Dean’s Message

Kenneth Kaushansky, MD, Senior Vice President, Health Sciences, Dean, School of Medicine

June was a double Mark month. Mark Schweitzer, our new Chair of Radiology, started, and Mark Talamini and I came to agreement on his coming to Stony Brook as our new Chair of Surgery; two great leaders in one month! We also heard that Stony Brook Medicine scored 19 “Best Doctors in New York”, an all-time high for us, and we continue to rack up high (pardon the pun) marks for our quality of care, achieving numerous programmatic accreditations from national agencies.

I am also pleased to report that much work is underway on our efforts to reform our medical school curriculum. Twelve “learning communities” are forming in Fall, composed of (note: not lead by) three faculty members, ten students from each class, and the shining spirit of medicine past, derived from the legendary physician for whom each community is named (e.g. Osler, Taussig, Cushing, Koch, Addison, Lister, Blackwell, Laennec, etc.). We are also making much progress on shifting the transition from completion of preclinical coursework to beginning of clinical clerkships, from June to February of the second year, and creating educational pillars for the third and fourth

A Word From the Vice Dean for Faculty Affairs & Faculty Development

Meenakshi Singh, MD, Professor of Pathology

Dear Faculty,

Summer is here and I hope you are all taking some time to enjoy nature’s abundant gifts and to connect with family, friends and self. This issue has information and updates on many matters that are of interest to our faculty.

The medical school graduation ceremony saw many of our faculty gowned up and proudly participating to celebrate the culmination of educating the students who matriculated 4 years ago. It was a joyous occasion and the students honored many faculty by recognizing them as outstanding teachers (see the Bravo section).

Faculty Spotlight this time is on Drs. Smadar Kort and Mersema Abate. They illustrate the fact that there are many pathways to success and satisfaction in an academic career and serve as role models for others to learn from.

(continued on page 2)
Dean's Message (continued from page 1)

And we continue to modernize our campus. Plans continue to progress, on schedule, for our hospital expansion and MART (Medicine and Research Translation) buildings, holding nearly 500,000 sq ft of new clinical, educational and research space, with construction scheduled to begin in October, and official ground-breaking in January (not to worry, they are bringing in thawed dirt for me to dig the ceremonial first shovel). In July a large truck from Siemens will back up to the cancer center and we will begin to install a new simultaneous PET/MRI scanner, for both experimental and clinical use, likely focusing (again, pardon the bad pun) on cardiac, neuropsychiatric and cancer applications. The ribbon cutting ceremony is scheduled for September. And we will create 650 new parking spaces on campus; construction will begin this summer on two surface lots on the western and southern sides of the east campus power plant. 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.

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

Andrew Wackett, MD has shared with us the new Transition to Residency program that he has started at SBM. The aim of which is to prepare our medical students to successfully enter their residency programs with confidence in the basic skills that they will need.

The competitive Translational Research Opportunities Awards for this year have been announced by the Office of Scientific Affairs. Congratulations to faculty who have received these awards (see the Research Round Up section).

I take this opportunity to thank Dr. Sharon Nachman for chairing the Appointment, Promotions and Tenure Committee of the SOM for the past 7 years. During her term 333 faculty portfolios were reviewed by the committee. The actual numbers reviewed by Sharon for the pre-appointment process are likely more than 1000. Most recently, she oversaw the revision to the promotion criteria for the SOM. I would dare to say that if a PhD could be awarded for this work she would have earned it! Dr. Andrew Francis is the new Chair of the APT Committee and I look forward to working collaboratively with him.

Our clinical campus branch at Winthrop University Hospital saw the first group of medical students, assigned to their campus for their clinical years, complete the requirements for their graduation. Some of us from the main campus were present at the celebration event that they held in their honor. The warmth and joy that the faculty at Winthrop has for the students was fairly apparent and appreciated by the students.

Many faculty may not be aware of the role that the Chief Medical Officer serves for them and for the institution. Todd Griffin, MD, was gracious enough to share his perspective with us in this issue. Todd has now handed over this responsibility to our new CMO, Dr. Joseph Laver. We welcome Dr. Laver to the institution and also welcome the two new Chairs of Radiology, Mark Schweitzer, MD and Surgery, Mark Talamini, MD.

Your Office of the Vice Dean for Faculty Affairs & Faculty Development has been busy with various activities and programs, some of them are listed below:

- My 1:1 meetings with all new faculty who join the SOM is a great opportunity to connect with members of our academic family, to be amazed by their incredible talent, skills and expertise and to start a dialogue about launching a successful academic career at Stony Brook Medicine. Understanding early on about the significance of developing a career that takes into consideration the multifaceted roles that faculty have, is important in making informed decisions and setting goals. In addition to the individual faculty member, their department Chair and Division Chief have a crucial role in shaping the careers of these highly talented professionals. Mentoring within the department and the institution helps shape the development of early career faculty, which in turn leads to a thriving academic career and long term retention of faculty.

- Similarly, my 1:1 meetings with the 24 faculty mentees enrolled in the Peer Mentoring Program illustrates the wide array of scholarly projects that they are engaged in. As a part of this program that I lead, they have very thoughtfully written up their Individual Career Development Plans. The aim is to apply thoughtful planning and goal setting to your own growth as an academic and to evaluate it periodically to see if adequate and satisfying progress is being made with the passage of time. Goals can change and be modified depending on where your interests evolve and opportunities that come along, however, constant progress in one’s academic evolution is something each faculty member can take charge of.

- The 6th batch of the Leaders in Medical Education program graduated in May. We are proud of the accomplishments of the 10 faculty fellows (see table).

- The Faculty Diversity Advisory Council has concluded a survey of departmental chairs to understand policies related to recruitment and retention of diverse faculty and continues to work towards the charge that the Dean has set forth for it. To enhance the faculty diversity goals of the SOM we have created a brochure on “Unconscious Biases and Assumptions” for Search Committees.

- The next round of Faculty Development Workshops that we conduct twice a month throughout the academic year is being put together by us and some of our distinguished faculty is being tapped on the shoulder to present these workshops. If there are others who would like to present please contact me at your earliest. The sessions will also be videotaped and available on the intranet, after each event, for a select amount of time.
The list will be posted on the Faculty Development website. These are put together for your academic career growth and satisfaction. I encourage you to take full advantage of them.

Please take the time to visit our updated website at http://medicine.stonybrookmedicine.edu/faculty-affairs. We are next working on the AP and T website, in conjunction with the leadership of the Faculty Senate of the School of Medicine and Mr. Andrew White, Associate CIO.

M. Singh, MD

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<thead>
<tr>
<th>2013 Leaders in Medical Education Fellowship Graduation</th>
<th>2013 Leaders in Medical Education Fellowship Graduation</th>
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<tbody>
<tr>
<td>Bassem O. Asaad, MD</td>
<td>Clinical Assistant Professor</td>
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<tr>
<td>Dan Barlev, MD</td>
<td>Assistant Professor of Clinical Radiology</td>
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<tr>
<td>Brian Durkin, DO</td>
<td>Clinical Assistant Professor</td>
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<tr>
<td>Hugh E. Finch, DDS</td>
<td>Director of Admissions and Student Affairs</td>
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<td>Shabbir Hossain, MD</td>
<td>Assistant Professor</td>
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<tr>
<td>Robert Lee, DO, MS</td>
<td>Associate Pediatric Program Director of Winthrop University Hospital &amp; Clinical Assistant Professor of Stony Brook Pediatrics</td>
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<td>Lloyd D. Lense, MD</td>
<td>Associate Professor</td>
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<td>Shang A. Loh, MD</td>
<td>Assistant Professor</td>
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<tr>
<td>Markus A. Seelig, PhD</td>
<td>Assistant Professor</td>
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<tr>
<td>Shayan Shirazian, MD</td>
<td>Attending Nephrologist</td>
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| Department of Anesthesiology                            | Department of Anesthesiology                          |
| Stony Brook Medicine                                     | Stony Brook Medicine                                   |
| Director of Pediatric Radiology                          | Director of Pediatric Radiology                        |
| Winthrop University Hospital                             | Winthrop University Hospital                            |
| Department of Anesthesiology                            | Department of Anesthesiology                          |
| Stony Brook Medicine                                     | Stony Brook Medicine                                   |
| Department of General Dentistry                         | Department of General Dentistry                        |
| Stony Brook Medicine                                     | Stony Brook Medicine                                   |
| Department of Pediatrics                                 | Department of Pediatrics                                |
| Winthrop University Hospital                             | Winthrop University Hospital                            |
| Children’s Medical Center                               | Children’s Medical Center                              |
| Department of Internal Medicine                          | Department of Internal Medicine                        |
| Stony Brook Medicine                                     | Stony Brook Medicine                                   |
| Department of Pediatrics                                 | Department of Pediatrics                                |
| Winthrop University Hospital                             | Winthrop University Hospital                            |
| Grad into Stony Brook Medicine – A Curriculum Development Project | Grad into Stony Brook Medicine – A Curriculum Development Project |

Stony Brook School of Medicine Welcomes New Faculty Who Have Joined Us in April 2013 - June 2013

- Catherine Messina, Ph.D
- Elinor Schoenfeld, Ph.D
- Ashley Suzanne Hammond, MA
- Mark Schweitzer, MD
- Lorraine Danowski, MS, RD
- Leah Holbrook, MS, RD
- Brian Bronson, MD
- Nicholas Wyatt Miller, MD
- Martin Kaczocha, Ph.D
- Llana Yel, DO
- Jennie Williams, Ph.D
- Gerardo G. Mackenzie, Ph.D

Preventive Medicine
Preventive Medicine
Anatomical Sciences
Radiology
Family Medicine
Family Medicine
Psychiatry
Emergency Medicine
Anesthesiology
Psychiatry
Preventive Medicine
Preventive Medicine
Research Associate Professor
Research Associate Professor
Research Instructor
Chairman and Professor
Clinical Instructor
Clinical Instructor
Visiting Associate Professor
Clinical Assistant Professor
Clinical Assistant Professor
Assistant Professor
Assistant Professor

EXPLORING A NEW ADMISSIONS INTERVIEW METHOD
Is the Multiple Mini Interview (MMI) Process Right for School of Dental Medicine?

Survey on Social Media for Collaborative Learning in Medical Education

Comparison of Developmental Screening Methods and How They Affect Pediatric Residents’ Learning of Developmental Milestones

Teaching Electrocardiography to Fourth Year Medical Students in a Transition to Residency Course

Teaching Endovascular Aortic Aneurysm Repair Planning Through a Case-Based Approach

Grad into Stony Brook Medicine – A Curriculum Development Project

A Pilot Trial of a Renal Template Note to Improve Resident Knowledge and Documentation of Renal Failure
“We had the largest election ever with a record high number of voters. Congratulations! You are the elected Downstate NY Governor of the American College of Cardiology”. I received this email on December 6th 2010, and started my term as an Incoming Governor in March 2011, and as a Governor as well as the President of the NY Cardiological Society in March 2012. The NY chapter of ACC is the 2nd largest chapter of the college worldwide. We have almost 3,500 members in our state chapter, 70% of them reside in my downstate territory, and comprises a very heterogeneous group including mainly cardiologists, but also fellows in training (the largest FIT group in the country), Cardiac Care Associates (NPs, PAs, RNs, administrators) and more. As a governor I am in charge of our chapter, promoting education, quality and advocacy in NY, and also represent our state to the Board of Governors, the grassroots governing body of the College. This year I was honored to be selected to serve on the Steering Committee of the Board of Governors with a handful of other board leaders. In addition, I was selected to represent the Board on the Academic Council of the ACC.

Through these activities, I have learned and still learning a great deal about health care reforms, politics, and the new challenges health care providers face in private, academic, and integrated systems. Although one can find many women cardiologists get trained and practice in NY (half of my fellowship program in my year), I am the first woman elected to be a governor in NY, with only a handful of us serving on the Board of Governors and none other than myself on the Steering Committee.

I had never imagined I would be a national leader when I finished medical school in Sackler Israel in 1993 and started Residency in Internal Medicine at Cornell University Medical College in NY. I then completed Cardiology Fellowship at Cornell followed by Advanced Fellowship in Echocardiography at NYU. My first position out of training was as the Associate Director of Echocardiography at North Shore University Medical Center, where I learned about the business aspect of medicine. I had joined Stony Brook University Medical Center in 2005 as the Director of the Echocardiography Laboratory and a year later promoted to direct Cardiovascular Imaging within the Division of Cardiology. Working at Stony Brook allows me to do all the things I love – clinical work, establishing and maintaining a state of the art echo lab, administrative work, research, and teaching. Volunteering on various School of Medicine Committees, such as the Committee for Academic Standing, Resource Allocation Committee and Faculty Development Committee allows me to further contribute and learn about the many facets of the School of Medicine.

I have always been passionate about improving our profession. I had served on numerous local and national committees that are charged with quality, education science and advocacy such as the Board of Directors of the American Society of Echocardiography, the Standards and Guidelines as well as the Advocacy Committees of the same organization, and the Editorial Boards of both the Journal of the American Society of Echocardiography and the Echocardiography Journal. I was the ACC representative to the Board of Directors of the Joint Review Commission for Diagnostic Medical Sonographers, a board charged with review and accreditation of sonography schools around the country to further promote high quality education for medical sonographers.

A famous Chinese curse states “May you live in interesting times.” We do live and practice in very interesting times indeed. But rather than a curse, I like to consider it a blessing – an opportunity for us to view and improve our practice so we can better serve our patients. Although I didn’t plan my career path this way when I graduated from medical school, I am very happy with the choices I made and highly motivated to proceed.

Mersema Abate, MD
Assistant Professor of Medicine, Division of Nephrology and Hypertension
The ACGME joined national efforts to reduce disparities in health care delivery: The CLER process places emphasis on health disparities

Over the years, national efforts have been made to reduce health disparities in our health care system and to promote research in this area. The IOM assigned the roundtable on the Promotion of Health Equity and the Elimination of Health Disparities and Healthy People 2020 continues to place emphasis on disparities. Race, sex, sexual orientation, socioeconomic status, and location are some of the factors that can contribute to disparities in healthcare. Nationally, minority groups present higher rates of cancer, diabetes, infant mortality, HIV/AIDS, cardiovascular diseases among others. This year, the ACGME under the new CLER assessment process will assess academic institutions by their resident’s engagement efforts to reduce health disparities. The rich diversity of our country exposes our residents to patients from an array of different cultural and socio-economic backgrounds. These determinants of health can affect their prevention efforts, the management plan, the treatment and outcome of their patients. As an academic institution it is our responsibility to train our residents on health disparities awareness, cultural competency, and to engage them in the community they serve.

Currently, the office of Graduate Medical Education is working on a strategic plan that will continue to foster our resident’s previous instruction on diversity during medical school. We have appointed a GME Research Assistant, Pamela Icochea Calenzani, a Public Health graduate student to assist our department with the research needed to develop this initiative. We will integrate the needs of the patients who come to our hospital with the challenges faced during residency training.

One of our preliminary ideas is the utilization of our newly named Center for Clinical Simulation & Patient Safety to create Objective Structured Clinical Exams. It is our plan to work with the Office of Minority Health of Suffolk County to meet community leaders that will expose our office to the health needs of their respective communities. The participation of these leaders will allow us to create an array of sensitive scenarios that will expose our residents to the many aspects of health disparities. Our residents will interview, examine and treat patients of different backgrounds and socio-economic status who present a clinical care issue. Community leaders will serve as patient advocates who will evaluate our residents and provide constructive feedback. This interaction will develop self-discovery and self-awareness on issues our residents may not have been exposed to in the past.

As educators, we are responsible for teaching and training our residents not only in procedural skills but also in all aspects of clinical health. Most importantly, we need to expose them to social determinants that may affect the health outcomes of some of their future patients. We believe that graduate training in health disparities will help the national efforts to eliminate the disparities in our health care system by training future practicing physicians that will be capable of addressing issues of health disparities beyond the doors of our institution.

References

DID YOU KNOW?
Andrew Wackett, MD, Assistant Dean of Medical Education, Associate Professor of Emergency Medicine

The “Transition to Residency” (TTR) course is a 4 week course which is required for graduating 4th year medical students. The course is offered in February and March and the purpose of the course is to serve as a boot camp for preparing medical students for the rigors of the internship year.

This past academic year was the first time that the course was offered and this course was created to address previous student concerns about feeling inadequately prepared for residency training. The TTR course included a series of lectures, team-based learning sessions, small-group case discussions, procedure laboratories, high fidelity simulation cases and a series of electrocardiogram workshops. Additionally, students were recertified in Basic Life Support and Advanced Cardiac Life Support. The topics were designed to be case-based, very practical and highly interactive; and, they covered numerous useful topics including management of shock, communication across specialties, pediatric resuscitation, top 10 intern night calls and managing finances. I directed the course and my faculty spanned multiple specialties throughout our institution. I selected the finest teachers amongst us and they were praised for their enthusiasm and commitment.

Overall, students loved the course. They found the content to be right at their level and it was delivered in a highly practical fashion so that they could easily translate it towards their post graduate training. Students left the course feeling much less anxious about the year ahead of them. I did receive some very useful feedback from the students and will incorporate those changes into the course next year.
A WORD FROM OUR CLINICAL CAMPUS

Steven Shelov, MD, MS
Director, Undergraduate Medical Education, Associate Dean, Winthrop Campus

The faculty and staff at the Winthrop University Hospital Clinical Campus of Stony Brook Medicine have just completed our second year with a number of important milestones to recognize. It has been an honor to be a crucial part of the educational mission for the School of Medicine, having recently completed the two year clinical education program for 80 Stony Brook medical students. We have been extremely impressed with our students’ growth and change over the course of these two years. We are proud of their successful residency match as our students move on to the next step in their career. We would like to highlight some of the important events that took place over this past year at the Winthrop University Hospital Clinical Campus, with a brief glimpse at the year to come.

1.) CELEBRATION OF OUR GRADUATING CLASS - The entire academic faculty and clinical staff celebrated the graduation of our superb Clinical Campus students on Monday, May 20th with awards, faculty and students speakers and a video highlighting events from our students’ life at Winthrop. Three awards of distinction were presented:

The Ephraim Zackson Award for Clinical Excellence and Humanism - Awarded to Ms. Casuarina Hart

The Medical Staff Award for Clinical Excellence
Presented to the graduating medical student who exemplifies dedication to a high level of clinical excellence and quality
Awarded to Mr. Babatunde Afilaka

Outstanding Clinical Instructor
Selected by the graduating Clinical Campus class
Awarded to Dr. Stuart Bohrer- Department of Surgery

The Winthrop Clinical Campus residency match results were exemplary, reflecting the extremely high quality of the entire graduating class of Stony Brook Medicine. Many thanks to all of the mentors, advisors, and writers of letters of recommendation of their advocacy for our students.

2) WINTHROP UNIVERSITY HOSPITAL FACULTY - Winthrop University Hospital faculty had quite a successful year.

Two new Department Chairs were appointed:
Department of Surgery, Dr. Collin Braithwaite, Professor of Surgery
Department of Family Medicine, Dr. Francis Faustino, Associate Professor of Clinical Family Medicine

In addition there were 3 faculty appointed/promoted to the rank of Professor, 4 to Associate Professor and 32 to Assistant Professor. The dedication of the entire Winthrop faculty to our educational mission is reflected in the large number of publications, presentations at regional and national meetings, and visiting professorships. Their devotion to expanding the academic visibility of Winthrop as the Clinical Campus for Stony Brook is crucial to Winthrop’s growth as a major academic center.

3) ACGME INSTITUTIONAL REVIEW - FIVE YEARS ACCREDITATION

The enormous, focused effort by Dr. Susan Guralnick, Associate Dean and DIO for Winthrop University Hospital, and the staff and leadership of the Office of Academic Affairs, resulted in a highly successful ACGME institutional review in February 2013. Winthrop received a full five year accreditation with extremely positive comments throughout. This important milestone, the first under Dr. Guralnick’s leadership as DIO, provides a strong and highly respected foundation for the teaching and supervision in our clinical programs, and our undergraduate medical education program. Successful, academically productive, residency programs with a supportive learning environment are the backbone of a truly modern academic center, devoted to the highest level of graduate medical education.

4) ACCME CERTIFICATION - 6 YEARS ACCREDITATION - In January 2013, the ACCME reviewed Winthrop University Hospital’s Continuing Medical Education program through an intense, 12 month process culminating in a one day site visit. Winthrop was well-prepared for this review after months of preparation by Mr. Robert D’Antuono, Assistant Dean and Director of CME for the WUIH clinical campus and his team. The site visitors were extremely impressed with the depth and scope of the CME programs at Winthrop. Mr. D’Antuono is commended for exceptional leadership in this effort.

5) SIMULATION CENTER OPENS - In April 2013, Winthrop University Hospital opened a dedicated simulation center. Newly appointed Director and Associate Director, Dr. Jared Kutzin and Patty Myers, have brought together the educational and clinical programs that will be utilizing this beautiful 2400 square foot center, developing integrated, interprofessional and longitudinal educational curricula. Simulated examination rooms, operating theatres, trauma bays and review stations will provide a state of the art simulation experience across all clinical disciplines. The approach will be to enhance the learning across the continuum of care including medical and other health professionals students, residents, attending staff, nursing, ancillary staff and CME. State of the art equipment is in place and the training of simulation educators has been completed.

6) NEW ASSOCIATE DEAN FOR UNDERGRADUATE MEDICAL EDUCATION - Dr. Steven P. Shelov, recruited as Associate Dean for UME last August has just completed his first year in this role. Dr. Shelov, working with the Winthrop Clinical Campus Dean, Dr. John Aloia, and other Office of Academic Affairs Leadership, has strived to enhance the education of campus Stony Brook students, and further engage the faculty in cutting edge educational programs. Dr. Shelov has worked with Dr. Jack Scott, Assistant Dean for Curriculum and Faculty Development at Winthrop University Hospital, to create innovative programs in team-based learning, active learning paradigms, mentoring workshops, and other active educational activities, enhancing the educational environment for our students and faculty. Dr. Shelov intends to further expand the focus on educational excellence for all faculty. The OSCE capability and the development of NBME shelf exam capacity at Winthrop are examples of this proactive approach.

Dr. Shelov has also been privileged, together with 10 other Winthrop University Hospital faculty, to be a member of Stony Brook School of Medicine committees and work groups examining the curriculum reform process within the medical school. Dr. Shelov co-chairs, with Dr. Howard Fleit, the working group examining the full integration of the curriculum across all four years.

This is a unique and exciting time in medical education. The entire faculty and staff at Winthrop University Hospital are pleased to be working side by side with the leadership and faculty at Stony Brook as we step forward toward achieving the highest level of medical education. Through close collaboration, transparency, and consistent communication across campuses, the winners are the medical students, and ultimately, the patients and communities we serve.
Faculty Senate Update

Mary Kritzer, Ph.D
Professor, Department of Neurobiology and Behavior
Secretary, Faculty Senate, SOM

The Standing Committees of the Faculty Senate focus on key areas of the School of Medicine that range from faculty promotion, to resource allocation to student affairs. Keeping the Senate and the Senate Standing and Executive Committees fully populated can be a real challenge. Each committee has a uniquely designated plan for faculty membership to ensure fair representation across disciplines, departments and institutions and to capture and capitalize on a diversity of opinions and perspectives. In some cases, there are additional requirements for faculty rank, for ex-officio membership and for student representation.

With three-year term limits, there are reappointments and replacements to be made in virtually all Senate committees every year. The spring and summer are traditionally the times when the President and the Secretary of the Senate shift into high gear in terms of recruitment and retention. Our goals are to have all committees ready to go for another active academic year by their September meetings.

The Senate’s annual membership drives begin by broadly soliciting nominations—self and otherwise. It is our goal first and foremost to make all opportunities for involvement widely known to the faculty. To do this, the call goes out to the faculty at large, to Department Chairs and to Faculty Senators. Beginning this year, more specific information on the committee openings, e.g., scope of the committee, expected faculty involvement, regular meeting times, will be included to help individuals make informed decisions about getting involved. Once a slate of prospective committee members has been identified we will ask for a brief biographical statement/statement of interest from all candidates; when the Senate voting begins, these statements will be included on the ballot.

My own position as Secretary of the Faculty Senate will be among those positions that will be open for election this year. I am currently eligible for reappointment, and am considering including in my biographical statement that I have four cats and am occasionally able to herd them. However, while these may seem unbeatable qualifications for the position, it should be emphasized – perhaps especially to our new and/or junior faculty who may be looking for their first service experience, that eagerness and enthusiasm to become involved are excellent qualifications for open positions all by themselves.

The Executive Committee, Committee on the Curriculum, and Committees on Academic Standing, Student Affairs and Resource Allocation and Planning will all be in search of new faculty members of any rank from both Basic Science and Clinical Departments. The Committee on Appointment, Promotions and Tenure will also have positions to fill, albeit at the Full Professor level only. All of these committees are active in tackling important issues, e.g., criteria for faculty promotions, curricular quality and reform, and in engineering and implementing important change. When the calls for nomination are made, please consider taking an active role and becoming a part of these processes.

Appointments, Promotions and Tenure

- **Professor**
  - June 2013
  - Mark Schweitzer, MD (Radiology)
  - Professor with Tenure

- **Associate Professor**
  - April 2013
  - Miguel Garcia-Diaz, Ph.D (Pharmacology)
  - Associate Professor with Tenure
  - David Schulsinger, MD (Urology)
  - Clinical Associate Professor
  - May 2013
  - Brian Durkin, MD (Anesthesiology)
  - Clinical Associate Professor
  - Roger Fan, MD (Medicine)
  - Clinical Associate Professor
  - June 2013
  - Maribeth Chitkara, MD (Pediatrics)
  - Clinical Associate Professor
  - Shai Gavi, MD (Medicine)
  - Clinical Associate Professor
  - Jungxuan Liu, MD (Pathology)
  - Clinical Associate Professor

- **Voluntary Appointments**
  - April 2013
  - Mageda Mikhail, MD (Medicine)
  - Clinical Associate Professor
  - May 2013
  - Jeffrey Berger, MD (Medicine)
  - Professor
  - Kate Dickman, Ph.D (Pharmacology)
  - Research Associate Professor
  - June 2013
  - Michael Shanik, MD (Medicine)
  - Clinical Associate Professor
  - Aaron Katz, MD (Urology)
  - Professor
  - July 2013
  - Sherry Sussman, MD (Medicine)
  - Clinical Associate Professor

Data compiled by Virginia Desposito and Karen Wilk, CPA, MBA, Assistant Dean for Faculty Personnel
Our epidemiology group, under the direction of Distinguished Professor Evelyn Bromet and Dr. Roman Kotov, has recently received a grant to add fMRI imaging to their longitudinal study of recovery in psychosis. In collaboration with the Department of Psychology, the group launched a study of personality development and vulnerability to first-episode depression in young women, which also received funding to include neuroimaging. Even more recently, the epidemiology group received a grant from the National Institute of Environmental Health Sciences to study the effects of Hurricane Sandy on the health of World Trade Center responders.

The Applied Behavioral Medicine Research Institute, under the direction of Distinguished Professor Arthur Stone, is engaged in studies to evaluate the validity of measures of self-reported health status. The group recently validated the NIH PROMIS measures for studies of patients with osteoarthritis. In another major project, conducted with Columbia University, the group is studying masked hypertension in an effort to identify psychosocial factors in cardiovascular disease.

Dr. Eduardo Constantino has taken over direction of the department's clinical services, which include the Comprehensive Psychiatric Emergency Program (CPEP), adult and child inpatient and outpatient services and the consultation and liaison service. We recruited Dr. Brian Bronson to head the Consultation and Liaison service. He will be assisted by Drs. Ilana Yel and Paul Mitrani. The C&L team is working to improve the timeliness and quality of consultations and to establish liaison positions in primary care and specialty services across the organization. We are working with state and county officials to improve access and quality of care in CPEP as the number of annual visits reaches 7,000 for the first time in our history. We will appoint a permanent director of CPEP this fall, replacing Dr. Laura Fochtmann who has done an outstanding job as interim director.

Training of medical students, residents and fellows remains a departmental priority. From the foundational course in molecular and cellular biology co-directed by Dr. Nissan Scheie in the newly created position of Development Associate for Psychiatry and Imaging, we were fortunate to recruit a highly skilled Dr. Andrew Francis to add fMRI imaging to their longitudinal study of recovery in psychosis. In collaboration with the Department of Psychology, the group launched a study of personality development and vulnerability to first-episode depression in young women, which also received funding to include neuroimaging. Even more recently, the epidemiology group received a grant from the National Institute of Environmental Health Sciences to study the effects of Hurricane Sandy on the health of World Trade Center responders.

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Dr. Eduardo Constantino has taken over direction of the department's clinical services, which include the Comprehensive Psychiatric Emergency Program (CPEP), adult and child inpatient and outpatient services and the consultation and liaison service. We recruited Dr. Brian Bronson to head the Consultation and Liaison service. He will be assisted by Drs. Ilana Yel and Paul Mitrani. The C&L team is working to improve the timeliness and quality of consultations and to establish liaison positions in primary care and specialty services across the organization. We are working with state and county officials to improve access and quality of care in CPEP as the number of annual visits reaches 7,000 for the first time in our history. We will appoint a permanent director of CPEP this fall, replacing Dr. Laura Fochtmann who has done an outstanding job as interim director.

Training of medical students, residents and fellows remains a departmental priority. From the foundational course in molecular and cellular biology co-directed by Dr. Nissan Schechter through advanced fellowships in geriatric and child and adolescent psychiatry, the department’s faculty are actively involved in the Medical School’s educational mission. Dr. Andrew Francis was the first recipient of the Dean’s award for excellence in teaching residents and Dr. Adeeab Yacoub was selected to receive an Award for Outstanding Teaching for the second straight year. Our Residency Training Director, Dr. Michael Schwartz was selected by the American Psychiatric Association to receive the annual Irma Bland Award for Excellence in Teaching Residents.

This year we graduated 11 residents and fellows. One of our post-doctoral fellows, Dr. Doreen Olvet, received an award from the American Foundation for Suicide Prevention to participate in the World Congress on Suicide. Our faculty continues to garner honors from professional organizations. Dr. Evelyn Bromet was presented with the Hamilton Award by the American Psychopathological Association. Dr. Gabrielle Carlson received the Association’s Zubin Award for her role in psychopathology research. She also received the American Psychiatric Association’s Agnes Purcell McGavin Award for Prevention.

To increase support for psychiatry, we worked with the Advancement Office to hire Elsa Scheie in the newly created position of Development Associate for Psychiatry and Imaging. We were fortunate to recruit a highly skilled administrator, Dr. Kristie Golden, to serve as Administrative Director. Dr. Golden, Dan Roberts, and I are working with our partners in the hospital administration to create a balanced scorecard approach to the operation of the department.

I invite you to learn more about our department by visiting our website at http://medicine.stonybrookmedicine.edu/psychiatry. You can keep abreast of activities in the department by following our news updates and reading our biannual newsletter.
Breast Center

The Breast Cancer program at Stony Brook Medicine is one of the leading cancer programs in Suffolk County. This program is vast and complex, and multifaceted. First and foremost, this program offers innovative, highly specialized care within the structure of a multidisciplinary team. This team offers high level skillful cutting edge technology. Appropriate comprehensive support services are also provided. In 1996, the Carol M. Baldwin Breast Care Center was officially dedicated. In 2009, the center received full 3-year accreditation from the National Accreditation Program for Breast Centers (NAPBC), the first comprehensive breast center in New York State to receive such designation. In April 2012, the center received full 3-year re-accreditation, having passed all 28 metrics without any deficiencies.

The Breast Center also serves to develop the education focus for medical students, residents, and oncology fellows. It also serves as a forum for the exchange of ideas among breast imaging specialists, surgeons, oncology specialists and breast pathologists, highlighted by the weekly multidisciplinary breast cancer conference.

The breast program is an active participant in ongoing and new clinical trials. The Center helps recruit and evaluate patients for research protocols and collaborate with basic science researchers in breast cancer. Our breast imaging specialists are very excited to welcome our brand new combined PET/MRI machine, one of only a few such machines in the country. Breast surgeons and reconstructive surgeons are currently partnering to perform total skin and nipple-sparing mastectomies in highly selected patients. Radiation Oncologists offer innovative techniques such as IMRT and partial breast radiation, as a shorter alternative to conventional whole breast RT.

Our Medical Oncology team welcomes participation in many exciting new clinical trials. One study uses Neratinib, a new targeted therapy for HER-2 positive cancers. Another clinical trial uses TDM-1, another target therapy aimed at the HER-2 gene. TDM-1 is a relatively non-toxic novel agent which works on an antibody-drug conjugate, bringing chemotherapy drugs directly to the tumor itself. Our physician-scientists are also studying the cause and possible treatments for the cognitive impairment that sometimes occurs in patients who receive chemotherapy.

The breast cancer program, and its research mission, are further enhanced by the Carol M. Baldwin Breast Cancer Research Fund. This independent not-for-profit charitable organization raises money exclusively for breast cancer researchers at Stony Brook Medicine. Each year, this fund sponsors five new 2-year research awards at $25K per year.

The Breast Cancer program here at Stony Brook matches clinical excellence with a vibrant research program, making it a program of excellence for Long Island breast cancer patients.

Research Roundup: List of 2013 Targeted Research Opportunities Awards

Lina M. Obeid, MD, Dean of Research, School of Medicine, Professor of Medicine

<table>
<thead>
<tr>
<th>Award</th>
<th>Name</th>
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<tr>
<td>Carol M. Baldwin Research Award</td>
<td>Nurit Ballas, Ph.D</td>
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<td>Carol M. Baldwin Research Award</td>
<td>Michael Frohman, MD, Ph.D</td>
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<td>Gerald Thomsen, Ph.D</td>
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<td>Carol M. Baldwin Research Award</td>
<td>Hsien-yu Wang, Ph.D</td>
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<td>Catacosinos Cancer Translational Researcher Award</td>
<td>Laura Hogan, MD</td>
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<td>Catacosinos Cancer Translational Researcher Award</td>
<td>Ute Moll, MD</td>
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<td>Clinical Research Award</td>
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<td>Clinical Research Award</td>
<td>Richard Clark, MD</td>
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<td>Fusion</td>
<td>Maria Gelato, MD, Ph.D</td>
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<td>Fusion</td>
<td>Wei Lin, Ph.D</td>
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<td>Fusion</td>
<td>Aaron Segal, DDS</td>
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<td>Fusion</td>
<td>Balaji Sitharaman, Ph.D</td>
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<td>Walk-for-Beauty</td>
<td>Michael Hayman, Ph.D</td>
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Submitted by Stacey Hondropulos, Manager of Research Finance
I was honored when Dr. Meenakshi Singh, Vice Dean for Faculty Affairs & Faculty Development asked me to write an article for The Academic. For more than four years I have had the pleasure to serve as Chief Medical Officer for Stony Brook University Hospital. Over that time many faculty, residents, staff and students have asked me “what does a Chief Medical Officer do?” I thought this would be a good opportunity to talk about what the position entails and to talk about the work that I have done with other senior hospital leaders to try and improve patient care at Stony Brook.

As Chief Medical Officer I have had a number of responsibilities. These include oversight of the faculty as it relates to credentialing, peer review, and clinical practice guidelines. I also collaborate with Medical Directors and Chairs of clinical areas to develop goals for each area as it pertains to clinical performance, quality, growth and financial viability. The role of CMO has allowed me to meet providers, nurses and staff that I would probably never have met. It also led me to understand how important our interpersonal relationships and our ability to communicate with each other are for us to deliver outstanding care. In areas where teamwork is alive and robust we see the best outcomes for our patients.

As CMO I am often privy to not only the outstanding outcomes but also instances where we have opportunity to improve the delivery of care due to medical error or a near miss. One of the most important institutional goals that I have worked hard to achieve is creating a “Just Culture” at Stony Brook. In a “Just Culture” we understand that in a complex patient care environment patient errors will occur. We need to understand that many times these errors occur to well-meaning physicians, nurses and staff. In order to prevent errors we need to have a culture in which the staff are comfortable talking about errors and to get their aid in developing processes to prevent future errors. If we are afraid to bring forward concerns for fear of retribution then we are failing our patients. In a Just Culture environment “normal” errors are to be understood and only then can we develop systems to prevent them. We also know in a Just Culture that “reckless” behaviors, i.e. blatantly and willfully failing to following practice protocols should be punished. We have made many strides to improve our culture. One of which I am most proud of is the Disruptive Provider Policy that I wrote and was subsequently passed by the Medical Board. This is a written policy that spells out how we as physicians need to treat each other, our nurses, staff and patients. It requires that we always act as professionals. It is unfortunate that such a policy even needs to be written but there are too many examples where we fail to treat our colleagues with respect. I want to thank our Medical Board who, like me, felt that codifying this policy was an important statement to any providers who may persistently demonstrate disruptive behavior.

The Chief Medical Officer also works to improve patient care by improving patient outcomes. The areas that I have been primarily focusing on improving are the quality of care, efficiency of care, and supervision of care. When it comes to quality, I have worked with our quality leaders on a number of efforts to improve our quality outcomes. As physicians we are often unaware that many patient outcomes are reported at a national level and we are also unaware that CMS has developed mandated protocols with which we must comply with. Examples of these are the Core Measures - i.e. metrics we must meet as they relate to the treatment of pneumonia, heart failure and acute myocardial infarction; and NSQIP (National Surgical Quality Improvement Program) – metrics we must meet for surgical procedures - i.e. preoperative antibiotics, DVT prophylaxis, timely removal of postoperative Foley catheters, etc. Our ability to meet this metrics as clinicians is responsible for how our institution is judged nationally in terms of quality. We as providers need to be aware of all the factors that impact our quality ratings and need to strive to reach 100% compliance with all the measures. The best hospitals are achieving 100% compliance and there is no reason why we cannot as well.

Whenever we review the care of a patient that went wrong, i.e. a patient injury, unexpected death, or near miss, we find common themes. The most important and frequent theme we see is a failure of communication. We are not alone in this. The Joint Commission estimates that 70% of all medical harm is related to poor communication. We must have structured handoffs of patients, we must communicate face to face, and we must listen to our colleagues, residents, nurses, and other staff if they have concerns about a patient. Too often we find out that the nurse, resident or the staff member knew there was a problem and the physician failed to listen to them or failed to hear them. We can no longer tolerate failures of communication. To aid in this we have been teaching a number of communication techniques to staff and have developed “bump it up” policies so that the proper resources can be brought to the bedside to optimize patient care. We have also dramatically improved the supervision of care within the hospital. When I first became CMO we only had 3 attendings in-house 24/7. Over the past 4 years we now have grown that to 13 attendings in-house 24/7. This increased supervision of patients has had a large impact in improving the quality of patient care and in minimizing patient harm from delays in care.

Efficiency of patient care is a very complex issue. Our ability to provide care in a way that maximizes throughput is dependent on a number of factors. We measure efficiency of care by the overall Length of Stay (LOS) of the patient. Each patient has a specified LOS as determined by the diagnosis code for which they are admitted. When we go over that predicted LOS we are essentially over utilizing resources to treat that patient. Since the LOS is determined by our admitting diagnosis it is crucial that we properly document the patient’s...
diagnosis and other comorbidities that would potentially impact the predicted LOS. Length of Stay is also a national metric that is used to measure a hospital for its quality processes. We have made tremendous strides in the LOS at Stony Brook. This has been a concerted effort of physicians, nursing, ancillary staff and hospital leadership. This has had a dramatic impact on our patient care. As we have improved our throughput of patients we have freed up bed capacity within the hospital. This has significantly decreased the number of patients being held in the ED as they wait for a bed. Not too long ago we routinely had 20-25 patients holding in the ED and at times we went up to 40 patients holding in the ED, some of them for days. With implementation of a number of different initiatives we now have gone months with the ED holds being in the single digits and have had many days without a single hold. I would like to thank all of those who have participated and worked hard to develop processes that have made this effort successful.

Despite these improvements we still have more work to do. Currently we are focusing our efforts on 3 new initiatives. The first is to have consults done in a timely manner. No longer is it acceptable for a service to wait more than 24 hours for a consult to be completed on a patient. Timely consultation allows for patient care to be accelerated and improves outcomes for patients. The second is that we are developing a tool for when a patient is admitted. Their admitting diagnosis will populate a predicted LOS for the patient that will be visible to all care providers in the EMR. This will help physicians to guide their care as well as adjust documentation accordingly so as to ensure that the proper diagnosis is being coded for the patient. The third is that we are working to restructure and reinvigorate our Care Management and Social Work Department. We know that today many of our patients require care coordination for post-hospital care and that our having the proper resources to provide access to home care, rehab, and skilled nursing facilities is an important factor in improving LOS.

Supervision of patient care involves a number of different aspects. It involves how we staff our services from a physician, resident (fellow), nursing, and ancillary staff viewpoint. Senior hospital leadership has worked hard to improve how we deliver care at the bedside. In the past year, as stated above, there has been an increase in attending physicians in house 24/7. We have redesigned a number of our services to create teaching and nonteaching teams, and we have hired more nurses and ancillary staff to improve the number of staff at the bedside. We continue to look at better ways to staff our floors, to utilize technology to improve supervision of care, and to listen to staff about where there are areas of patient care vulnerability that we must address. The staff needs to understand that everyone who works in the hospital plays a role in improving patient care, whether you are a physician, resident, nurse, clinical assistant, housekeeper, transporter, or facilities staff. Every employee has the opportunity to impact patient care in a positive way.

As most of you know I have been serving in two roles for the past year. I was appointed by the Dean as Chair of Ob/Gyn last July and have been very excited to embark on creating clinical programs that will impact women’s healthcare on Long Island. The Department of Obstetrics, Gynecology and Reproductive Medicine has flourished under Dr. J. Gerald Quirk for more than a decade and with the foundation that he built I will be looking forward to taking our Women’s Health Services to the next level.

In September Joseph Laver, MD will be joining Stony Brook as the new CMO. Dr. Laver, a Pediatric Oncologist, will continue to work on the above initiatives with senior hospital leadership. His experience and focus on quality will aid us in moving towards being one of the best hospitals in the US.

Finally I want to thank all the senior hospital leadership, including the Dean, CEO Senior Executives and Clinical Chairs, with whom I have had the pleasure of working closely with for the past 4 years. I want to thank all the physicians, residents, nurses and other staff that have helped to move the institution forward. It truly has been a pleasure serving as the Chief Medical Officer. I leave you with a quote from Helen Keller “Alone we can do so little, together we can achieve so much more.”

Current Hot Topic
Center for Clinical Simulation and Patient Safety
Christopher Gallagher, MD, Medical Director, Simulation Center
Professor and Residency Director, Department of Anesthesia

Dr. Gallagher worked on the Anesthesiology Society’s committee which incorporated simulation into maintenance of board certification. Then he got our Sim Center approved, and did the first official Maintenance of Certification Simulation Session in America. With support from his department and the Medical School, Dr. Gallagher has developed a range of programs for Medical Students and residents. Currently these include:

- FYSICS (First Year Students Interested in Clinical Simulation)
- SABER (Simulation Assisted Board Exam Review)
- ICPS (Introduction to Clinical Problem Solving)
- Instability (A Simulation Program for 4th year med students, centering on an Unstable Patient)

In addition, the Sim Center serves as a film studio, generating 52 teaching videos which are on Dr. Gallagher’s Neighborhood, a YouTube channel that is approaching 200,000 hits.

Plans are underway for more simulation teaching, including adding more ACLS and BLS classes, involving medical students in more programs, and expanding film making. Feel free to contact Dr. Gallagher if you’d like to incorporate simulation in your educational program. Better yet, come on down to the Sim Center and look it over!
Bravo! We congratulate the following individuals who recently received awards:

Stuart Bohrer, MD
Clinical Assistant Professor of Surgery

Roger Cameron, Ph.D
Research Assistant Professor of Physiology

Maribeth Chitkara, MD
Clinical Assistant Professor of Pediatrics

David Cohen, MD
Clinical Associate Professor of Emergency Medicine

Susan Guralnick, MD
Clinical Associate Professor of Pediatrics
Associate Dean of Graduate Medical Education and Student Affairs Winthrop University Hospital

Lloyd Lense, MD
Clinical Associate Professor of Medicine

Jedan Phillips, MD
Clinical Assistant Professor of Family Medicine

Andrew Wackett, MD
Clinical Associate Professor of Emergency Medicine
Assistant Dean for Undergraduate Medical Education

Adeeb Yacoub, MD
Clinical Assistant Professor of Psychiatry

Daniel Yellon, MD
Clinical Assistant Professor of Medicine

Class of 2013 Awards for Excellence in Teaching

Excellence in Graduate Medical Education
Andrew Francis, MD
Professor of Psychiatry

Excellence in Translational Research
Jerome Liang, Ph.D
Professor of Radiology

Excellence in Basic Biomedical Research
Ute Moll, MD
Professor of Pathology

Excellence in Undergraduate Medical Education - Aesculapius Award
Janet Hearing, Ph.D
Associate Professor of Molecular Genetics and Microbiology

Excellence in Patient Care in a Surgical Discipline
Colette R.J. Pameijer, MD
Clinical Associate Professor of Surgery

Excellence in Patient Care in a Non-Procedural Specialty
Thomas Wilson, MD
Professor of Pediatrics

2013 Parker J. Palmer Courage to Lead Award
Frederick Schiavone, MD
National Honor given by the Accreditation Council for Graduate Medical Education (ACGME) to outstanding Designated Institutional Officials (DIO) who have demonstrated leadership and excellence in overseeing their institution's residency programs. Dr. Schiavone, a Distinguished Professor in the Department of Emergency Medicine and Vice Dean for Graduate Medical Education received the award at the ACGME's Annual Education Conference.

The Investiture Ceremony for BASIL RIGAS, MD, DSc
Professor of Medicine
Professor of Pharmacological Sciences
Director of the Division of Cancer Prevention
Vice President of Business Development and Dean for Clinical Affairs, Stony Brook School of Medicine
William and Jane Knapp Chair in Pharmacological Sciences
President Samuel L. Stanley Jr., MD
Performed the honors.

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

UPCOMING EVENTS

Faculty Development Workshops Provided at Stony Brook:

8/3/13  Team Based Learning Workshop, Larry Michaelsen Ph.D

New Curriculum:

9/21/13  Faculty Retreat
8:00am-3:00pm
HSC Galleria, Level 3

Of Additional Interest to SOM Faculty:

October  Faculty Networking Luncheon
12/17/13  New Faculty Orientation

AAMC Conferences and Seminars

9/20/13 – 9/23/13*
Minority Faculty Career Development Seminar, in New Orleans, Louisiana

*NOTE: In addition, the AAMC is sponsoring a one day pre-seminar workshop, the AAMC K-Writers Coaching Group, which is designed for junior faculties who are actively working on an NIH Career Development (K) proposal, and interested in obtaining support with such proposals. A separate application and registration are required for the workshop and there are a limited number of slots. The application deadline for the K-Writers Workshop is August 9, 2013.

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, in Austin, Texas