STONY BROOK UNIVERSITY SCHOOL OF MEDICINE

EDUCATIONAL STRATEGIC PLANNING 2010

FINAL REPORT

Submitted by:

Latha Chandran MD, MPH
Vice Dean for UGME
Chair, Strategic Planning for Education

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Membership

Committee Members for the Strategic Planning Education Committee include:

Latha Chandran	**Committee Chair, Vice Dean UME**
John Aloia	Chief Academic Officer, Winthrop
Iris Granek	Associate Professor and Chair, Preventive Medicine
Susan Guralnick	Director of GME and DIO, Winthrop
Andre Haddad	Associate Program Director, Medicine
Dorothy Lane	Associate Dean, CME
Joshua Mirrer	Medical Student
Elza Mylona	Associate Dean, Educational Development and Evaluation
David Paquette	Associate Dean for Education, School of Dental Medicine
Stephen Post	Professor of Preventive Medicine Director of the Center for MHCCB
Michaela Restivo	Medical Student
Avi Rosenberg	Medical Student
Frederick Schiavone	Vice Dean, GME
Jason Tucciarone	Medical Student
Andrew Wackett	Assistant Dean, UME
William Wertheim	Residency Program Director Vice Chair, Medicine
Peter Williams	Vice Dean, Academic Affairs

Stony Brook School of Medicine EDUCATIONAL STRATEGIC PLANNING 2010

BROAD EDUCATIONAL GOALS AND STRATEGIES TO ACHIEVE THEM

➢ Goal One: Create flexible and customized learning opportunities for trainees by innovating the curriculum and the learning environment

Strategies:

- Longitudinal courses
  - Family Medicine Longitudinal Program (S)
  - Inter-professional team based training (L)
- Joint degree programs
  - BE/MD (S)
  - MD/MBA (S)
  - MD/MA(S)
- Team based learning and evaluation (L)
- Interdisciplinary modules
  - Fully integrated interdisciplinary courses (L)
  - Transition to Residency course in year 4 (S)
  - Fourth year flexibility (S)
  - Healing Relationships in Health Care (S)
- Extracurricular enhancements- leadership, community service, professional development, global health
  - Rising Leaders in Health Care (S)
  - SB HOME (S)
  - Global Health Initiatives (S)

➢ Goal Two: Cultivate teaching excellence

Strategies:

- Teaching Scholars Program (S)
- Augment promotion/ reward systems for educators (S)
- Support for professional development, skills training (S)

➢ Goal Three: Incorporate advances in educational technology to facilitate learning of state of the art content (to meet the needs of the 21st century learner)

Strategies:

- Simulation training (S)
- Information management systems (M)
- Uniform curriculum management system (M)
- Innovative Teaching and Assessment tools (Podcasts, Blogs, Wikis, live video streams) (S)

➢ Goal Four: Create an educational structure and governance model that facilitates collaboration and change

Strategies

- Streamline reporting relationships and clearly align specific responsibilities and authority (S)
- Establish mission based management for the educational mission (M)
- Establish an ongoing process of quality assessment to evaluate curricular compliance with all LCME standards (S)

➢ Goal Five: Enhance scholarly training for all students

Strategies

- Require all students to complete a scholarly project in clinical/translational research, basic research, community based research, health services and health policy, global health, medical humanities or medical education. (S)
- Increase mentoring opportunities for students by faculty development efforts (M)

Index: ***Short term (S)- 1-3 years, Medium Term (M) 4-5 years, Long Term (L) 6-10 years***
Highlighted items have additional attachments- early plans.

Stony Brook University School of Medicine

VISION, MISSION AND VALUES

OUR VISION:

Stony Brook School of Medicine will become a national leader in manifesting and teaching the congruence of the science and art of medicine, graduating students who serve as exemplars of scientific excellence and humanistic care in the practice of medicine adept at developing and applying new knowledge and procedures to solve unique or novel problems in the ever changing field of medicine.

OUR MISSION:

The primary goal of the School of Medicine at Stony Brook University is to educate a diverse cadre of caring and skilled physicians who are well-prepared to enter graduate and specialty training programs. Graduates understand, value and apply the **scientific method** to the solution of clinical problems. They integrate clinical, biomedical and behavioral knowledge to promote the health and well-being of patients and communities. They value lifelong learning and locate, evaluate critically and integrate new scientific and clinical findings that advance the practice of medicine. They will develop a deep appreciation for the **healing dynamic of the physician patient relationship i**n which compassionate care is manifested by attentive listening, empathy, respect and commitment. They will provide highly competent, safe and patient-centered care while demonstrating the highest level of **professionalism** and sensitivity to the diverse personal and cultural contexts in which medical care is delivered. Each graduate accepts the professional responsibility to model and teach compassionate and diligent care in such a way as to inspire these virtues in others, regardless of circumstances. These goals are also embraced by our graduate and specialty training programs that are designed to educate physicians and investigators in the biomedical and clinical sciences to be well-prepared to advance the frontiers of research, clinical practice, education and advocacy.

OUR VALUES:

ICARE:

- Integrity
- Compassion
- Altruism
- Respect
- Excellence

OUR GOALS:

Educational: Achieve excellence in educating trainees for careers in medical practice and research by providing broad knowledge and skills, developing appropriate professional behavior, mastery of the core competencies, and preparing students for continued intellectual growth as members of an evolving medical culture devoted to compassionate care and patient safety.

Research: Advance medical knowledge by conducting active programs in humanities, basic and translational research. Trainees will advance their research through communication with investigators throughout the University as well as the national and international community.

Service: As members of the local and global medical communities, trainees at all levels will contribute to advancing patient care via quality medical care provision, ensuring access to health and educational services by advocacy and public policy.

OUR OUTCOMES:

National leadership in education will be evinced by exceptional learning and performance by:

- Future practicing physicians, our medical students (UGME).
- MD and MD/PhD clinical investigators training for academic careers.
- PhD biomedical scientists preparing for careers in research.
- Residents and Fellows (GME) honing their skills as providers.
- Established practitioners (CME) maintaining and improving their skill levels.

Success in our educational program will be shown by:

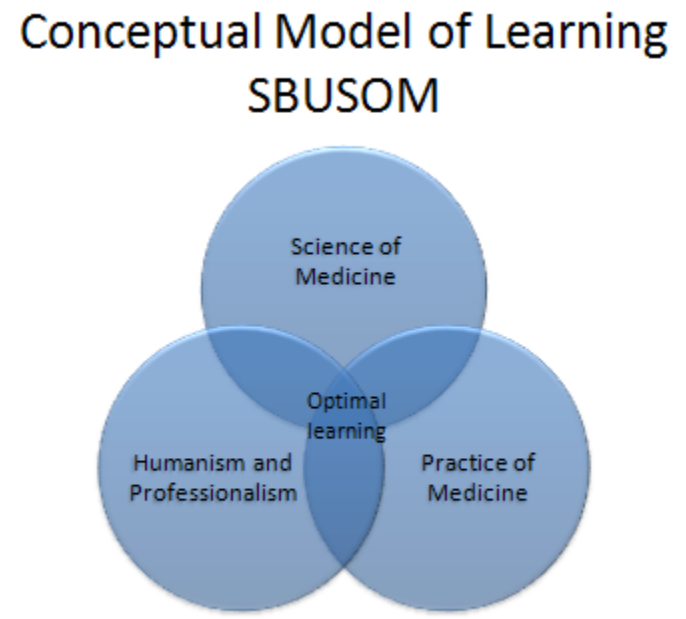
- Steady improvement in student achievement using nationally accepted norms.
- Enrollment of qualified students from underrepresented minority groups.
- Active development of and support for our teaching faculty.
- Wide student participation in curricular development and implementation.
- Appropriate involvement by non-physician health care students and practitioners.
- Use state of the art educational facilities, e.g. our clinical skills center and modern laboratories

National leadership in research will be evinced by:

- Conduct of cutting-edge biomedical research.
- Pursuit of meaningful translational clinical investigation.
- Participation in public health and health services research.
- Involvement in international health programs

National leadership in service to the public will be evinced by:

- The application of contemporary medical knowledge to the care of patients.
- Participation in an integrated health care system that provides efficient services of the highest possible quality.
- Public accountability for all of our missions.
- **Website: (http://www.stonybrookmedicalcenter.org/som/mission)**



GUIDING PRINCIPLES FOR THE EDUCATIONAL MISSION:

- Medical Education as a continuum
- Contextual integration: within and between courses
- Flexibility to meet individual needs
- Learning as a self directed and life long process
- Outcomes based and rigorous
- Team Work and Collaboration

SOM Educational Strategic Planning: SWOT Analysis for UGME
6/21/10

Strengths:

What are the strengths your institution has in this area? Consider broadly and over the history of the institution.

- History of Inter professional Education
- Strong community involvement among students
- Center for Bioethics and Compassionate Care
- NIH funded MSTP (MD-PhD Program))
- MD with Recognition in Research / Humanities Program
- Institutional Affiliation with Cold Spring Harbor Lab and BNL
- Patient safety oriented hospital
- Clinical skills center and assessment
- Strong clinical departments and a core of faculty committed to teaching
- Other Combined degree programs - MPH, MBA, BE/MD, BA/MD,
- Diverse student interests and experiences
- Value for education received
- Competency based training (Holistic)
- Global Health opportunities
- Expertise of Medical Informatics Department
- Strong On line learning programs in School of Nursing
- Winthrop University as a teaching partner

Weaknesses:

What are the weaknesses perceived in this area within your institution? Consider broadly and over the history of the institution

- Dwindling state support
- Mission speak- no mission based support
- Clinical faculty pressed for time, not available for educational activities
- Our community ties (lack of)
- Departmental silos
- Poorly coordinated research training efforts
- Lack of adequate research role models in the clinical arena
- Leadership transition

- Non alignment of mission and resources for the Dean (SBUH, CPMP, SHTM etc)
- Inadequate money for student scholarship
- Low faculty “espirit de corps”, lack of “sociality”
- Educational isolationism

Opportunities:

What are some opportunities for growth, renewal or transformation in your area? Consider national trends, regional specifics and institutional experiences.

- New dean, new president, new emphasis on translational science
- Inter professional team based education
- Longitudinal Care Interdisciplinary Clinical Curriculum (Similar to Harvard, UCF, UNC, Duke)
- Creation of 5 yr physician scientist program (similar to Lerner college)
- Creation of a Global Health Emphasis program
- Creation of a Holistic medical professional training program using Center for Humanities, with institution wide emphasis on consistent role modeling of professional virtues
- Creation of online learning resources
- Creation of International Student Exchange programs or International Training Programs for Foreign Students
- Creation of patient safety track education?
- “Genes to Society” JHU Model of Interdisciplinary curriculum all four years
- IT enhancements given expert staff
- Required scholarly concentration for all students?
- Clinical campus designation for Winthrop and expansion of relationship

Threats:

What are the threats that challenge your area? Are there new competitors? Are there resource limitations? Are there national trends?

- Resources- especially financial
- Hofstra University SoM
- Loss of clinical sites- Shifting regional alliances
- Carribean school influx into potential clinical training sites

SOM Educational Strategic Planning: SWOT Analysis for GME

Strengths: What are the strengths your institution has in this area? Consider broadly and over the history of the institution

- *Stable GME leadership with robust GME policies*
- *Electronic resources for patient care, education and training*
- *Interaction with multiple other training programs in other departments*
- *Institutional support*
- *Excellent case mix for training residents*
- *All programs in compliance none on probation*

Weaknesses: What are the weaknesses perceived in this area within your institution? Consider broadly and over the history of the institution

- General lack of faculty and leadership "buy-in" for competence training as well as a lack of education/faculty development regarding the faculties education
- *Lack of resources to obtain excellence*
- *Clinical volume is a burden that interferes with the education mission*
- *Faculty are focused only on clinical productivity for salary support and recognition*
- *General faculty discontent which filters down to resident staff*
- *Lack of housing, transportation to affiliate sites,*
- *IT resources clumsy and frustrating,*
- *General sense of lack of caring for resident staff by institution*.
- *CPOE has created a massive burden and eats up a tremendous amount of resident time that has taken the residents away from the bedside and the care of patients.*
- *Lack of clinical Improvement models and patient safety*

Opportunities: What are some opportunities for growth, renewal or transformation in your area? Consider national trends, regional specifics and institutional experiences.

Mission based funding for clear educational work load.
Additional resources to assure the learning environment is maintained and to accommodate for an expected decrease in resident duty hours.
More robust programs and time for residents to engage in research

Threats: What are the threats that challenge your area? Are there new competitors? Are there resource limitations? Are there national trends?

Balance between hospitalist/ PA's and NP's and resident training
Reduction by the federal government funding of DME and IME funding.
Large cuts in State Medicaid residency funding.
Initiatives by teaching hospitals to cut budgets and non hospital centered training programs
No CMS "CAP" relieve or additional funded residency positions to meet the need for more Physicians.

SOM Educational Strategic Planning: SWOT Analysis for CME

Strengths:

- Recent recognition by ACCME with 6 year Accreditation with Commendation (only 9% of ACCME reviewed CME providers awarded this)
- Recent recognition by NEGEA with innovation in CME awards (2 years). The awards were for: (1) use of simulation in clinical skills center for CME for community physicians, and (2) a CME collaboration with the Suffolk County Department of Health Services that led to performance improvement and increased colorectal cancer screening by clinicians at county health centers.
- Strong clinical faculty resource committed to teaching
- Ability to conduct animal lab and cadaver lab surgical skills training sessions
- Availability of a clinical skills center for development of experiential, hands-on CME sessions.
- Large numbers of community physicians practicing on Long Island that are in need of CME
- Considerable experience in CME conference management

- We are one of only two accredited sponsors of CME in Suffolk County. The other accredited sponsor is the Suffolk Academy of Medicine and our Associate Dean for CME Chairs the Academy's CME Committee.

Weaknesses:

- Insufficient hand-held units for use of audience response system to improve speaker-audience interaction during CME lectures.
- Methodological challenges to measuring physician performance and patient outcomes of CME which are advocated by ACCME

Opportunities:

- Current national movement toward linkage of quality improvement and CME
- Current national movement toward linkage of specialty Maintenance of Certification with CME
- Ability and interest among current graduates of medical schools and residency programs to utilize multiple formats for learning including the internet

Threats:

- Competition (and low-priority) for conference space at the HSC and on campus
- Very limited IT resources that can be devoted to internet-based CME
- Lack of faculty time to assist in the development of internet based CME
- Availability of free CME on the internet
- Growing use of internet-based CME
- Fewer physician hours available to participate in CME
- Declining support from industry for CME activities
- Competition from other national CME providers, e.g. specialty societies
- Future competition from Hofstra medical school

Longitudinal Family Medicine Curriculum

Course Proposal by Sussman and Wackett

1. **Describe your action idea:** The proposal includes the development of a longitudinal clerkship experience in Family Medicine. Specifically, each student would be assigned to a disadvantaged family or families with significant medical needs. The student would work directly with a preceptor and manage all aspects of the families' healthcare over the course of their 4 year of medical training.

2. **Clarify alignment with SOM Mission Vision statements:** This experience is directly aligned with the SOM Mission Vision. In order to care for the family for which they are responsible, the student will need to draw upon biomedical, clinical and behavioral knowledge. Some information they will have readily available at the time while other information they will need to seek out. The later will promote life-long learning and the student will need to learn how to evaluate the literature critically and integrate information in order to care for their family. In addition, they will come to appreciate the limitations of science and medicine and will learn that much can be gained simply through compassion. They will be involved with all aspects of their families's care and have opportunities to interact with an assortment of health care providers and social networks. In this setting, they will witness at times highly competent, safe and patient-centered care and at other times less than optimal care. This will help to encourage professional development.

3. **Clarify how it fits with the conceptual model of optimal learning:** The longitudinal clerkship will provide the student with the opportunity to integrate the science of medicine, humanism and professionalism, and the practice of medicine so that they can best care for their family. Students will draw from their medical knowledge base from courses and their review of the literature. They will make diagnostic and therapeutic decisions. And, they will draw upon humanistic and professional qualities to care for their family.

4. **Clarify alignment with Educational Guiding Principles of SOM:** The Educational Guiding Principles emphasize medical education as a continuum, contextual integration between courses, learning as a self-directed and life-long process and team work and collaboration. This model fits well with our proposal. The clerkship is longitudinal and will span the 4 years of medical education. The students will draw from all courses the

medical knowledge, clinical skills, communication skills, problem solving skills and professional traits and integrate them to care for their family. This is what they will do for the rest of their clinical lives. The students will not have all the information they need at their finger tips to care for their patients, thus they will need to seek out that information and in doing so develop skills of self-directed and life-long learning. Finally, they will work in teams of health care providers and social workers to appropriately care for their family; what better way to learn the team-based approach to healthcare.

5. **Describe how it ties in with Carnegie Foundation 2010 Recommendations:** The proposal ties into the Carnegie Foundation 2010 Recommendations. It provides the opportunity to assess all the medical school competencies, competencies which were specifically developed to measure all aspects of patient care. It will also provide flexibility as some students will progress more rapidly on certain competencies and less so on others. The program will allow students to integrate basic science and medical knowledge with patient care much earlier in their training, provide students with opportunities to learn the broader roles physicians assume and it will emphasize the need for team work in medical care. Students will become inquisitive as the responsibility of care lies with them. Finally, they will have the opportunity to develop professionally, especially as they can turn to their preceptor who was specifically chosen to provide such guidance.

Healing Relationships in Health Care

Course Proposal by Post and Chandran

1. **Describe your action idea: (250 words limit)**

   Phase I: We propose that during the third year, all students reassemble in their MCS2 small groups five times for two hour sessions, roughly every two months. During these sessions, students will discuss in small groups the examples they have seen in their clerkships of excellent and inadequate modeling of patient care with respect to compassion, respect, hope, attentive listening, and confidentiality.

   Students keep a journal during their clerkships in which they note instances of exemplary or problematic interactions (using proper medical etiquette of anonymity with regard to patients and physicians). At each session, the student will have written up in a brief paragraph one ideal patient interaction as they observed it, and one interaction that fell short. They will present their cases to the small group for discussion. Each student will have about ten minutes for presentations and responsive discussion. The five sessions will concentrate on the topics of **compassion, respect, hope, listening, and confidentiality** sequentially over the course of the year. There will be no lectures.

   Phase II: Involving the allied health care providers in this reflective exercise enables students to recognize and articulate how lessons from the "hidden curriculum" are experienced and learned by the other important members of the health care team.

   Outcomes: The immediate outcome will be student satisfaction with the course, and their overall satisfaction with year three as measured in the Graduation Questionnaire. The expected outcome is compassionate care for all future patients that our graduates serve

2. **Clarify alignment with SOM Mission Vision statements (100 words)**

   Tie in with vision: students who serve as exemplars of scientific excellence and **humanistic care** in the practice of medicine
   Tie in with mission: They will develop a deep appreciation for the **healing dynamic of the physician patient relationship i**n which compassionate care is manifested by attentive listening, empathy, respect and commitment.

3. **Clarify how it fits with the conceptual model of optimal learning (100 words)**

   Aligns well with the conceptual model- ties into two of the domains, with the possibility of science of medicine added later

4. **Clarify alignment with Educational Guiding Principles SOM (100 word limit)**

   Aligns with the following principles

- Flexibility to meet individual needs
- Learning as a self directed and life long process
- Team Work and Collaboration

5. **Describe how it ties in with Carnegie Foundation 2010 Recommendations (200 word limit)**

Standardization/Individualization: the course format and requirements are standard, however the narratives are individual experiences

Integration: fits nicely with the following suggestions in the Carnegie Report

- Engage learners at all levels with a more comprehensive perspective on patients' experience of illness and care, including more longitudinal connections with patients
- Provide opportunities for learners to experience the broader professional roles of physicians
- Incorporate interprofessional education and teamwork in the curriculum

Habits of Inquiry and Improvement: Future possibility for developing research questions\

Identity formation:
Ties in well with the following suggestions

- Provide formal ethics instruction, storytelling, and symbols (honor codes, pledges, and white coat ceremonies)
- Address the underlying messages expressed in the hidden curriculum and strive to align the espoused and enacted values of the clinical environment
- Offer feedback, reflective opportunities, and assessment on professionalism, in the context of longitudinal mentoring and advising
- Promote relationships with faculty who simultaneously support learners and hold them to high standards
- Create collaborative learning environments committed to excellence and continuous improvement

6. **Any additional thoughts/ suggestions/ comments (200 words limit)**
   University Hospital is initiating a collaborative multidisciplinary process in Compassionate Care Enhancement in the Cancer Center. This proposal aligns well with that initiative which has institutional buy in from all levels.

Healing Relationships in Health Care: A third year course proposal

Course Directors: Stephen Post, Latha Chandran

I. Background and Significance

In the third year clerkship setting, the character of the medical student is strongly influenced by clinical role models. This is especially significant as students begin to observe the quality of the modeling physician's interactions with patients. Are these interactions healing, indifferent, or even destructive? Obviously, students must learn the basic procedures and biology involved with treating patients optimally. But the art of healing also includes the patient receiving care that is compassionate, respectful, and sensitive to the dynamics of hope, attentive listening, and confidentiality.

The "care" in healthcare too often means only the application of medical technologies and treatments without attention to the patient as a whole human being experiencing an illness. If there is a single issue of greatest important in medical ethics, it is the complaint of patients who feel over-objectified and dehumanized - "the kidney in room 3," or the "quad in bed 5." This reductionism is experienced widely. We at Stony Brook therefore take seriously the ethical imperative of training students in the emotional and relational skills that allow patients to feel cared for at the most basic human level. As Francis Peabody stated in his famous 1925 lecture to medical students at Harvard, "The secret to the care of the patient is in caring for the patient."

While most medical schools make an effort to teach students the importance of the physician-patient relationship as part of a healing dynamic, several studies measuring these qualities in students show a decline in the third year evident soon after students begin the clinical clerkships. Some attribute this decline to a so-called "hidden curriculum" in which compassionate care is inconsistently articulated, modeled, acknowledged or rewarded. The extent and causes of this decline can be debated, but it is always possible to model compassionate care better to impressionable students just when it is most important in their professional formation.

The diminution of care in the most basic sense constitutes a crisis. Physicians who connect compassionately with their patients have been shown to make more accurate diagnoses and encourage higher levels of patient adherence to treatment. They need no more time in patient interviews than their less compassionate colleagues. They are more successful in encouraging healthy and responsible patient behaviors, and are themselves more satisfied and happy as medial professionals. Recent studies show that caring physicians are in general less subject to cynicism, depression and burnout. Extensive biomarker research shows that patients who are treated with compassion are less stressed, and therefore less subject to the physiologically damaging effects of the stress response. In addition, studies have shown that patients who feel cared for have better immune function, and somewhat enhanced wound healing. Patients who are not treated with care may even go to an alternative healer and miss out on the benefits of standard scientifically proven treatments.

Each generation of physicians must pass the torch of genuine care to the next as an essential element in the art of healing. Compassionate care can be explicitly emphasized as a key practice by all clerkship directors and in residency training across all clinical teaching sites. Routine patient reviews and rounding can include explicit discussion of the extent to which each patient is being treated with care.

Grand rounds ("Schwartz Rounds") can be focused on the quality of genuine care. Research projects on compassionate care and patient outcomes can be developed.

II. Year Three Intervention: A Proposal for Five Small Group Sessions

There are two phases of this proposed third year course.

Phase One:

We propose that during the third year, all students reassemble in their MCS2 small groups five times for two hour sessions, roughly every two months. During these sessions, students will discuss in small groups the examples they have seen in their clerkships of excellent and inadequate modeling of patient care with respect to compassion, respect, hope, attentive listening, and confidentiality.

At a considerable number of medical schools across the country, these sessions have allowed students to reflect in a safe context on the deeper aspects of the physician-patient relationship as they observe it in practice. The emphasis is placed on the exemplary first, and then on those cases that have fallen short. Students keep a journal during their clerkships in which they note instances of exemplary or problematic interactions (using proper medical etiquette of anonymity with regard to patients and physicians). At each session, the student will have written up in a brief paragraph one ideal patient interaction as they observed it, and one interaction that fell short. They will present their cases to the small group for discussion. Each student will have about ten minutes for presentations and responsive discussion. The five sessions will concentrate on the topics of compassion, respect, hope, listening, and confidentiality sequentially over the course of the year. There will be no lectures, but rather a reliance on students who are required to develop brief thoughtful interactional case descriptions from the depths of their experience at clerkship sites. There will be one carefully selected clinical background article per session as an assigned reading. Grading will be Pass/Fail, and students will be asked to hand in their session case write-ups in hard copy without identifying themselves.

After the students have graduated, these cases will be collated and made available for an annual faculty workshop on role modeling. Our goal here is continuous quality improvement for faculty teaching in the clerkships, and for residents in all fields.

Phase Two:

Involving the allied health care providers in this reflective exercise enables students to recognize and articulate how lessons from the "hidden curriculum" are experienced and learned by the other important members of the health care team. This enables a deeper understanding of human emotions

amongst team members facilitating better team work in patient care settings. We will work collaboratively with the School of Nursing and School of Social Work to create such collaborative learning communities to instill the values of reflection on what is and what should be, inspiring the transition from the troubling observation and unconscious convergence into "what is" to the informed determination of "what one will mindfully become" in the context of healing relationships with patients and their families.

III. Outcomes:

The immediate outcome will be student satisfaction with the course, and their overall satisfaction with year three as measured in the Graduation Questionnaire. We will use narrative comments to further refine and improve the curricular elements of the course. For our students to leave Stony Brook University and medical school motivated by the benevolent capacities that bring meaning, well-being, and health to their lives and to the lives of others, we must model, teach, and investigate these professional qualities. Just as we investigate the force of gravity or the energy of the atom, we can concentrate the collaborative resources of science, humanities, and professionalism on the origins and impact of benevolence and care in the art of healing.

Scholarly Concentration Proposal for Medical Students

Latha Chandran 11/12/09

Background/ Purpose: We have an existing MD with recognition in research and in humanities that has been used with varying success by our students. Recent focus group results reveal opportunity to enhance this program. Several schools (Mt Sinai, Brown, Yale, Stanford, UTMB, Univ of Nebraska etc are doing these, students have a competitive advantage

Proposal: Provide a well defined scaffolding for the MD with recognition programs. Scholarly concentration may be in one of the following areas

- Clinical and Translational Research
- Basic Research
- Community Based Research
- Health Services and Health Policy
- Global Health
- Medical Humanities
- Medical Education

Each of the areas of concentration will have a CONCENTRATION LEADER

Principles:

- Must have components in all four years
- Must reward students in MSPE, transcripts and graduation
- Must have a final "product"- abstract, paper etc for completion

Issues

Required?

Mentors?

Stony Brook University School of Medicine Faculty Teaching Academy (FTA)

Proposed 5/21/08 by Latha Chandran MD, MPH

Introduction:

The Faculty Teaching Academy (FTA) at Stony Brook School of Medicine is one of the several ways by which we explicitly demonstrate value and status for excellence in the Teaching Mission of the institution. Administration of this program will be through the SOM Office of Academic and Faculty Affairs.

Who will be included?

Membership to the Teaching Academy can be by two mechanisms. Any faculty member in the SOM who has received the Aesculapius Award for Teaching is inducted into the Teaching Academy. Annually up to five new faculty members may be inducted to the Teaching Academy by nomination from any faculty member. Self nominations are not allowed.

How long is the membership for?

Once inducted, members carry a three year term. Membership may be renewed for an additional two terms. Persons who have been renewed three terms become life members of the academy. Renewal is done by a peer review committee selected by the members of the FTA

What are the responsibilities of the members of the FTA?

Members are expected to contribute to **50 hours** of teaching and related activities that are not within their department, but are institutional needs (eg: faculty development, faculty retreats, common ACGME resident teaching topics, review of teaching awards, peer reviews for educational grants etc).

What are the benefits of membership in the FTA?

Members of the FTA will be recognized annually at a SOM sponsored faculty dinner event. Membership of the FTA is also attributed as a significant recognition by the Promotions and Tenure committee of the SOM.

How can one nominate a faculty member for induction to the FTA?

A nominating letter(two pages maximum) describing the teaching activities of the faculty member with a copy of the current cv and evidence of excellence in teaching and commitment to his/her learners as well as institutional service is required. Letters of support (maximum five) from supervisors, peers and trainees are supporting documents. Forms for submission are found on the faculty affairs website

www.stonybrookmedicalcenter.org/facultyaffairs and go to for current faculty, under recognitions and rewards.