CSOM Counseling Office has a hotline available 24/7, and the Counseling Office staff checks the voice messages daily. CSOM's Wellness Program provides online links for access to information about school activities, programs, and other resources aimed at student wellness.

b. Describe how and when medical students are informed about the availability of health services.

Students learn about the availability of health services through our yearly orientation sessions, in NSS-100 (the mandatory first semester New Student Seminar course for U1s), via brochures in the Office of Students Affairs and our Counseling Center, as well as in the student handbook and on the

CSOM and CCNY websites.

c. Describe how medical students, faculty, and residents are informed of policies that allow students to be excused from classes or clinical activities in order to access health services.

Medical students, faculty, and residents are informed of policies that allow students to be excused from class for access to health services through our yearly orientation programs, in the NSS-100 (the mandatory first semester New Student Seminar course for U1s), and in the faculty and student handbooks. The school's absence policy requires students to report an absence from mandatory class activities by reaching out to the Office of Student Affairs via email. Absences for reasons of health or the need to seek health services are considered approved absences. In some cases, students may be required to document their absence with a note from their personal physician.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 12.4

1. **Policy or guidance document that specifies that medical students may be excused from classes or clinical activities in order to access health services.**
   See Appendix 3-04 CUNY School of Medicine/Sophie Davis Undergraduate Program in Biomedical Education Student Handbook on Academic Policies and Procedures, 2017 Edition, Section D (2) Absence Policy, page 41.

2. **Schools with regional campuses may provide the supporting data requested above for each campus (as available).** NOT APPLICABLE, NO REGIONAL CAMPUSES.

12.5 NON-INVOLVEMENT OF PROVIDERS OF STUDENT HEALTH SERVICES IN STUDENT ASSESSMENT / LOCATION OF STUDENT HEALTH RECORDS

The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student have **no involvement in** the academic assessment or promotion of the medical student receiving those services. A medical school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.

12.5 NARRATIVE RESPONSE

a. Describe how the medical school ensures that a provider of health and/or psychiatric/psychological services to a medical student has had or will have no current or future involvement in the academic assessment of or in decisions about the promotion of that student. Describe how medical students, residents, and faculty are and will be informed of this requirement.

CSOM-SDBEP policies insure that providers of health and/or psychiatric/psychological services to our students do not have assessment or other academic decision-making roles regarding said students. The following policies and practices are included in faculty handbook and student handbook:

1. Faculty who provide healthcare services to students will not be involved in the supervision, academic evaluation, or promotion decisions of students receiving such services. If students find themselves in a situation in which they are supervised or will be evaluated by a faculty member who is also providing them with health care services, they may request immediate reassignment. Such requests should be made to the course director. Similarly, if faculty members find that they have been assigned to supervise or evaluate a student who is also their patient, they should request that the student be assigned to another faculty member.

2. Some members of the school's administration may, as part of their role, have access to health, psychiatric, or psychological information about individual students. Administrative members who typically act in this capacity include the dean; the deputy dean for medical education; the associate dean for student affairs; the medical student advisors; the executive director of admissions, wellness, and counseling; the director and staff of the Counseling Office, and the chair of the Student Academic Progress Committee. Policies are in place to ensure the confidentiality of the sensitive information they may acquire and to avoid the conflicts of interest that can occur should these individuals teach or assess students. These members of the medical school administration are:

    a. Allowed to teach students in the context of large-group sessions, such as lectures or large-group discussions that involve the entire class.
    b. Allowed to teach students in electives or selective experiences.
    c. Not allowed to supervise students during any clinical rotations.
    d. Not allowed to teach students in any small-group sessions or activities that are graded.
    e. Not allowed to participate in the assessment or evaluation of student performance.
    f. Not allowed to serve as voting members on the Student Academic Progress Committee (with the exception of the chair of the committee).
    g. Not allowed to share or discuss health, psychiatric, or psychological information about individual students with members of the Student Academic Progress Committee.

b. If health and/or psychiatric/psychological services are provided by university or medical school service providers, describe where these student health records are stored. Note if any medical school personnel have access to these records.

Practices that ensure the confidentiality of health, psychological, and psychiatric information include the following:

1. The Counseling Office adheres to the American Psychological Association's General Guidelines for Providers of Psychological Services and to HIPAA regulations. Students are referred to off-campus providers. The list of referrals is under lock and key by the director of the Counseling Office. No other medical school personnel have access to the referral records.
2. A licensed clinical psychologist or psychiatrist provides the actual counseling services. The psychiatrist evaluates and follows up with anyone who is referred for a medication consultation. These professionals are not faculty members; they have no responsibility for teaching and no involvement in the academic assessment, evaluation, or promotion of students. The psychological or psychiatric counselors keep all individual patient information confidential, storing the student health records that they create under lock and key in their private practice offices, which are all off campus.
3. Students with other medical needs are referred to medical professionals who have no administrative or teaching roles at CSOM-SDBEP. There is no on-campus hospital that provides services to our students. CCNY's Student Health Services maintains its own health records, and has no contact with our faculty and no role in teaching or assessing our students. Students have their own health insurance and choose their own doctors, who are not affiliated with the school. In the event that a student is exposed to a needle stick or blood or body fluid and is treated at the St. Barnabas Hospital (SBHHS) Emergency Room, we will ensure that the treating doctor or resident has no responsibility for assessing or grading that student.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 12.5

1. Policies and/or procedures that specify that providers of health and psychiatric/psychological services to a medical student will have no involvement in the academic assessment of or in decisions about the promotion of that student.

See Appendix 3-04 Student Handbook, Section D, pg. 53 and Appendix 3-04 Faculty Handbooks, pg. 24).
See Appendix 12-05 Policy on Confidentiality of Sensitive Information

12.6 STUDENT ACCESS TO HEALTH AND DISABILITY INSURANCE

A medical school ensures that health insurance is available to each medical student and his or her dependents and that each medical student has access to disability insurance.

Table 12.6 Health and Disability Insurance	
Questions	1st Year Medical School Class
Availability of student health insurance	Somewhat satisfied 10.9% /Very satisfied 21.9% /NA 54.7%
Availability of disability insurance	Somewhat satisfied 10.9% /Very satisfied 12.5% /NA 73.4%

12.6 NARRATIVE RESPONSE

a. Indicate whether and how health insurance is available to all medical students and their dependents.

Most of our students (98.5% in a survey done in spring 2016) are covered by a parent's health insurance and will be able to maintain that coverage until graduation. Students who wish to purchase health insurance for themselves or their dependents may purchase an alternative plan through the available federal health insurance exchanges. In addition, CCNY's Student Health Services hosts representatives for four different health plans who regularly visit the college to provide students with information on health insurance coverage.

Documentation of health insurance coverage is required. Going forward, HSA Consulting, Inc. (HSAC) will require the students to document their health insurance coverage and will send a report to the Office of Student Affairs. This is an additional service that HSAC offers the school in exchange for our students receiving the disability coverage through the company (see below). The Office of Student Affairs will send information about the students (name, DOB, contact email) to HSAC and HSAC will contact them with instructions about what the students need to provide for verification of health coverage. Records of compliance are securely housed by the Office of Student Affairs. Only around 12.5% of students indicated any level of dissatisfaction with health insurance, while just over half (~55%) said it did not apply to them and about one-third (33%) indicated they were somewhat or very satisfied.

b. Indicate whether and when (e.g., at enrollment, at the beginning of the third year) disability insurance is or will be made available to medical students. Describe when (e.g., during orientation) and by what means medical students are informed of its availability.

HSAC provides disability insurance for our students (See Appendix 12-06 Medical Student LTD Quote). Disability insurance is included as part of the cost of attendance and is mandatory for all seven years. Students are informed about the disability insurance coverage upon enrollment and annually at meetings with each class. Data from the ISA indicate that only 3.2% of the student were somewhat or very dissatisfied regarding disability. The vast majority were other satisfied (23.5%) or indicated that they had no opinion (~74%).

12.7 IMMUNIZATION GUIDELINES

A medical school follows accepted guidelines in determining immunization requirements for its medical students.

12.7 NARRATIVE RESPONSE

a. Summarize the immunization requirements for medical students and note if the guidelines follow national and regional recommendations (e.g., from the Centers for Disease Control and Prevention, state agencies, etc.). Summarize the rationale for any school requirements that differ from national/regional guidelines.

Our policies and procedures follow the Centers for Disease Control (CDC) guidelines and all New York State requirements. The institutional immunization policies were implemented in compliance with the CDC guidelines and with Public Health Law Section 2165 and Section 2167 of the New York State Department of Health. Prior to matriculation in the school, all students (U1s) are required to submit documentation of their MMR immunization as well as a signed meningitis form documenting either prior history of meningitis, receipt of meningococcal vaccine, or a refusal of meningococcal vaccine. See CCNY website for a summary of the immunization requirements: https://www.ccny.cuny.edu/shs/immunization-requirements.

At the start of year one (U1) and going forward through year seven (M4), all students in CSOM-SDBEP are required to submit an annual health form documenting a recent physical examination and up-to-date immunizations. The student chooses the physician who conducts the physical examination. In addition to MMR titer results, titer results for Varicella and Hepatitis B must also be submitted. If the titers are equivocal or negative, the student is required to receive the immunization (or series). The school also requires up-to-date diphtheria, tetanus, and pertussis (Tdap) vaccinations, and annual tuberculin purified protein derivative (PPD) and influenza vaccinations. All students who received the Bacillus Calmette-Guérin (BCG) vaccine will be tested by Quantiferon.

All noncompliant students will be excluded from any clinical activities after a 30-day grace period or after 60 days if the student is out of state or shows a good faith effort to comply.

CSOM will contact the medical directors at each of our cooperating clinical sites annually to review immunization requirements at each site and to ensure compliance. The assistant dean for clinical curriculum will also review CDC recommendations annually to ensure that the school is compliant.

b. Describe how and by whom the immunization status of medical students is monitored.

Currently, a designated, HIPAA-trained staff person in CSOM is collecting and monitoring student health immunization records for years U1 through M2. Records are kept in a secure folder in the Department of Medical Education and Office of Academic Affairs and shared through secure transmission means with clinical sites, when appropriate.

Starting in the fall of 2017, SBHHS's Office of Medical Staff Services and Academic Affairs will collect and monitor medical student health and immunization records for all students. The Office of Medical Staff Services and Academic Affairs will contact students when updated documentation is required (such as annual influenza vaccinations and annual PPD) and will send

students' health records and immunization status to the participating clinical sites as required by the sites. The staff in SBHHS's Office of Medical Staff Services and Academic Affairs will have no teaching or assessment responsibilities for the medical students. No medical school faculty will have access to student health records.

12.8 STUDENT EXPOSURE POLICIES / PROCEDURES

A medical school has policies in place that effectively address medical student exposure to infectious and environmental hazards, including:

- The education of medical students about methods of prevention.
- The procedures for care and treatment after exposure, including a definition of financial responsibility.
- The effects of infectious and environmental disease or disability on medical student learning activities.
- All registered medical students (including visiting students) are informed of these policies before undertaking any educational activities that would place them at risk.

12.8 SUPPORTING DATA

Table 12.8 – 1: STUDENT EXPOSURE POLICIES / PROCEDURES	
Survey Questions	**YEAR 1 - 2020**
Adequacy of education about prevention and exposure to infectious and environmental hazards	Somewhat satisfied 28.13%/Very satisfied 23.44%/NA 28.13%

12.8 NARRATIVE RESPONSE

a. Summarize the content of institutional policies in the following areas related to medical student exposure to infectious and environmental hazards.

1. The education of medical students about methods of prevention.
2. The care and treatment after exposure, including definition of financial responsibility.
3. The implications of infectious and/or environmental disease or disability on medical student educational activities.

1. Education of medical students about methods of prevention

A. Year 2 [U2] (during BS portion of seven-year program) Infection Control Training
Students will receive comprehensive education and training regarding prevention, exposure-related protocols, and the potential effects of exposure. During Year 2 (U2), all students will complete a mandatory infection control and barrier precautions training before the start of clinical educational experiences. The training reviews what constitutes an infectious or environmental hazard, how healthcare providers are exposed to these hazards, how infectious agents are transmitted, post-exposure management, standard precautions (e.g., hand hygiene and personal protective equipment), and preventive techniques. This training complies with New York State regulations, which require health care professionals, including medical students, to receive training once every four years in the areas of infection control and barrier precautions (Chapter 786 of the Laws of 1992- https://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/outline_updates/docs/2010_nys_infection_control_training_syllabus.pdf). A certified infection control trainer from outside the institution conducts the training in a lecture format. After completing the training and successfully passing a multiple-choice examination, students will receive certification according to the requirements of the New York State Department of

Health and the New York State Education Department. This certificate is valid for four years under New York State Department of Health laws.

B. End of Year 5 [M2] (end of 2nd year of medical school) Infection Control Training
Before starting clinical clerkships, all students will once again complete the New York State Department of Health Infection Control and Barrier Precautions training and renew their certification. Students will also receive hands-on training about infectious and environmental hazards, including practice in the proper needle-handling techniques, use of personal protective equipment, (including an opportunity for students to be fitted with N-95 respirators), and the opportunity to ask questions of experts in occupational health and infectious disease.

Orientation at the beginning of each Year 6 (M3) clerkship includes training about exposure to infectious and environmental hazards specific to that discipline. For example, at the beginning of the surgery clerkship, students will receive didactic and hands-on education about proper preoperative scrubbing, universal precautions, and the common exposure hazards associated with the operating room and postoperative care.

Table 1. Summary of Biosafety Training for CSOM Students

Year	Course
Year 2 (U2)	Infection Control/New York State certification lecture
Year 5 (M2) at the end	Infection Control/New York State certification lecture (before the start of clinical clerkships) Hands-on training (in the use of personal protective equipment and proper techniques for using and disposing of needles (before the start of clinical clerkships)
Year 6 (M3)	Discipline specific infection control training at the start of each clerkship

Examples of areas that prevention will focus on are listed in Table 2. These education materials will contain quizzes. Upon completing the course, students must achieve a satisfactory score on each quiz to pass and be allowed to proceed with patient contact.

Table 2. Examples of Preventive Measures Learned by CSOM Students

Preventive measure	Method of training
Use of institutional infection control measures (e.g., safe needles, sharps containers)	Lecture
Work-control measures (avoiding exposure, how to handle needles)	Lecture, hands-on
Universal precautions	Lecture
Hand hygiene	Lecture, hands-on
Use of personal protective equipment	Lecture, hands-on

2. Procedures for care and treatment after exposure, including definition of financial responsibility

The procedures for care and treatment of all exposures are detailed in the attached supporting document. Regardless of location, care for all occupational and environmental exposures will begin

with immediate notification of the supervising clinician, cleaning of the exposed area, and source patient testing as per each clinical site's protocol. If the location where the exposure occurred can provide on-site post-exposure prophylaxis, the student will receive all required treatment on-site. If the site cannot provide post-exposure prophylaxis or the event occurs after business hours, the infectious disease consultant on call at St. Barnabas Hospital Health System (SBHHS) will be immediately notified, and the student will be transported to SBHHS Emergency Department (ED) for treatment.

CUNY School of Medicine will have a variety of clinical sites throughout the community, including private and community outpatient clinics and SBHHS. The affiliation agreement with our clinical partner (SBHHS) explicitly states that "in the event a student is exposed to an infectious or environmental hazard or other occupational injury (e.g., needle stick) while at the hospital or at another of the school's affiliated clinical training sites, the hospital, upon notice of such incident from the student, will provide such emergency care as is provided its employees, including: examination and evaluation by the hospital's emergency department or other appropriate facility as soon as possible after the injury; emergency medical care immediately following the injury as necessary; initiation of the HBV, Hepatitis C (HCV), and HIV protocol as necessary; and HIV counseling and appropriate testing as necessary. Said emergency care shall be provided to students participating in a clinical rotation, independent of the day, hour or clinical training site of the hazardous exposure 24-hours a day for 365 days each year."

Financial responsibility

Students will be reimbursed for travel costs for transportation, should it be necessary, to reach the SBHHS Emergency Room. All costs for initial and follow-up treatment will first be billed to the student's health insurance company. Students may be required to pay any remaining balances initially, but then they can submit required documents to the school for reimbursement of this balance. The student will not bear any personal financial responsibility for costs related to treatment of occupational exposures as long as that treatment is within the care outlined in the school's policies. The school will refer students to our free counseling services to help address any emotional or psychological repercussions caused by the exposure.

3. The effects of infectious or environmental disease or disability on medical students' educational activities

Students who have been exposed to or become ill with an infectious disease are to follow the recommendations of the CDC Personnel Health Guidelines (http://www.cdc.gov/hicpac/pdf/InfectControl98.pdf). If students have any concerns about their ability to function as a medical student in a clinical setting due to the risk that they might transmit an infection to patients because of an illness, they should contact their medical student advisor if they have concerns or do not want to reveal the nature of the illness and their advisor can then contact their course/clerkship director. If they have a routine medical illness or are comfortable discussing their illness with the course/clerkship director, he/she may contact their director first. The course/clerkship director will work with the student and make any required modifications to the student's duties to prevent transmission of infections to other patients or healthcare personnel. Students who miss educational activities because of exposure to infectious or environmental hazards will not be penalized academically for their absence. Each exposure and required absence will be assessed on a case-by-case basis. (See Appendix 3-04 Student Handbook, Attendance Policy, pg. 41). Days missed for this reason will be considered excused absences. However, if a student misses a substantial amount of academic time, each case will be individually reviewed to determine whether the student may be required to make up missed course time or clerkship sessions.

b. Describe when and in what way(s) medical students at all instructional sites are informed of the medical school's policies and procedures related to exposure to infectious and environmental hazards.

Students will receive a written policy that include instructions about handling blood or body fluid exposure (BBFE) and needle sticks, and instructions about whom to contact in the event of an exposure. This information will also be posted on each clinical course's course website. The CSOM website, highlighted during each yearly orientation, will also provide students with information about 24-hour access to all procedures, phone numbers, and instructions after an exposure to any hazardous agent at:
https://www.ccny.cuny.edu/csom/student-occupational-exposure-policy.

c. Briefly summarize any protocols that must be followed by medical students regarding exposure to contaminated body fluids, infectious disease screening and follow-up, hepatitis-B vaccination, and HIV testing. Describe when and how students, including visiting students, learn or will learn about the procedures to be followed in the event of exposure to blood-borne or air-borne pathogens (e.g., a needle-stick injury).

We follow the CDC guidelines for treatment after exposure to contaminated body fluids. Relevant information related to these protocols will be provided during the annual orientation for Years 3 through 7 (U3 through M4) and during the individual clerkship orientations. Students will receive didactic instruction, hands-on training, online education, directions to the CSOM website, and a copy of relevant procedures associated with exposure (https://www.ccny.cuny.edu/csom/student-occupational-exposure-policy). This protocol will also be distributed to any visiting students with their acceptance and orientation information.

d. Describe when in the course of their education medical students learn how to prevent exposure to infectious diseases, especially from contaminated body fluids.

This information will be provided during the mandatory infection control training lecture course in Years 2 (U2) and 5 (M2) as described above (section a.) Students will also receive training during individual clerkship orientations. Students will receive didactic instruction and hands-on training.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 12.8

Relevant policies on medical student exposure to infections and environmental hazards (a1-3 above).

Financial responsibility

Students will be reimbursed for travel costs for transportation, should it be necessary, to reach the SBHHS Emergency Room. All costs for initial and follow-up treatment will first be billed to the student's health insurance company. Students may be required to pay any remaining balances initially, but then they can submit required documents to the school for reimbursement of this balance. The student will not bear any personal financial responsibility for costs related to treatment of occupational exposures as long as that treatment is within the care outlined in the school's policies. The school will refer students to our free counseling services to help address any emotional or psychological repercussions caused by the exposure.

(https://www.ccny.cuny.edu/csom/student-occupational-exposure-policy)

CUNY School of Medicine
Student Occupational Exposure Policy

For occupational needlestick or blood/body fluid exposure at ANY CLINICAL SITE, students should follow these steps:

- Stop what you are doing and ask someone to take over for you.
- Immediately wash exposed area thoroughly with soap and water. Splashes to mucous membranes (e.g., eyes, mouth) should be flushed vigorously with water. Needlestick sites should be cleaned with soap and water.
- Notify your immediate supervisor.
- Your supervisor should ask the patient to wait.
- The source patient, if available, is tested ASAP for all blood borne infectious diseases – HIV, hepatitis B, hepatitis C and syphilis (RPR) – as per the site's protocol.

For exposures that take place at the St. Barnabas Hospital Health System (SBHHS) facilities:

Monday-Friday from 8am-4:30pm: Report **immediately** to the SBHHS Occupational Health Services (OHS) 4422 Third Avenue, Bronx, NY (**718) 960-6537** for a STAT dose of post exposure prophylaxis, risk assessment, work-up and post exposure plan.

All other hours, holidays, and weekends: Report **immediately** to SBHHS Emergency Department (ED) (4432 Third Avenue, Bronx, NY) for STAT dose of post exposure prophylaxis, risk assessment, and work-up.

- When you arrive, identify yourself as a CUNY School of Medicine student and that you have had an exposure and need to be seen immediately.

If the exposure occurs at a site outside of SBHHS facilities and that site does not have their own PEP (post exposure) meds and protocol:

Please report **immediately** to the SBHHS Emergency Department (ED) at 4432 Third Avenue, Bronx, NY for STAT dose of post exposure prophylaxis, risk assessment, and work-up.

If you have any questions, call SBHHS at 718-960-9000 and ask to be connected to the Infectious Disease (ID) physician on-call.

When you arrive at the ED, immediately identify yourself as a CUNY School of Medicine student and that you have had an exposure.

Exposure Follow-up:

- Students who have exposures at **SBHHS facilities** will have their medical follow up at Occupational Health Services at SBHHS.

- Students who have **exposures occurring at a side outside of SBHHS and are not following at that site's Occupational Health Service** will have their medical follow up through the SBHHS Infectious Disease Clinic – SBHHS Ambulatory Care Center – 4th Floor, located at 4487 Third Avenue, Bronx.