Dear Friends,

I am very pleased to share with you much progress; as I like to say, “Stony Brook Medicine is rising!”

September and October saw the arrival of two new Chairs, Joel Saltz in Biomedical Informatics, and Mark Talamini, in Surgery. Each has additional responsibilities, Joel as VP for Clinical Informatics, and Mark creating a medical innovation institute. And both have already begun to make an impact. Our searches for chairs of anesthesiology and of radiation oncology, and for a co-director of the heart institute/chief of cardiology are also all going well, with multiple highly accomplished candidates interviewed multiple times.

I am also pleased to report that we continue to make substantial progress in our curricular reform efforts. A very successful and productive educational reform retreat was held in late September; having participated personally, I can vouch that our educational leaders are turning over every stone, thinking about a myriad of theoretical and pragmatic aspects and crafting a curriculum that will develop outstanding compassionate physicians well prepared for the rigors of careers in clinical care, education and/or biomedical research...

We have moved one step closer to our major infrastructure trans-
Dean’s Message (continued from page 1)

formation; ground breaking is now set for November 22nd, at 11 AM, kicking off construction of our hospital expansion and MART (Medicine and Research Translation) buildings, holding nearly 500,000 sq ft of new clinical, educational and research space. To less fanfare, but of some importance (he says tongue in cheek) construction has begun on two new surface parking lots, on the west and south sides of the east campus power plant (a few hundred feet east of the hospital garage). These new lots will create 650 new parking spaces on campus. As they say, “please pardon our dust”, as the entrance to the hospital garage is re-oriented, to accommodate the two new surface lots and a new road that will connect to the new bed tower and MART building entrances. Finally, if you haven’t noticed, Summer is over and Fall is upon us, so enjoy!

A Word From the Vice Dean for Faculty Affairs & Faculty Development (continued from page 1)

http://medicine.stonybrookmedicine.edu/ faculty-affairs/Academic

Diversity, Equity & Inclusion
The Faculty Diversity Advisory Council: The FDAC was established in late 2012 and has 12 members. It has been charged by Dean Kaushansky to develop a SOM-wide diversity plan.

Accomplishments:
• Best practices for diversity and inclusion were reviewed.
• The chairs were surveyed regards diversity practices.
• A comprehensive response was sent to the LCME for the monitoring of the diversity standard.
• The Vice Dean for Faculty Affairs & Faculty Development attended the annual meeting of the AAMC’s Group on Diversity and Inclusion.
• Ms. Inel Lewis has been hired. She has experience in Diversity and Inclusion.
• To educate SOM and departmental search committees we created a brochure entitled “Unconscious Biases and Assumptions” that is available on our website.
• Collaborations have been established with the SOM EEO Committee and the SB University Associate Provost for Diversity & Inclusion.
• Established funding to support faculty travel to underrepresented minority organization meetings.
• We support travel to the AAMC’s Early Career Women Faculty, Minority Faculty, & Mid-Career Women faculty seminars.

Women in Medicine Program at Stony Brook Medicine
• In April 2013, we organized and hosted the 7th Annual Women in Medicine Research Day. Our keynote speaker was Dr. Jean King from the University of Massachusetts Medical School. Eighty-one faculty members were in attendance. Forty one posters were presented.
• Awards for best posters were given out to faculty, fellows, residents and a medical student.
• Multiple webinars on topics of interest to women faculty were organized.
• Women faculty are being supported to attend the early career and mid-career women faculty seminars by the AAMC.

Annual Partners in Quality and Patient Safety Day 2013
This was organized by us and was attended by 101 faculty, staff and trainees; 21 posters were presented and the best were recognized with awards. The recipients of these awards included Residents, Fellows, SOM faculty, Nurses, SON faculty, Pharmacists, department of Continuous Quality Improvement.

The working group on the Spectrum of Education in Quality Improvement and Patient Safety is chaired by the Vice Dean for Faculty Affairs & Faculty Development. Dr. Singh was sponsored by the Office of the Chief Quality Officer to attend the AAMC’s Integrating Teaching for Quality Meeting.

Faculty Orientation & Networking

New Chairs Orientation: We initiated and organized a comprehensive orientation for new Chairs to provide them with an overview regards the SOM, its resources and matters that facilitate their success as leaders of their departments. The chairs of Internal Medicine, Obstetrics and Gynecology, Psychiatry and Neurology were in attendance.

1:1 meetings are conducted by the Vice Dean for Faculty Affairs & Faculty Development with the department chairs. This enables a dialogue regards faculty and their career advancement/development needs with the chairs.

New Faculty Orientation: We hosted two orientations with a welcome dinner for new faculty during the academic year. Sixty six faculty were in attendance.

New Faculty 1:1 Welcome Meetings: The Vice Dean for Faculty Affairs & Faculty Development meets 1:1 with each new faculty member. Career plans for success are also discussed.

Faculty Networking: To provide an opportunity for faculty to network with each other and to foster interdepartmental collaborations we initiated and hosted a series of Faculty Networking Luncheons since January, 2013. The luncheon also provides an opportunity for outstanding Stony Brook faculty to shine a spotlight on a clinical service or academic activity of interest. The luncheon themes included Stony Brook Heart Institute, Quality Improvement and Patient Safety Education and A Celebration of Women Faculty. Seventy faculty have attended these luncheons. The Dean of the SOM is a regular participant.

Announcements: We keep our faculty informed with email notices regarding all of our activities, including Peer-Mentoring, LiME program, Faculty Development workshops, AAMC Seminars, Orientations, Networking Luncheons and special events.

The Office of Faculty Affairs web site has been enhanced and is kept current.

Faculty Development Programs

The Faculty Development Advisory Council: This was reconvened in 2013 and is comprised of 10 members. It serves as an advisory body to the Vice Dean for Faculty Affairs & Faculty Development. The members are liaisons for faculty development, provide suggestions regarding programs, identify resources, and recommend priorities for programs.
Leaders in Medical Education (LiME) Fellowship Program: This program is in its 7th year. It aims to develop faculty leaders in medical education through increased awareness and skill in research & active learning and leadership. The faculty develop skills as teaching scholars. Ten fellows graduated and 10 new fellows enrolled in the program. The education/graduation day for the fellows was a SOM wide Retreat where they presented posters and discussions related to their institutional capstone educational projects for the fellowship. Ninety faculty attended the retreat.

1:1 meetings with the LiME fellows are being conducted by the Vice Dean for Faculty Affairs & Faculty Development to guide them and to gauge their progress. Each fellow is conducting an educational research project.

Faculty Development Workshops: A series of monthly workshops were developed utilizing in house faculty expertise. All workshops are held from 4:30 until 6:00 p.m. on Thursdays, unless otherwise noted. Workshops provide CME and were attended by over 200 faculty members.

Team-based Learning (TBL) Workshops: We hosted 2 SOM-wide TBL Workshop facilitated by Dr. Larry Michelson, world renowned proponent of TBL. The aim was to educate the faculty to facilitate active learning in the new curriculum at the SOM. Thirty two faculty members and 2 medical students were in attendance.

Medical Education Research Certificate Program (MERC): We hosted a series of 6 workshops on medical education research. This qualified the faculty to earn a MERC certificate (sponsored by the AAMC). Sixty four faculty members were in attendance.

Peer-Mentoring Program
A new program was created for junior faculty with an appointment in the clinical educator’s track. The goals of the program are to supplement individual and departmental mentoring efforts, provide faculty with skills to be successful clinical educators, provide opportunities to network and collaborate, prepare faculty for reappointment and promotion and increase faculty satisfaction. We have 24 mentees enrolled in the program; 24 faculty have volunteered to serve as mentors. CME credits have been obtained for this program; 23 program hours have been conducted in the first half of the program.

1:1 meetings with the mentees are being conducted by the Vice Dean for Faculty Affairs & Faculty Development to support the mentees and to gauge their progress. Each mentee is conducting a research project.

1:1 Career Consultations
The Vice Dean for Faculty Affairs & Faculty Development offers 1:1 career consultation sessions for faculty on academic advancement, concerns and career matters.

Collaborations
1. Vice Dean for Graduate Medical Education: Representation on the GME Committee and small group discussion at the GME retreat in April 2013.
2. Vice Dean for Undergraduate Medical Education:
   • Academy for Medical Education Scholars
   • Curricular Evaluation Working Group-subcommittee chair
   • Combined retreat for the new curriculum & LiME Education/Graduation Day
   • Faculty development for the new curriculum- Team Based Learning workshops
   • Medical School Graduation and Match Day
3. Clinical Campus at Winthrop University Hospital: Representation on Winthrop Academic Advisory Council and collaboration with their Associate Dean for UME.
4. Vice Dean for Finance & Admin & Assistant Dean for Faculty & Personnel.
5. Chair of the AP&T Committee.
6. Chief Quality Officer

Faculty Affairs
Governance:
The Vice Dean for Faculty Affairs & Faculty Development participates in the meetings of the SOM Faculty Senate and the Executive Committee of the Faculty Senate. A close collaboration is maintained with Faculty Senate Leadership to support the faculty through these Governance Bodies. These monthly meetings are a two way communication bridge between the faculty and the Office of Faculty Affairs. They keep faculty informed and provide a mechanism for their input on important issues.

Appointments, Promotions & Tenure:
• The Vice Dean for Faculty Affairs & Faculty Development serves as an ex officio member of the SOM AP&T Committee.
• This year the AP&T criteria were changed to include scholarship as a requirement. After a yearlong process of approval through the Faculty Senate the revised criteria have been uploaded to the AP&T web site. http://medicine.stonybrookmedicine.edu/facultysenate/committees/apt
• Review academic dossiers for appointment & promotions and provide letters of reference.

Department Chair Recruitment:
The Vice Dean for Faculty Affairs & Faculty Development served on department chair search committees.

Exit Meetings:
1:1 meetings with the Vice Dean for Faculty Affairs & Faculty Development are offered to faculty leaving the SOM to pursue other interests.

Annual Faculty Review:
A streamlined approach for the annual faculty review at the SOM is being developed in collaboration with institutional leaders.

Scholarly Activities
• Posters and workshop at the AAMC meetings.

Association of American Medical Colleges:
The Vice Dean for Faculty Affairs & Faculty Development is the liaison of the SOM to the AAMC’s:
• Group on Faculty Affairs
• Group on Women in Medicine and Science
• Group on Diversity and Inclusion

Have a great fall season.

M. Singh, MD
The SUNY system has provided great opportunities for me. I was the first person in my family to attend college. My parents and siblings did everything they could to support my education and with limited finances a SUNY education was my best option. I attended University at Albany for undergraduate and then went on to the University at Buffalo School of Medicine. I received the highest standards of education at each University and worked with many outstanding students and professors. I was able to do world-class research at both institutions. I am grateful that I have been able to pay back this public institution as a faculty member at Stony Brook Medicine.

Practicing Primary Care and Geriatrics is very important to me. As an Internist, there is no greater privilege than the long-standing trust that is bestowed upon me by my patients. My career path demands a commitment to lifelong learning. I strive to be an empathetic responsive communicator while at the same time continually staying current in my field.

This dedication to learning has lead me to the other role I am passionate about, that of an educator. During my time at Stony Brook Medicine, I have been fortunate to be involved in Undergraduate Medical Education at every level. The main focus of my efforts has been to enhance student exposure to Primary Care and Geriatrics. As areas of physician shortage it is important that students gain an understanding of the intellectually satisfying aspects of Primary Care and Geriatrics and appreciate how gratifying this career choice can be.

I am the Course Director of the Ambulatory Care Clerkship. This has allowed me to have an impact on the education of our medical students and to improve the quality of their education in Primary Care and Geriatrics. This has been done through the development of a curriculum that includes common outpatient conditions, communication and health literacy. An end-of-life teaching module that centers on an inter-professional home hospice visit is an important aspect of this clerkship. The reflective writing exercise required as part of this experience gives students the chance to practice narrative medicine and to express their emerging professionalism. Recently, a second inter-professional home care visit that emphasizes patient safety and transitions of care has been added to the clerkship. Core geriatric competencies are stressed during the Ambulatory Care Clerkship. This builds upon prior preclinical curriculum I have developed including an experiential geriatric day during Introduction to Clinical Medicine and an inter-professional geriatric course for medical and undergraduate students in the School of Health Technology and Management that I co-direct.

To further enhance geriatric education I have distributed my curricular innovations for implementation at other institutions of higher learning. I authored geriatric OSCE case which was chosen as an editor’s choice on Portal of Geriatric Online Education (POGOe) and is currently being utilized at other health professional schools nationally and internationally. I have developed a web-based module on geriatric depression for web-GEMs (Geriatric Educational Modules) that is also on POGo.

I am also involved in Graduate Medical Education as the Principle Investigator of the Stony Brook Chief Resident Immersion in the Care of the Older Adult (CRIT) Program. This is part of the national dissemination of the Boston University CRIT administered by the Association of Directors of Geriatric Academic Programs, with grants from the Hearst and the Donald W. Reynolds Foundations. I was formerly a core faculty member of the Long Island Geriatric Education Center, which focused on faculty development and a fellow in the Leaders in Medical Education Program.

I was recently elected to the Education Committee of the American Geriatric Society. This role will enable me to develop geriatric educational programs at the national level.

I have long believed the saying, “knowledge is power”, that is why I chose to pursue higher education. The SUNY system has given me the opportunity to gain knowledge. Stony Book Medicine has given me the chance to use that power to improve patients’ lives, educate students and residents and give back the community I came from.
I was born in Washington, D.C. but moved to Houston before I was one year old so for all intents and purposes I consider Houston my hometown. This never ceases to surprise, as I possess no indication that I grew up in Texas. I have no accent, I do not own a horse or gun, and I do not like country music or the rodeo. During my undergraduate years at the University of California at Berkeley people assumed I grew up in California. After completing my bachelor’s degree, I left one of the most liberal cities in the United States to attend medical school at Texas A&M College of Medicine located in one of the most conservative cities in the United States. It was an interesting transition and a great experience; the clinical experience at Texas A&M was excellent, but to further explore academic medicine, I sought to incorporate a significant research experience. Between my second and third years in medical school, I applied for and was awarded a Sarnoff Cardiovascular Research Fellowship that funded a research year with an established basic science lab at the institution of my choosing. I wasted no time and spent my year in a lab at Stanford University studying endothelial cell dysfunction in diabetics which led to an oral presentation at the American Heart Association National Meeting.

After finishing medical school, I realized that I had never experienced living on the east coast and was excited to start my general surgery residency at NYU Medical Center in Manhattan. I must admit that I do still miss a few aspects of the city, namely the restaurants. Between my third and fourth years, I again found myself looking to revisit my research interests and I once again packed up and moved back to Stanford University to spend two years in the lab. I was awarded an American Heart Association Post-Doctoral Fellow Grant, which provided salary support, for my proposal to study endothelial progenitor cell recruitment to build new blood vessels. This led to a publication in the journal Circulation. It was no surprise that I chose to specialize in the field of vascular surgery. I stayed at NYU to complete my vascular surgery fellowship training and took a special interest in advanced aortic endovascular surgery.

During my final months of fellowship, I was fortunate enough to be the inaugural fellow to participate in a fellows exchange with Changhai 2nd Military Hospital in Shanghai, China. I was an obvious choice to be the inaugural fellow given that I am Chinese and I have Mandarin Chinese language skills. This was an eye opening experience as I was able to see first hand how the Chinese medical system operates and began to understand the difficulties of transitioning a country from a predominately self pay system into an insurance based system. They definitely did not have the resources that we have here, but don’t let that fool you into thinking they were not on the cutting edge. During my time there with the Vascular Surgery Department, I witnessed many amazingly complex cases and the use of a number of custom designed devices. One day, as I watched a particularly complicated case, I started up a conversation with a young surgeon who was also observing the case and we began to share our experience there. It just so happens he was visiting from North Korea.

Stony Brook is my first faculty position and I am now in my third year. I have been fortunate to grow rapidly from a clinical perspective and have the opportunity to tackle the complex endovascular aortic cases for which I had been trained. I recently completed the Leaders in Medical Education Fellowship, which allowed me to further refine my skills as an educator and to develop my leadership skills and style. During the course of the fellowship, I took on the role of the Associate Program Director for the Vascular Surgery Residency and Fellowship Program. Currently, I have been intimately involved in the development and launch of Suffolk County’s first Aortic Center for the surgical treatment of aortic pathologies. As we look to the launch in October, I am excited to be able to offer the latest advanced techniques for the treatment of aortic diseases.

I have had a wonderful experience to date as a faculty member here and have grown in so many ways as a clinician, educator, and researcher. I am excited at what the future holds and see endless possibilities.
Physician award winners for 2013, as recognized by Stony Brook Medicine’s Health Care Heroes of the Dalio Center of Cardiovascular Wellness.

**Appointments, Promotions and Tenure**

**Professor**
- July 2013
- Thomas Lee, MD (Surgery)
  - Clinical Professor
- September 2013
- Frank Cervo, MD (Medicine)
  - Clinical Professor
- Lisa Strano-Paul, MD (Medicine)
  - Clinical Professor

**Associate Professor**
- July 2013
- James Bernasko, MD (OB & Gyn)
  - Clinical Associate Professor
- Isabelle von Althen-Dagum, MD (Medicine)
  - Clinical Associate Professor
- Adee Yacoub, MD (Psychiatry)
  - Clinical Associate Professor
- September 2013
- Sonya Hwang, MD (Pathology)
  - Clinical Associate Professor
- Maury Marmor, MD (Ophthalmology)
  - Clinical Associate Professor

**Voluntary Appointments**
- July 2013
- Harold Brem, MD (Surgery)
  - Professor

**Data compiled by**
- Virginia Desposito and Karen Wilk, CPA, MBA
  - Assistant Dean for Faculty Personnel

---

**Stony Brook School of Medicine Welcomes New Faculty Who Have Joined Us in July 2013 - September 2013**

- William Minh Vuong, MD
- Brian Wright, MD
- Ana Maria Blanco, DO
- Albin Abraham, MBBS
- Sahar Ahmad, MD
- Ainsul Asif, MD
- Anthony Brehm, MB BCH
- Nirvani Goolsarram, MD
- Sandeep Maliappatu, MD
- Sherry George Mansour, DO
- Antonio Moretta, MD
- Jignesh Patel, MD
- Rajeev Patel, MD
- Ali H. Sheikh, DO
- Scott A. Stein, DO
- Amar Thosani, MD
- Cynthia Togawa, MD
- Baldeep Wirk, MD
- Galyna Pushchinska, MD
- Jennifer M. Blaber, MD
- Evangelia S. Falkner, CNM
- Dorota B. Kowalska, MD
- Christina Maxis, MD, MPH
- Michelle Salz, CNM
- Jaeh Chung, MD
- Roosje DeGrauw, MD
- Kathryn Brigitte Fassnacht, NP
- Katherine Barth Huston, MD
- Jennifer Klingenberger-Beyer, MD
- Echezo Maduckwe, MBBS
- Lauren E. Ng, DO
- Kathleen Walsh, MD
- Robert P Woroniecki, Phys
- Paul A. Mitrani, MD, Ph.D
- Jennifer F Ripton-Snyder, MD, MPH
- Kartik Goihl, MBBS
- Amy M. Balanoff, Ph.D
- Jordan B. Slutsky, MD
- Janine Reinhardt, MD
- Mohammad A. Hamdani, MD
- Jeanine M. Morelli, MD
- Carolyn Maxwell, MD
- Getu Teressa, MD, Ph.D
- Brian D. Cruickshank, MD
- Mark Lusco, MD
- Rachel Kidman, Ph.D
- Sean Clouston, Ph.D
- Xuefeng Wang, Ph.D
- Joel Saltz, MD, Ph.D
- Ana Costa, MD
- Jun Lin, MD
- Ronald Flores, MD
- Renny V. Peter, MD
- Louis Manganas, MD, Ph.D
- Joyce Varughese-Raju, MD
- Peter Pirraglia, MD
- Al Alam, MD
- Mary Saltz, MD
- Randeep S. Jawa, MD
- Anthony T Corcoran, MD
- Akbar Shakoor, MBBS
- Anesthesiology Clinical
- Emergency Medicine
- Family Medicine
- Medicine
- Medicine
- Medicine
- Medicine
- Medicine
- Medicine
- Medicine
- Medicine
- Medicine
- Medicine
- Medicine
- Medicine
- Medicine
- Neurology
- Obstetrics/Gynecology
- Obstetrics/Gynecology
- Obstetrics/Gynecology
- Pediatrics
- Pediatrics
- Pediatrics
- Pediatrics
- Pediatrics
- Pediatrics
- Psychiatry
- Radiology
- Surgery
- Anatomical Sciences
- Dermatology
- Emergency Medicine
- Emergency Medicine
- Family Medicine
- Medicine
- Medicine
- Orthopaedics
- Pathology
- Preventive Medicine
- Preventive Medicine
- Preventive Medicine
- Biomedical Informatics
- Anesthesiology
- Anesthesiology
- Medicine
- Medicine
- Medicine
- Neurology
- Obstetrics/Gynecology
- Pediatrics
- Psychiatry
- Radiology
- Surgery
- Urology
- Ophthalmology
- Assistant Professor
- Clinical Assistant Professor
- Clinical Assistant Professor
- Assistant Professor
- Assistant Professor
- Assistant Professor
- Clinical Assistant Professor
- Assistant Professor
- Clinical Assistant Professor
- Assistant Professor
- Clinical Assistant Professor
- Clinical Assistant Professor
- Assistant Professor
- Clinical Assistant Professor
- Assistant Professor
- Clinical Assistant Professor
- Assistant Professor
- Clinical Assistant Professor
- Assistant Professor
- Clinical Assistant Professor
- Clinical Assistant Professor
- Clinical Assistant Professor
- Clinical Assistant Professor
- Clinical Assistant Professor
- Assistant Professor
- Clinical Assistant Professor
- Clinical Assistant Professor
- Clinical Assistant Professor
- Clinical Assistant Professor
- Clinical Assistant Professor
- Clinical Assistant Professor
- Clinical Assistant Professor
- Clinical Assistant Professor
- Clinical Assistant Professor
- Clinical Assistant Professor

---

**Bravo!**
**We congratulate the following individuals who recently received awards**

Stony Brook Medicine’s Health Care Heroes
Physician award winners for 2013, as recognized by Long Island Business News:

- **Hospital Award** – Stony Brook University Hospital
- **Achievement in Health Care** – Ventricular Assist Device Program (Hal Skopicki, MD, and Allison McLarry, MD)
- **Community Outreach** – World Trade Center Health Program’s Long Island Clinical Center of Excellence (Benjamin Luft, MD)
- **Physician** – Michael Poon, MD, Director of Advanced Cardiovascular Imaging and Director of the Dalio Center of Cardiovascular Wellness and Preventive Research

**Please notify the Office of Faculty Affairs & Faculty Development if you would like to acknowledge a faculty member**

---

Data provided by Karen Wilk, CPA, MBA, Assistant Dean for Faculty Personnel and Virginia Desposito. Edited by Irlene King.
Exciting Changes in GME

Frederick M Schiavone MD, Vice Deon for GME, Clinical Professor of Emergency Medicine, Medical Director of the Center for Clinical Simulation and Patient Safety

The Graduate Medical Education world is going through some very exiting changes that will affect our Residents. New York State adopted The Internet System for Tracking Over- Prescribing Act (I-STOP) in efforts to decrease drug prescription abuse and fraud. I-STOP offers a real-time controlled substances reporting system that allows practitioners to review their patient’s controlled substance history prior to prescribing Schedule II, III and IV substances. Starting on August 27, 2013 all practitioners are required to document that they reviewed the database.

A practitioner is not required to review the reporting system if the controlled substance in administered and consumed entirely in the hospital premises or if the patient is in hospice care. For physicians caring for patients in the Emergency Department only, the prescribers are not required to review the database if the prescription is under a five day supply. Additionally, the duty to consult I-STOP does not apply if it is not possible to access the registry in a timely manner, in the event of technological difficulties, and in the event that there is no one available to physically review the database. According to the law, a prescriber is expected to document the exception in the medical record.

To prevent unavailability of licensed physicians to review I-STOP, practitioners are allowed to assign a non-licensed physician (resident) to search the registry on their behalf. Under the Act, the practitioner may manually assign their designee on their Health Commerce Account. A recent update to the law enables the institution to designate the residents on behalf of the institution. The Office of Graduate Medical Education expects all of our departments to ensure that our residents are aware of the Act. We expect them to comply with the regulations and to be aware of the expectations and exceptions.

We would like to highlight the Department of Internal Medicine, under Dr. Susan Lane, for becoming the first program to work towards registering all of their residents in the Health Commerce System. Resident involvement in patient care is a critical aspect of their training and their involvement in I-STOP allows them to be fully aware of their patient’s prescription history. In efforts to keep her residents fully involved in patient care, Dr. Lane worked with the Institutional Coordinator to assign a local Health Commerce System (HCS) Coordinator for the Department of Medicine Educational Program. This newly named coordinator helped establish HCS accounts for all of the unlicensed residents in their training program. Once all of the trainees have established accounts, the local HCS coordinator will designate them as Prescription Monitoring Program (PMP) users in behalf of our institution. The goal of the Department of Medicine is to have all their residents as fully registered members and active users by the end of this year. I would like to commend Dr. Susan Lane’s innovative efforts to keep the Internal Medicine residents involved in the changes happening in medicine and in Graduate Medical Education. We can and should all learn from her initiatives to make these effective changes.

Therefore in conclusion, the Institution and the Office of Graduate Medical Education are requiring that all residency programs designate their current Program Coordinators as the local HCS coordinator. They will be expected to create HCS accounts for their unlicensed residents and to designate them as PMP users on behalf of Stony Brook University Hospital. We expect that all unlicensed residents will have HCS accounts by the end of November. Our GME office will be available to help facilitate with any challenges that may arise through this transition.

DID YOU KNOW?

Latha Chandran, MD, Vice Dean of Undergraduate Medical Education, Professor of Pediatrics

Dear Faculty,

We are in an exciting phase of our curriculum reform process. We just completed a well attended and successful faculty retreat discussing in great detail the various aspects of our new curriculum. First and foremost I would like to thank the many faculty members and students who have energetically taken on this challenging venture and worked hard to keep us on schedule for this major reform - a big THANK YOU to each and every member of the seven subcommittees and the curriculum evaluation working group for their dedicated work.

What is the new curriculum?

The name we have given for our new curriculum is the LEARN curriculum.

- learning centered
- experiential
- adaptive

R-rigorous
N- novel

Note that our focus is on LEARNING and how best we facilitate this. We want to ensure adequate experiences to ensure that the learning “sticks”, we want to be flexible and adaptive to the varying learner needs and interests at the same time being rigorous in our standards. The curriculum must be nimble enough to keep the biomedical content novel and evergreen. That is what we hope the LEARN curriculum will be, one that will kindle intrinsic motivation among our learners to pursue life-long learning for the pure joy of knowing and learning thus benefitting the community we care for.

Structure of the LEARN curriculum

The LEARN curriculum will begin in academic year 2014-15. It will have three phases in lieu of the current four years. Transition courses (such as transition to medical school, transition to wards and transition to residency) are planned at strategic points to guide student orientation and progress for the next phase of learning.

Foundational Phase: This first phase will have 18 months, starting with an integrated Biomedical Building Blocks (B3 course) followed by 12 months of organ systems-based learning where physiology, pathology and pharmacology will be taught synchronously. During this phase there will be week long TIME (Topics in Medical Education) blocks dedicated to teaching doctoring principles. Early introduction to the practice of medicine will be longitudinally provided through two courses: Introduction to Clinical Medicine and Medicine in Contemporary Society. This phase will conclude with the

(continued on page 8)
This phase will include Interim Chief Quality Officer Carolyn Santora, MS RN NEA-BC CSHA.

A Focus on Quality

Carolyn Santora, MS RN NEA-BC CSHA
Interim Chief Quality Officer

Stony Brook Medicine Strives to Achieve Zero Central Line infections Central line-associated blood stream infections (CLABSI)s remain one of the most common health care associated infections and contribute to significant morbidity and mortality nationwide. According to the National Institute of Health, the cost of these infections tops 2 billion dollars annually.

In 2004 Stony Brook joined in a collaborative through the Institute for Healthcare Improvement (IHI) which promoted the use of evidence based practices to decrease the rate of central line infections. The concept of applying “bundles” of care, monitoring practice, and measuring outcomes was shown to effect positive change. The initial work grew from interventions in two ICUs at Johns Hopkins Hospital which spread nationally. According to Peter Pronovost, Senior Vice President for Patient Safety and Quality at Hopkins, they were able to demonstrate a causal link between the interventions and decreased CLABSI.s.

The SICU was the first unit at Stony Brook to utilize a daily goal sheet to support best practices related to central lines and that had been endorsed by the IHI, National Institute of Health and the Center for Disease Control (CDC). The use of the goal sheet became standard practice throughout our ICUs. Stony Brook’s efforts, driven by the Department of Continuous Quality Improvement, included the application of Central Line Insertion and Maintenance bundles. Practices were supported by standardizing kits that contained all required materials for insertion and included an audit tool to capture reliability and ensure compliance. Education was standardized and competency based certification is now required for all residents.

These measures resulted in a decreased rate of CLABSI over a five year period of more than 80%. This was sustained through year end 2012. Beginning in January 2013, however, we began to see our CLABSI rate in the ICUs increase. In addition we started to track our CLABSI rate for patients outside the ICUs and documented hospital acquired Central Line Infections in those areas also. Therefore, in April, a multidisciplinary work group was established with the goal of reviewing current practice, identifying barriers to best practice, and ensuring roll out of best practices to our acute and ICR units. Each identified CLABSI is reviewed at the unit level to determine root cause. The process for certification for central line insertion was reviewed, and under the direction of Chris Gallagher, MD, who has oversight of the Simulation Lab, the simulation training for CL insertion was modified and now included videotaping to enhance the feedback for the residents. The review of the CLABSI revealed that greater than 90% were related to maintenance of the line rather than insertion. This led to actions to ascertain that appropriate line care was carried out and to reduce catheter line days through daily review of necessity. A critical elements maintenance checklist, which had previously been in place, was revised and rolled out to all units that have patients with central lines. Lastly, we have implemented the CDC Category II recommendation for daily chlorhexidine bathing for patients with central lines in our adult ICUs and acute units and in the PICU for children > 2 months, unless contraindicated. Contradictions include excoriated skin, open wounds, or allergy to chlorhexidine. An order by a physician, Nurse Practitioner or Physician Assistant is required. The collaborative efforts of the Division of Nursing and the Medical Departments with support from the Departments of Quality and Safety and Hospital Administration has resulted in a reduction in CLABSI rate. We have cut the incidence by more than 50% since January. Continued vigilance will be needed to sustain our gains and bring our rate to zero.
Department Highlights: Preventive Medicine

Iris A. Granek, MD, MS
Clinical Professor and Chair
Department of Preventive Medicine

Stony Brook Medicine’s Department of Preventive Medicine exemplifies a true interdisciplinary approach to research and teaching with faculty representing the clinical, social, behavioral and basic sciences, as well as the humanities. Utilizing a population health perspective and focusing on all aspects of preventing disease and disability, the department has played an important role in establishing links with area-wide agencies such as the two county health departments. Likewise with health care reform and the current focus on prevention and population health, the faculty’s scholarly activities are quite timely. These involve investigating the multiple determinants of health and illness including social, behavioral, demographic, economic, environmental, genetic, and occupational variables. Additionally studies exploring effective medical, policy and public health interventions. Some of the specific research areas include, but are not limited to: aging, altruism, primary cancer prevention, cancer screening, cancer survivorship, diabetes, eye disease, environmental and occupational exposures, quality of life, sleep, violence, medical education and faculty development. Some projects are short term, while others have lasted 15 years or more and range in scope from individual data analysis, development and testing of novel cancer prevention agents, multi-center epidemiologic studies and clinical trials to functioning as the data coordinating center for multi-center studies. The level of faculty success in obtaining grants over the past 5 years is impressive with funding exceeding 26 million dollars, of which 37% focused on cancer research, 3.7 million dollars came specifically from NCI, and 1 million dollars was for the residency program through HRSA and the American Cancer Society. Much of the departmental research is of a collaborative nature with investigators from departments and centers throughout Stony Brook Medicine and West Campus, as well as other institutions within and outside the United States.

The Department is the home for two special units. The Biostatistical Consulting Core, directed by Dr. Jie Yang, who joined the department in 2011. The Core operates on a fee-for-service basis, with additional support provided by the School of Medicine. It offers biostatistical consultation, collaboration, education and support. The Center for Medical Humanities, Compassionate Care, & Bioethics, directed by Dr. Stephen Post, started in 2008 and is comprised of core faculty from Preventive Medicine and contributing faculty from both sides of campus. The focus is on teaching and research in the humane aspects of medical care and bioethics, using the methods from the humanities & social sciences. The Center is responsible for providing the longitudinal ethics and professionalism curricular theme in the Medical School and has a Master’s program which began 2 years ago.

In addition to that Master’s program, Preventive Medicine faculty actively engage in educational activities throughout the Stony Brook Medicine enterprise. This includes the medical school curriculum as Course Directors, small group facilitators, lecturers, committee members, clinical preceptors, and as mentors for scholarly concentration projects and in the new longitudinal learning communities. Additionally, for the MPH degree offered through the Program in Public Health, they comprise the core faculty responsible for all aspects of the program including oversight and delivery of the curriculum.

The Preventive Medicine Residency Program is a two year program in General Preventive Medicine and Public Health that accepts up to 4 new residents each July. Dr. Dorothy Lane has been the Director since its inception, has held many leadership roles in the field, and is currently on the Executive Board of the ACGME. Graduates of the program hold leadership positions in public health and preventive medicine locally, regionally and nationally including 3 County Health Commissioners, the Executive Vice President for Programs of the Commonwealth Fund and the Chief Medical Officer of IPRO (quality improvement organization). In addition to preventive medicine residents, our faculty provides classes for ophthalmology residents and K30 clinical scholars, research mentoring and teaching of pediatric residents and fellows, travel medicine elective time for medicine residents and interdisciplinary resident Patient Safety First discussions.

The departments clinical activities include several types of programs and services including Medical Directorship of the University Hospital Employee Health Service and an office based multi-specialty clinical preventive medicine practice. The latter includes occupational medicine, travel medicine, adult vaccination services, and life style preventive medicine services. Dr. Raja Jaber directs the Wellness/Chronic Illness Program which includes state of the art conventional medicine combined with mind/body, nutritional and life style medicine.

In closing, my hope was to portray with these highlights the diversity and expertise of the department faculty which is ripe for continuing to form linkages and collaborations as Stony Brook Medicine moves forward with implementation of its strategic plan.
The Stony Brook Medicine Hospitalist Program is the inpatient arm of the Division of Geriatrics, General Internal Medicine and Hospital Medicine within the Department of Medicine. Its leadership includes Dr. Vincent Yang as Chair of the Department, Dr. Suzanne Fields as Division Chief, and Dr. Shai Gavi as Section Chief. The Hospitalist Program’s mission is to provide high quality, safe and efficient team-based medical care that is evidence-based and patient-centered. The Hospitalists provide inpatient adult medical care while working in close partnership with outpatient colleagues, medical subspecialists and surgical specialists.

The Stony Brook Hospitalist program began about 10 years ago with a small group of faculty who devoted their clinical and teaching efforts solely to inpatient medicine. They cared for about 50 patients primarily on the medical teaching service. Over the past decade, the Hospitalist Program has grown to include 43 Hospitalists and 15 Mid-level Practitioners who now cover about 150 patients a day. Daily admission volumes range from 30-40 patients per day and weekday discharges average 30 per day. The majority of general medical patients are located on 12S, 13N, 15N, 15S, and 16N units. More recently, the Attending Directed service has expanded to cover 110 patients with the help of Nurse Practitioners and Physician Assistants. This organizational change has enabled a concomitant reduction in the size of the Internal Medicine and Family Medicine inpatient teaching service teams, thereby assuring compliance with ACGME regulations.

Twenty-three of the Hospitalists are graduates of Stony Brook’s Internal Medicine residency program, 7 previously served as Chief Residents, and 6 are board-certified in Infectious Disease, Nephrology, or Geriatrics as well as Internal Medicine. The program meets national targets for core measures such as compliance with vaccination, heart failure management and evaluation, and smoking cessation education. Hospitalists with an interest in geriatric care have initiated several exciting quality improvement projects including BOOST, ACE Tracker, and a new delirium prevention and expedited management project. The BOOST (Better Outcomes for Older Adults Through Safe Transitions) program, has demonstrated a significant reduction of 30-day readmission from 15% to under 5% in less than a year after its implementation. Another program in development, called the “ACE Tracker” (Acute Care for Eldery), will offer an electronic dashboard which identifies elderly patients at risk of iatrogenic injury from indwelling catheters, falls, pressure sores, delirium, polypharmacy and high risk medications so that appropriate interventions can be ordered to prevent such complications. Stony Brook is collaborating with geriatric leaders from four other institutions/health systems, including Aurora Health, on the ACE Tracker project.

Many of the Hospitalists are members of hospital committees, including Patient Safety, Electronic Medical Records, Rapid Response Team, and Transitions of Care. In an effort to provide efficient and cost effective medical care, the Hospitalist group has worked on reducing the length of stay from 6.2 to 4.6 days in the past year. This decreased length of stay has reduced unnecessary cost, reduced the number of Emergency Department holds, and has overall improved the occupancy capacity of the Hospital.

The Medicine Consultation Service provides co-management on the Orthopedic Service and medical consultative services to Surgical, Neurology, Obstetrics, and Psychiatry Services. Hospitalists provide co-management service for night coverage of the Bone Marrow Transplant Service. Additionally, there are Medical Attending physicians in house overnight to provide direct medical care, as well as resident supervision, 7 days a week.

Hospitalist faculty members are equally committed to the educational mission of Stony Brook Medicine. They play a key role in the inpatient Medicine training of medical students as well as residents from the Internal Medicine and Family Medicine Residency programs. Hospitalists also participate in the education of the 1st and 2nd year Medical Students in the Introduction to Clinical Medicine 1 and 2 and geriatric medicine fellows.

Many of the Hospitalists have received awards for their excellence in teaching. One Hospitalist serves as Co-Director of the Medicine Clerkship, and another serves as the Associate Program Director for the Internal Medicine Residency. Many of the Hospitalists hold or are working towards advanced degrees in Public Health, Business, and Research. Several Hospitalists have participated in the Leadership in Medical Education and Mentoring Programs provided by the Vice Dean for Faculty Development within the School of Medicine and some have become Reynolds Scholars to augment their geriatric expertise. The Hospitalists are also engaged in research projects with the Residents, and present their work at national meetings.

In summary, the Hospitalist Program has grown over the years and has succeeded in meeting many of the educational and clinical needs of Stony Brook Medicine. Moving forward, hospitalists will work collaboratively with colleagues in the outpatient and long-term care settings to improve transitional care and to offer a hospitalist track for the geriatric fellowship. They will also focus on areas of patient satisfaction and the development of co-management models with other surgical and medical subspecialties.

Length of Stay – Hospitalist Service
Academic Year 2012-2013
Andrew White, PhD  
Associate CIO, Health Sciences

For some time, computing and technological support for the academic, administrative, and research aspects of the Stony Brook Medicine campus has existed in silos, with individuals assigned and dedicated to specific schools and even departmental units within the School of Medicine. As a result, there is a significant disparity in the levels of IT support provided to the various operational units that comprise the non-clinical areas of Stony Brook Medicine. In keeping with the University's Project 50 Forward efforts, some recent important changes have been made within the organization of Stony Brook Medicine in order to address these ongoing technology support concerns.

As I started in my position as Associate CIO for Health Sciences during this past spring, two surveys were conducted to gauge campus satisfaction with IT services. Results from these surveys can be found at http://it.stonybrook.edu/news/articles/doit-releases-techtqual-survey-results. My staff, which previously consisted of two major IT support units for the East Campus - Medical Informatics and Health Sciences Library Information Systems - along with the IT support staff for the School of Health Technology, have been reorganized to form the Division of Health Sciences Applied Informatics. The mission of the new unit is to provide technological support for the non-clinical portions and activities of the Health Sciences buildings of the East Campus. As part of this reorganization, several staff will take on new sets of responsibilities and will be experiencing changes in reporting structures. And most recently, we welcomed the arrival of Dr. Joel Saltz, to whom I and Applied Informatics now report. Dr. Saltz is our new Vice President for Informatics and the new, founding Chairman of the Department of Biomedical Informatics.

Among the issues underscored by the feedback from the technology satisfaction surveys was a perceived lack of clarity when determining technological support options and a general misunderstanding of what non-hospital IT staff are involved in maintaining. The following list offers highlights of the variety of services and projects that are developed, run, and supported by Applied Informatics staff. This list is by no means exhaustive, but hopefully provides some sense of the scope of activity that frequently goes on “behind the scenes.”

- Administration of servers, network storage, website applications, graphic design, and the multitude of content for the websites of Stony Brook Medicine (http://www.stonybrookmedicine.edu). This includes websites for Centers and Institutes, the Clinical Departments, the 5 Schools, and the Graduate Program in Public Health.
- Grant funded research utilizing data from the New York State Department of Health in partnership with researchers from SBU, Upstate Medical, and the University at Buffalo,
- Ongoing development of CBase, a complex application that tracks courses, exams, and the progress of students within the Schools of Medicine and Dentistry
- Administration of remote network access servers that support access to the more than 80,000 electronic research journal subscriptions from all of the University Libraries
- Administration of software that supports several administrative and financial operations within the School of Medicine
- Development of software that interfaces between the national medical school student application submissions and the recruitment/evaluation processes for the School of Medicine
- Administration of a computer cluster for analyzing research data within the Department of Pharmacology
- Design, development, and technical administration of the website for SUNY REACH (http://reach.suny.edu). This website hosts information about collaborative efforts between researchers across Upstate and Downstate Medical Centers, Stony Brook Medicine, University at Buffalo, and SUNY Optometry. This site also represents use of the latest advances in technologies associated with linked data and the semantic web.
- Administrative and technical support for the delivery of online exams and quizzes for medical and dental school students.

The Division of Applied Informatics will continue to evolve in response to ongoing evaluation of needed support services and new technologies. We also anticipate in contributing to the success of both the new Department of Biomedical Informatics and future curricular changes in the School of Medicine. And we look forward to improved collaboration with other IT-associated staff across the University, inclusive of the campus Division of Information Technology and the Hospital's Information Technology Division.

Cancer Center

Sajive Aleyas, MD, and Thomas Bilfinger, MD  
Co-Directors of the Lung Cancer Evaluation Center

Stony Brook University Cancer Center, in conjunction with proposed federal guidelines recommending that patients at highest risk for lung cancer receive an annual computed tomography (CT) screening, has recently launched a lung cancer screening program at the Lung Cancer Evaluation Center (LCEC). The program will include a telephone screening, followed by a low-dose radiation CT scan for appropriate candidates and a comprehensive evaluation that will cover smoking cessation counseling.

The U.S. Preventive Task Force recommends these annual screenings for current and former smokers, ages 55 to 80, with a history of smoking a pack-a-day for 30 years or two packs a day for 15 years, along with other candidates with lesser but still significant risks. The task force believes the benefits to the high-risk candidates outweigh the risks involved in an annual screening. About 22,000 of the U.S.'s nearly 160,000 annual lung cancer deaths could be prevented if doctors followed these screening guidelines.

These recommendations dovetail with the LCEC’s dedication to early detection, fast and accurate diagnoses, and comprehensive treatment of lung cancer. Lung cancer found in its earliest stages is 80 percent curable, usually by surgical removal of the tumor.

"Patients have better outcomes, including the possibility of cure, when the diagnosis is made early. Ultimately these screenings will have a significant effect on patient outcomes and will save lives," says Sajive Aleyas, MD, who, along with Thomas Bilfinger, MD, is Co-Director of the LCEC. Since its inception, the LCEC has evaluated more than 5,000 patients with chest abnormalities. It already has the infrastructure, technology and multidisciplinary team in place to accommodate this new screening program.

To contact the LCEC, call (631) 444-2981.
The Office Of Faculty Affairs & Faculty Development Presents:
Faculty Development Workshops
Provided at Stony Brook Medicine 2013-2014

These workshops are specifically designed to help advance the careers of faculty, improve their involvement in undergraduate and graduate medical education and to enhance scholarship and research.

All workshops are from 4:30 until 6:00 pm in the HSC Dean's Conference Room 4-180, unless otherwise noted.

<table>
<thead>
<tr>
<th>DATE</th>
<th>TOPIC OF WORKSHOP</th>
<th>PRESENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 26, 2013</td>
<td>Decoding the Mysteries of Interview Techniques <em>(Completed)</em></td>
<td>Frederick M. Schiavone, MD</td>
</tr>
<tr>
<td>October 10, 2013</td>
<td>Cultural Competency 101 <em>(Completed)</em></td>
<td>Aldustus Jordan, Ed.D</td>
</tr>
<tr>
<td>October 24, 2013</td>
<td>Early Career Professional Development: The AAMC Perspective</td>
<td>Jennifer Pynn, MD</td>
</tr>
<tr>
<td>November 14, 2013</td>
<td>Getting Funded: How to Improve Your NIH Grant Application</td>
<td>Fred Friedberg, Ph.D</td>
</tr>
<tr>
<td>November 21, 2013</td>
<td>Giving Scientific Presentations: Learn how to plan, organize, and deliver a scientific research talk</td>
<td>Mary Kritzer, Ph.D</td>
</tr>
<tr>
<td>December 12, 2013</td>
<td>Delivering Feedback Effectively</td>
<td>Janet Fischel, Ph.D</td>
</tr>
<tr>
<td>January 9, 2014</td>
<td>Maintaining a Work/Life Balance: Managing Stress &amp; Time Management</td>
<td>Allison J. McLarty, MD</td>
</tr>
<tr>
<td>January 23, 2014</td>
<td>Faculty Promotions</td>
<td>Meenakshi Singh, MD</td>
</tr>
<tr>
<td>February 13, 2014</td>
<td>How to Develop a Career as a Clinical Educator</td>
<td>Latha Chandran, MD, MPH</td>
</tr>
<tr>
<td>February 27, 2014</td>
<td>Developing an Academic Career Plan as a Clinical Researcher</td>
<td>Marie Gelato, MD</td>
</tr>
<tr>
<td>March 13, 2014</td>
<td>Making the Transition from Lecture Hall to Small Groups: How to Effectively Teach Small Groups in a Medical School Setting</td>
<td>Howard B. Fleit, Ph.D</td>
</tr>
<tr>
<td>March 27, 2014</td>
<td>Difficult Conversations</td>
<td>Meenakshi Singh, MD</td>
</tr>
<tr>
<td>April 10, 2014</td>
<td>Faculty Research Resources</td>
<td>Stephen Vitkun, MD, MBA, Ph.D</td>
</tr>
<tr>
<td>April 24, 2014</td>
<td>First Impressions: Curriculum Vitae Workshop</td>
<td>Stephen Vitkun, MD, MBA, Ph.D</td>
</tr>
<tr>
<td>May 8, 2014</td>
<td>Mentoring in Academia</td>
<td>Janet Fischel, Ph.D</td>
</tr>
<tr>
<td>May 22, 2014</td>
<td>Health Disparities, Health Equity &amp; Diversity</td>
<td>Jennie Williams, Ph.D</td>
</tr>
<tr>
<td>June 12, 2014</td>
<td>Mid-Career Professional Development: The AAMC Perspective</td>
<td>Allison J. McLarty, MD</td>
</tr>
<tr>
<td>June 26, 2014</td>
<td>Navigating the Appointments and Promotions Process for Early Career</td>
<td>Meenakshi Singh, MD</td>
</tr>
<tr>
<td>July 10, 2014</td>
<td>Minority Faculty Development: The AAMC Perspective</td>
<td>James Davis, MD</td>
</tr>
<tr>
<td>July 24, 2014</td>
<td>Significance of the Work Environment</td>
<td>East Campus</td>
</tr>
</tbody>
</table>

Certification Statement
The School of Medicine, State University of New York at Stony Brook, is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The School of Medicine, State University of New York at Stony Brook, designates this activity for a maximum of 1.5 AMA PRA Category 1 Credits™. Physicians should claim credit commensurate with the extent of their participation in the activity.

For more information and to register, please contact Jessica by e-mail at Jessica.Famiglietti@StonyBrookMedicine.edu

UPCOMING EVENTS

Of Additional Interest to SOM Faculty:
3/12/14  3rd Annual Partners in Quality and Patient Safety Day
4/24/14  Women in Medicine Research Day

AAMC Conferences and Seminars
11/1/2013-11/6/2013
Research in Medicine Education (RIME) Conference, Philadelphia, PA
12/14/13 – 12/17/13
2013 Mid-Career Women Faculty Professional Development Seminar, Austin, TX

If you wish to contribute to one of our future issues please contact
Office of Faculty Affairs & Faculty Development • HSC Level 4, SOM Dean's suite • (631) 444-7207 • http://medicine.stonybrookmedicine.edu/faculty-affairs