Dean’s Message

Kenneth Kaushansky, M.D., Senior Vice President, Health Sciences, Dean, School of Medicine

It is my pleasure to provide an update on a myriad of events, challenges and accomplishments that have occurred since our last issue of The Academic.

On the educational front, it is that time of year again, the best time: graduation! Stony Brook Medicine will be turning out 128 physicians this year, a record number, who will be heading to incredibly prestigious residencies in an impressive array of disciplines. We have graduates joining residency programs at Harvard, Hopkins, Columbia, Cornell, Duke, Yale, UCSF, UCLA, UT Southwestern, Washington, Stanford, Penn, and most important of all, Stony Brook Medicine! Our graduates will be hooded in May by a record number of student-chosen faculty mentors, parents, siblings and significant others. And our graduates (and I very much hope, many of our faculty!) will hear sage words of advice and inspiration from Dr. Michelle LeBeau, Director of the University of Chicago Cancer Center. Dr. LeBeau is one of the world’s foremost experts in translating an understanding of the precise chromosomal changes found in a...
myriad of cancers, into new ways to diagnose, prognosticate and treat malignancy.

As good as our current graduates are, I have every hope our upcoming graduates will be even better! The number of applicants to Stony Brook School of Medicine again surpassed the prior year, so that our selectivity keeps rising. Our curricular reform initiatives are gaining traction; our changes in the fourth year curriculum and scheduling were met with great enthusiasm, as evidenced by a 30% rise in our graduates’ favorable response to their 4th year, a 19% increase in their sense that 4th year prepared them for residency, and a 12% increase in their satisfaction with their entire medical education. And our reworking year 4 is just the beginning of our efforts to reform our curriculum into a more favorable learning environment for our students. In early April I approved the recruitment of nearly 40 faculty members to serve as mentors in a dozen “longitudinal learning communities”, a mixture of 10 students from each of the four classes and three mentors, who meet periodically to further the education of all members. Latha Chandran is heading these and additional curricular reform efforts, and by way of follow up of the last issue of The Academic, I am also pleased to report that our working group has made much headway towards creating the Academy of Clinical and Educational Scholars (ACES); currently, we are in the process of selecting the ACES founding leader. For all these innovations and successes, especially our 34% improvement in our 4th year students’ view that the Dean’s Office is responsive to student problems, I thank all of the members of our “Deanery”.

In addition to its educational mission, the faculty members of the School of Medicine represent a formidable force for biomedical research. It is not a secret that Stony Brook is a “research intense” medical school. In 2013, equally formidable are the challenges that confront biomedical research, especially research funding and institutional support for cutting edge medical discovery. NIH paylines in the single digits, the reduction in funding of existing grants because of “sequester” and the diversion of funds to special projects, and the spiraling costs of biomedical research all challenge our faculty engaged in basic and applied biomedical investigation. As you may recall, despite the end of ARRA (recovery act) funding in 2010-2011, Stony Brook Medicine actually increased our 2012 funding over that seen in 2010 by ~15%. So that we do not lose this momentum, we have been investing in infrastructure. Let me highlight just one aspect of this investment: imaging. In September we will hold a ribbon cutting ceremony at the Stony Brook Medicine Cancer and Imaging Center for our new simultaneous human PET/MRI scanner, one of first five such devices in operation in the United States, and I believe the first to serve in both research and clinical capacities. At about the same time, a 9.4T simultaneous rodent PET/MRI scanner will be installed on campus, through the heroic efforts of many, especially Dr. Helene Benveniste in Anesthesiology. And in an effort coordinated by Dr. Lina Obeid, our dean for research, and Dr. Ken Takamaru we will also soon install the beginnings of an ultra-high resolution light microscope, the STORM, with the strong likelihood that it will soon be further upgraded with the SIM. But we can and must do better.

Stony Brook Medicine is also the largest single site healthcare provider in Suffolk County, and we are, very, very good. It is my strong belief that we are so good because we practice academic medicine, always finding the evidence behind the practice, always testing new ways to diagnose, or treat a disease condition, always being kept on our toes by the presence of our very bright learners. For the second consecutive year, Stony Brook University Hospital was given an “A” rating from Leapfrog, the oldest and in many’s opinion, the most respected hospital quality rating organization in the country. Not that we are competitive, but we were only one of two Suffolk County hospitals to be rated “A”, and we were the only one of the six largest Long Island hospitals to be so honored. We have made major strides in a myriad of quality measures, both inpatient and outpatient, and the future is only brighter. To cite but one of many examples, I just received word that the Stony Brook Cancer Center was approved as a main member of the NCI-supported cooperative group - the Alliance. Our admission to this group, formed by the merger of three NCI-supported clinical trials groups (the American College of Surgical Oncology, the Cancer and Leukemia Group B and the North Central Cancer Treatment Group) signals a significant advance in our capacity to translate our clinical mission into new knowledge for patients with cancer.

One of my initial observations about the clinical mission at Stony Brook was that it was a very well kept secret! Given our expertise and accomplishments noted above, it’s time for our secret to end. Many of you have commented that they saw our ads in the Times, or heard our ads on NPR or other media outlets; that was not an accident. Our first wave trumpeted our new brand, Stony Brook Medicine. Next, cardiovascular and women’s and children’s services were highlighted. We are now focusing on our cancer center. As we shed the secrecy of our expertise, I encourage all our academic clinicians to take pride in our accomplishments, and redouble your efforts at delivering healthcare in an effective and compassionate way to our patients – they deserve nothing less!

I hope you will take great pride in the accomplishments of Stony Brook Medicine. But I also ask that you not assume that all of this is enough; there is much to be accomplished for Stony Brook Medicine to achieve all we can be, all that our learners deserve, all that our patients deserve, and all that we as a faculty can become. Please, continue to strive for excellence in academics, it’s the Stony Brook way.
On May 1 is the next in the series of AAMC sponsored MERC (Medical Education Research Certificate) workshops at Stony Brook Medicine. To sign up you may call our office at x47207 or x47337. These workshops are a wealth of knowledge and an interactive experience in gaining skills related to our role as medical educators and to accomplish scholarship in education.

The Peer Mentoring Program for clinical faculty is under way and the mentees are, and should be, working on their individual career plans and their individual research projects at this point. It is so innervating to observe the mentors share their experience and guide the mentees during this process. This pilot program continues into 2014. Some of the topics covered include: How to write a scholarly manuscript, how to conduct a research project and how to give and receive feedback. Senior faculty have carved out time from their busy schedules to mentor and I acknowledge their tremendous contributions.

The Leaders in Medical Education Program fellows of the 2011-2013 batch are scheduled to graduate in May and their Graduation will be celebrated during a combined Education and Inel Lewis, MPA.

The Council members are: Meenakshi Singh, MD, Chair of Council, Glenda Trujillo, PhD., Jedan Phillips, MD., Howard Fleit, PhD., Ramin Parsey, MD., Ph.D., Thomas Wilson, MD., William Wertheim, MD., Latha Chandran, MD, MPH, Maricedes Acosta Martinez, Ph.D., Carol Carter, Ph.D., Barbara Nemesure, PhD., and Inel Lewis, MPA.

The 2nd Annual Partners in Quality and Patient Safety Day organized by us was attended by 101 faculty, staff and trainees, 21 posters were presented and the best were recognized with awards. This is a great example of interdisciplinary collaboration between faculty, the Dean’s office, the hospital Chief Quality Officer, Nursing and Continuous Quality Improvement. The organizing committee comprised of Dr. Joseph DeCristofaro, Judith Stefano, Carolyn Santora and me. Dr. Pasternak, CEO Stony Brook University Hospital talked to us about “The CEOs perspective on quality improvement and patient safety at SBUH”.

The discussions over the last many months in the faculty senate on changes to promotions criteria have resulted in an updated version of the promotion criteria grid and language that should clarify the various tracks and what will be needed for promotion along these tracks. Dr. Sharon Nachman, Chair of the APT Committee, Dr. Ed Nord, Faculty Senate President and Dr. Mary Kritzer, Faculty Senate Secretary have worked extensively on this during this process. This has then been also discussed in the APT committee and is now with Drs. Nord and Kritzer for a final approval from the Faculty Senate.

Many of you have participated in the Faculty Networking Luncheons that we have organized. These are informal lunch meetings where faculty from various clinical and educational backgrounds do a short introduction of their area of interest and expertise and this is followed by the attendees sharing their interest in this or other aspects. The aim is that such sessions shall result in collaborations in all aspects of our academic lives. It is encouraging to see these collaborations taking shape and to see the network of our faculty grow.

It has not escaped anyone at Stony Brook Medicine that along with new faculty we also have new chairs of departments at our school. We organized a series of presentations for a New Chairs’ Orientation. This included a wide range of topics that are relevant to the success of the departments. I also meet individually with Chairs for matters pertaining to their faculty and the development of their faculty.

The faculty at our affiliate hospitals contribute significantly and successfully to undergraduate and graduate medical education for our students and trainees and serve on major committees. This takes dedication, commitment, time and energy. So next time you meet one of our affiliate institution faculty do take a moment to thank them and appreciate their contributions.

I thank all our faculty who teach at the various workshops, seminars etc that I have mentioned above, mentor our new faculty, serve on committees and task forces and give above and beyond the call of duty. I encourage everyone to be fully engaged in the tripartite academic mission and in the spectacular growth that is underway at Stony Brook Medicine.

AAMC Conferences and Seminars

7/13/13 – 7/16/13
2013 Early Career Women Faculty Professional Development Seminar, in Englewood, Colorado.

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

12/14/13 – 12/17/13
2013 Mid-career Women Faculty Professional Development Seminar, in Austin, Texas

The office of Faculty Affairs and Faculty Development is pleased to provide support of up to $2000 for three faculty to attend these conferences. Interested faculty should send an email to meenakshi.singh@stonybrookmedicine.edu with a cover letter, CV and a letter of support from their Chair.
During this time of remarkable change in health care I am often struck by how colleagues look upon what is happening as a threat to academic medicine. They specifically see the diminishing funding for formal research from traditional sources and draw from that the conclusion that the age of discovery and innovation is drawing to a close and that we are entering a dark era for the curious mind. I would like to propose that while some are awaiting decisions from government agencies in Washington and Albany and dictates from corporate boardrooms, others are recognizing that this is a time of new challenges and opportunities that calls for insight and ingenuity.

To support this notion, I look back some 30 years to when I was in training as an anesthesiologist in Baltimore. During that time, less than five per cent of surgical cases were done as same day admissions or outpatients. Healthy patients undergoing what we considered to be minor procedures were required to be admitted to the hospital the night before and stay for a night after surgery. This included everything from children for myringotomy tubes to adults for orthopedic surgery. The process of preparing them for surgery required a preoperative visit the day before surgery to review the medical history and laboratory work. Although cases may have been scheduled weeks ahead of time, patients invariably arrived late on the afternoon or evening before surgery and more often than not with incomplete histories and laboratory work that was either irrelevant or missing for proper assessment. Many a Sunday afternoon and weekday evening was spent in the frustrating task of tracking down information and getting elective tests performed during off hours to complete the work. These were then followed by calls to attending physicians to review patients and then return to address unanswered items.

Working on this as a resident, I made several observations. The first was that the time between the scheduling of patients and their admission was a time when much of the assessment and data collection could have been done in anticipation of the surgery rather than have it as a hurried process that satisfied neither the patient, anesthesiologist or surgeon. The second was that the nature of testing was highly variable, with some patients having a large number of tests for no apparent reason while others had been sent without the most critical of tests being done. The third was that there was no apparent consensus on what types of tests were needed and, fourth, that much of the time there was no apparent purpose served by having the patient in the hospital other than to get information that could have easily been obtained in an ambulatory setting. The final observation was that we were working with a system that was inefficient and potentially unsafe, causing more than was needed to be done for some and placing other patients at risk because of inadequate preparation. It served neither the patient nor the provider.

As I was finishing my training I organized and opened the Same Day Care Center, a preoperative clinic and prep area staffed by anesthesiology with strong nursing support. The purpose of the facility was to serve as a clearinghouse for patients having surgery with visits before the day of surgery and the ordering and review of tests on a timely basis. The first, and most difficult, task was to get anesthesia and surgical staff to agree on criteria for testing. As this was prior to well established protocols in this area moving colleagues to a common practice guideline and away from parochial and emotional decisions was a challenge but also a major accomplishment for our group. It set the stage for similar efforts in other areas of the institution. This initiative alone reduced testing by over fifty per cent and, as important, ensured that those patients who needed additional work received it in a timely and comprehensive manner.

As we gained experience with this system we were able to provide a scientific structure around risk assessment of the surgical patient. As part of this process we developed a risk stratification system that eventually became the basis for many other institutions and specialty societies. In addition to a more organized approach to testing, we were able to identify who truly needed admission on the day prior to surgery and moved over half of the surgical volume to outpatient or same day admission processing with a major reduction in cancellations and delays due to preventable issues. In addition to more satisfied patients, surgeons and anesthesiologists and a smoothly running system, we also laid the groundwork for the academic careers of a number of staff who took the work that we had done and transformed it into substantive clinical and health services research that endures to this day.

This example from the past did not arise because of an insurance or government dictate or pressure. At that time there was even some concern from these groups that were perhaps too far ahead of the curve. It did demonstrate that the most appropriate and enduring changes in what we do and how we do it can, and should, come from those who provide the care and who through the process of observation, curiosity, and innovation can provide the leadership that is sought today. It is our job to promote and support such initiatives and to protect them from those with less direct perspective who would intrude into what is often for them unfamiliar territory.
DID YOU KNOW?

Dr. Latha Chandran, MD, Vice Dean for Undergraduate Medical Education

Match results: We had a very successful NRMP match this year. Our students have matched into very competitive programs such as Plastic Surgery, Neurosurgery, Radiation Oncology and Thoracic Surgery. More of our students are now going to the top ten universities in the country for their residency training, over half of them will stay in New York. A quarter of the class will be in Long Island and 13 of our students chose to remain at Stony Brook. A third of the class is entering primary care specialties of Internal Medicine, Pediatrics and Family Medicine. These results are very promising and are a testament to the quality of our students and our teachers.....

Learning Environment: Please remember that we as a school need to convey our values of ICARE (Integrity, Compassion, Accountability, Respect and Excellence) in our interactions with each other.

Here is an area where we still need to improve. Please do your share to improve this.

<table>
<thead>
<tr>
<th>Mistreatment</th>
<th>Year</th>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you aware that your school has policies regarding the mistreatment of medical students?</td>
<td>2012 2013</td>
<td>97.8 100.0</td>
<td>2.2 0.0</td>
</tr>
</tbody>
</table>

Have you personally been mistreated during medical school?

<table>
<thead>
<tr>
<th>Year</th>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>40.4</td>
<td>59.6</td>
</tr>
<tr>
<td>2013</td>
<td>29.0</td>
<td>71.0</td>
</tr>
</tbody>
</table>

Lastly the curriculum renewal process is in full swing with seven working groups and almost 100 members brainstorming on the possibilities of change... please stay tuned for more in this area.

CLER Process: Patient Safety and Quality Improvement

Frederick M. Schiavone, MD, Vice Dean Graduate Medical Education

In the new CLER assessment process, the ACGME is focused on six main areas, two of which most significantly impact all academic institutions: Patient Safety and Quality Improvement. With 44,000 to 98,000 deaths attributable to medical errors each year in the United States, each medical institution must take the initiative to reduce these errors through a diverse range of approaches. Most importantly, as an academic medical institution, we must also include residents in these continuing efforts to maintain a safe environment for patients who enter our doors. Given residents are on the frontlines, continuously providing care for patients as well as being in their learning process, they are important contributors to patient safety and quality improvement efforts.

The CLER process assesses resident involvement in patient safety and quality improvement as part of the review of our institution. This assessment is done by ascertaining the percentage of residents who participate in patient safety and quality improvement projects and initiatives to improve health outcomes. Participation in patient safety projects such as the Patient Safety First rounds where residents raise issues they have observed and present improvement proposals to hospital administration is considered part of the ongoing patient safety and quality improvement initiative. Currently, residents from various departments including Internal Medicine, Pediatrics, Emergency Medicine, and Preventative Medicine have been actively participating in these weekly PSF rounds led by Dr. Joseph DeCristofaro, Dr. Iris Granek, and myself. These residents have consistently brought up relevant and critical issues that need to be addressed within our institution during these rounds.

As of 2012, the Office of Graduate Medical Education had decided to have residents specifically assigned to patient safety in departments of Pediatrics, Internal Medicine, Emergency Medicine, Neurology, and Radiology. These patient safety residents’ responsibilities are to help lead other residents in patient safety projects within their respective departments. In Internal Medicine, patient safety residents are working on enhancing communication between patient care providers surrounding inter-institutional transitions project, where they worked with the EMS center to create an automated alert system for patients being transferred to Stony Brook from another institution. In addition, these residents also helped to develop a curriculum for house staff to improve EMR documentation improving the safety and quality of the inpatient environment.

The participation of these residents extends to the Internal Medicine’s Program of Distinction Committee, where they have become regular, active members.

The CLER assessment process would impact our institution in more ways than one. In this case, it is pushing our institution to do more about one of the major problems in healthcare. By including residents into the discussion and implementation of patient safety and quality improvement projects, we will assure successful accreditation, and improve the quality of the hospital as a whole.

References

Research Roundup

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

I want to start by echoing Dr. Kaushansky’s message in the inaugural issue of The Academic that this is indeed an exciting time for Stony Brook Medicine. It is particularly so because it is an exciting time in science, and the Stony Brook Medicine research environment clearly reflects that excitement. In spite of economic downturns and budget cuts, scientific discoveries in biomedical fields are occurring at staggering rates with exciting and innovative insights into health and disease. Discoveries in fields of genomics, proteomics and metabolomics, coupled with novel imaging and bioinformatics/computational approaches open up limitless opportunities for those of us engaged in biomedical research. In order for us to be poised to take complete advantage of the exciting times in science we need to have several inter-related components that synergistically allow us to achieve our due potential. These include happy and committed researchers, up to date instrumentation/infrastructure, and state of the art modern space. Because of limited resources we have to make very strategic and wise investments to build on our existing strengths.

With this in mind during my first year as Dean of Research at Stony Brook Medicine, I set a few simple but important goals:

1) Review the services of each of our research cores and determine their requirements to deliver the most cutting edge and cost effective services to our research community. We did this by asking each core to have a committee consisting of users and junior/senior faculty experts in the field. To date all of the core committees have been assembled and have met and begun to advise on strengths and weaknesses. They have also evaluated budgets and needs to improve services. Ms. Stacey Hondropulos, our new Manager of Research Finance, has ably led the effort to detail our budget requirements. Our cores have an operating budget of about $7M per year, and I am pleased to say that they generate close to $5M a year and continue to be supported by the School of Medicine by close to $2M per year.

2) Review and reassess our space needs. To this end, we assembled a Space Management and Utilization Committee (SMUC) ably led by Glen Itzkowitz, the Associate Dean for Scientific Operations and Research Facilities. The SMUC membership is comprised of Chairs, faculty and senior administrators from the School of Medicine. The efforts of the SMUC are delineated by its mandate to analyze research productivity on the basis of square footage and scholarship. Equal importance is the adaptation of acceptable metrics for justifying occupancy of assigned space, development of strategy to neutralize the effect of shared resources in departmental space, plan space, in part, on the basis of need for new recruitments and retention of faculty, and development of a prospective methodology for the consideration of space requests. The committee’s report and analysis is in the final stages of development and will soon be ready to adaptation.

3) Continue our Targeted Research Opportunities (TRO) program. This is a highly successful program that allows us to grow several new translational projects that may have not been possible without philanthropic contributions and support of the School of Medicine. In fact, I am happy to report that over the past six years this program has had $1M investment from the School of Medicine and has had $12.9M return on investment including R21, R01, and many other grants.

4) Finally and most importantly our human capital: Stony Brook Medicine has successfully recruited several new researchers including Dr. Sergio Almecija, Dr. Michael D’Emic, Dr. Cungui Mao, Dr. Ashley Snider, Dr. Maurizio Del Poeta, Dr. Anat Biegon, Dr. Paul Vaska, Dr. Dennis Choi, Dr. Jiang Chen, Dr. Angelique Corthals, Dr. Glenda Trujillo, Dr. Chiara Luberto, Dr. Wei Hou, Dr. Christine De Lorenzo, Dr. Ramin Parsey, Dr. Francesca Zanderigo, and Dr. Jianchang Yang. Moreover we have several ongoing searches that promise to yield very exciting additions to our faculty including an Endowed Chair Professor in Immunology, Endowed Chair Professor in Biomedical Informatics, Chair for Anesthesiology, Chair for Radiation Oncology, Chair for Surgery, Director of Research for the Cancer Center, Physician Scientists for the department of Pediatrics and Medicine, and Cancer/Stem Cell Research for the department of Pathology.

All in all, I want to reiterate that in spite of the current and challenging economic climate, research at Stony Brook Medicine is thriving and we intend to continue on this upward trajectory of having a vibrant, interactive and collegial research environment. To this end over the next academic year we will set additional goals to continue to enhance our cores, space and most importantly support our research faculty. In collaboration with the VPR’s office we hope to engage in applying for training grants, instrumentation grants, and center grants, and other mechanisms of increasing our research support.
Appointments, Promotions and Tenure

**Professor**
- January 2013
  - Antonios Gasparis, M.D. (Surgery)
    - Clinical Professor
- February 2013
  - William Wertheim, M.D. (Medicine)
    - Clinical Professor
- March 2013
  - Antonios Gasparis, M.D. (Surgery)
    - Clinical Professor
  - Miguel Berrios, Ph.D. (Pharmacology)
    - Professor with Tenure

**Associate Professor**
- January 2013
  - Eduardo Constantino, M.D. (Psychiatry)
    - Clinical Associate Professor
  - Jingfang Ju, Ph.D. (Pathology)
    - Clinical Associate Professor
- February 2013
  - Jonathan Buscaglia, M.D. (Medicine)
    - Clinical Associate Professor
  - Lynn Hallarman, M.D. (Medicine)
    - Clinical Associate Professor
  - Chris Lascarides, M.D. (Medicine)
    - Clinical Associate Professor
- March 2013
  - Nalini Kanth, M.D. (Radiology)
    - Clinical Associate Professor
  - Avraham Dilmanian, Ph.D. (Radiation Oncology)
    - Research Professor

**Associate Professor with Tenure**
- January 2013
  - Eduardo Constantino, M.D. (Psychiatry)
  - Jingfang Ju, Ph.D. (Pathology)

**Clinical Professor**
- February 2013
  - David Talmage, Ph.D. (Pharmacology)
  - Jonathan Buscaglia, M.D. (Medicine)
  - Lynn Hallarman, M.D. (Medicine)

**Voluntary Appointments**
- January 2013
  - Eduardo Constantino, M.D. (Psychiatry)
  - Jingfang Ju, Ph.D. (Pathology)

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

A Word from the Chair of the Appointments, Promotions and Tenure Committee

Sharon Nachman MD, Associate Dean for Research & Professor of Pediatrics

The Faculty Senate and the AP +T Committee have commented on, debated and finalized changes to the promotions and tenure criteria that will be phased in over the next couple of years. The following table summarizes the main points and the comments provide a brief explanation:

Tenured track: Within the tenured track, the Research Scholar identifies individuals whose primary focus is basic research, typically supported by funding from public and private agencies/foundations, i.e. Department of Veterans Affairs; DOD and the NIH. The Clinical Scholar identifies clinicians whose primary focus is clinical, but who also have a record of investigator-initiated clinical/translational research, often incorporating multi-campus trials supported by public or private agencies/foundations. The Educator Scholar identifies individuals whose primary focus is teaching, requires an educator’s portfolio by way of support and includes scholarly activities related to teaching.

Non tenured track: Within the non-tenured track, the Researcher track identifies individuals who are usually basic scientists and do not have independently funded laboratories and are a part of the mission of a particular department. The Clinician track identifies individuals whose primary focus is patient care. The Educator track identifies individuals whose primary focus is education, often within a basic science department, and requires an educator’s portfolio by way of support.

*For faculty being promoted to Professor of Clinical ‘X’, there will be a need to demonstrate an ONGOING track record of scholarship (as above), with the caveat that this refers to activities SINCE their prior promotion.

<table>
<thead>
<tr>
<th>Title</th>
<th>Track</th>
<th>Tenure</th>
<th>Minimum points</th>
<th>Minimum scholarship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Professor</td>
<td>Research Scholar</td>
<td>Yes</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Professor</td>
<td>Research Scholar</td>
<td>Yes</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Associate Professor</td>
<td>Educator Scholar</td>
<td>Yes</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Professor</td>
<td>Educator Scholar</td>
<td>Yes</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Associate Professor</td>
<td>Clinical Scholar</td>
<td>Yes</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Professor</td>
<td>Clinical Scholar</td>
<td>Yes</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Associate Professor Research</td>
<td>Research</td>
<td>No</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Professor Research</td>
<td>Research</td>
<td>No</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Associate Professor Clinical</td>
<td>Clinician</td>
<td>No</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Professor Clinical</td>
<td>Clinician</td>
<td>No</td>
<td>5</td>
<td>1*</td>
</tr>
<tr>
<td>Associate Professor Basic Science Educator</td>
<td>Educator</td>
<td>No</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Professor Basic Science Educator</td>
<td>Educator</td>
<td>No</td>
<td>5</td>
<td>1*</td>
</tr>
</tbody>
</table>
Consistent with the strategic initiatives of Stony Brook Medicine, the Department of Medicine is undergoing significant transition and expansion. In the one and half years of serving as Chair of the department, I am constantly amazed by the devotion of the faculty to every aspect of their academic missions, being it education, research, service or patient care. The training program is also going strong and continues to place graduates residents or fellows to excellent professional positions or fellowship programs. I am also very appreciative of the loyalty and dedication of our staff in supporting the numerous departmental activities. The overall energy level of the department is robust and moral is high.

The Department of Medicine has close to 200 full-time faculty members, over 300 voluntary faculty members, some 200 staff members and 175 trainees. Collectively, this group takes care of approximately 250 inpatients in the hospital on any given day, oversees more than 100,000 outpatient visits, and performs numerous cutting-edge procedures in various disciplines such as cardiovascular medicine, digestive diseases and cancer. The faculty closely interacts with many facets of the hospital activities and units, including the rapidly expanding Hospitalists program, of which there are 43 full-time faculty members, Cardiac Intensive and Critical Care Units, Interventional Cardiology and Endoscopy, and the Cancer Center. Moreover our faculty members provide a large share of the educational mission of the School by actively engaging in the education and training of medical students, residents and fellows. These tremendous contributions and accomplishments are the foundation for the continuing development of our department.

The department is led by many gifted leaders, among who are the division directors, clerkship directors, and program directors. In the last year, we have also assembled a management team, the mission of which is to assist me in the administration and growth of the department. Key members of this team include Bill Wertheim, Executive Vice Chair; Donna Heinemann, Vice Chair of Clinical Affairs; Susan Lane, Vice Chair of Education; Shai Gavi, Vice Chair of Quality and Compliance; Dennis Mynarcik, Research Administrator; and Susan Kalish, Administrator. We have also established two important committees that are focused on two major areas of departmental activities, Research and Faculty Development. Marie Gelato chairs the Research Committee that has been spearheading many of research related initiatives, including the recruitment of physician scientists and establishment of a pilot project grant program directed towards junior faculty. The Faculty Development Committee has been charged with many important responsibilities including the establishment of a successful mentoring program, evaluation of a departmental promotional process and development of a faculty evaluation system. Many faculty members have volunteered their time and contribute to these important activities.

The department is also undergoing significant changes in its clinical practices. We recognize that while we have excellent clinical faculty, our limited practice environment with regards to space and infrastructure often restricts our ability to take care of our patients. In the last year, I have worked with a team of physician leaders and practice managers with the intention of improving the efficiency of our clinical delivery. Our goal is to improve patients’ access in order to provide care for the community at large. Regular meetings have been taking place in our major outpatient sites including Primary Care Clinic at 205 Belle Meade Road, Subspecialty Care Clinic at 26 Research Way, GI Clinic at 3 Technology Drive, and the newly opened Cardiology Clinic at 200 Motor Parkway in Hauppauge. The primary focuses of these efforts are geared toward improving patient flow, room utilization, physician template, patient satisfaction, and eventually, patient access. To this end, the CPMP has assisted the department in identifying many of the potential bottlenecks and in developing initiatives that would improve access. Least but not last, the department, particularly Cardiology, in conjunction with the institution, has been engaging in developing a robust community network of physicians and in establishing clinical integration.

On the research front, we are actively recruiting physician scientists whose focuses are in translational research and areas identified by the School’s strategic plan. In particular, we have been partnering with Dr. Yusuf Hannun, Director of the Cancer Center, in recruiting scientists with an interest in cancer medicine. Our goal is to assist the Cancer Center in achieving National Cancer Institute designation by contributing to the building of both the clinical and research program in cancer.

Finally I would like to take this opportunity to thank many in the institutional leadership, including President Stanley, Dean Kaushansky, the Hospital Administration, and my fellow Chairs, for their tireless support and patience in guiding me to run the department. Moreover, we will not be able to accomplish our goals without the generous support of Marilyn and Jim Simons. To them I express my greatest gratitude and pledge to do my best to elevate the Department of Medicine to the next level.

Please visit our web page at: http://medicine.stonybrookmedicine.edu/medicine/
Teaming Up for Cardiac Excellence

James R. Taylor Jr., MD, FACS, Professor of Surgery, Stony Brook University School of Medicine; Co-Director, Stony Brook Heart Institute; and Chief, Division of Cardiothoracic Surgery, and Harold A. Fernandez, MD, Professor of Surgery, Stony Brook University School of Medicine; Co-Director, Stony Brook Heart Institute; and Deputy Chief, Division of Cardiothoracic Surgery, joined the Heart Institute this past fall.

For most Long Islanders, Drs. James Taylor and Harold Fernandez need no introduction. Dr. Taylor, since launching his practice on Long Island two decades ago, has been one of the most prolific and highest quality cardiothoracic surgeon in the State of New York. Dr. Fernandez has worked alongside Dr. Taylor at St. Francis Hospital for the past 10 years, building a reputation for superlative care and passionate commitment to patients and their families. Both physicians are beloved by their patients — evidenced by extremely high patient satisfaction scores — and are highly regarded in the cardiac surgery and cardiology communities on Long Island. Together, they plan to lead the Stony Brook University Heart Institute into a new era of excellence, incorporating the most innovative cardiac surgical techniques as well as the best practices in quality care.

“Drs. Taylor and Fernandez are the epitome of what cardiac surgeons should be: highly skilled, extremely responsive, sincerely compassionate and always ready for another clinical challenge. They will continue Stony Brook Medicine’s development into one of the finest Heart Institutes in the country,” said Kenneth Kaushansky, MD, MACP, Senior Vice President, Health Sciences and Dean, Stony Brook University School of Medicine.

Dr. Taylor began his career in health sciences as a pharmacist. After a three-year stint in practice, he found a different calling, pursuing and receiving a medical degree from the Medical University of South Carolina, followed by residencies in general and cardiothoracic surgery at New York Hospital-Cornell Medical Center, where he served as chief resident. He completed a cardiothoracic surgery fellowship at the same institution and joined St. Francis in 1991. He most recently served as Vice Chair of Cardiothoracic Surgery and Director of Aortic Surgery at St. Francis, as well as Chair of Cardiothoracic Surgery at Good Samaritan Hospital. For the past four years,

Harold A. Fernandez, MD

Dr. Fernandez came to the United States at age 13 as an undocumented immigrant from Colombia, and 10 years later he received his Bachelor of Science degree in molecular biology, magna cum laude, from Princeton University. He received his medical degree from Harvard Medical School, followed by a residency in general surgery and a fellowship in cardiothoracic surgery at NYU Medical Center. He joined St. Francis in 2001 and in 2008 was appointed Director, Division of Heart Failure Surgery. He is board certified in cardiothoracic surgery and is past president of the Spanish American Medical Dental Society of New York. For the past four years, Dr. Fernandez has been recognized by Castle Connolly as one of the New York Metro Area’s Top Doctors.

Both physicians are working with our cardiologists, cardiac surgeons and other specialists to transform an already robust cardiothoracic surgical program into a regional medical center of excellence — bringing the highest level of care and best ideas in cardiovascular medicine to our heart patients.

A WORD FROM OUR AFFILIATES: VAMC

Hussein Foda, MD, Professor of Medicine, Fellowship Director, Pulmonary and Critical Care Medicine
Chief of Medicine & ACOS-Research, Northport VAMC

The Department of Veterans Affairs Medical Center (VAMC) at Northport is a major clinical site for training Stony Brook students, residents and fellows. The beautiful VA campus is located at Northport. The major clinical services at Northport include: Surgery and surgical sub-specialties, Internal Medicine and its subspecialties, Psychiatry and Long Term and Hospice care. Northport Medical Center has 336 beds.

The Northport VAMC follows approximately 35,000 patients, with 4100 in-patient admissions; 304,000 out-patient visits. There are over 100 faculty in the different departments. Almost all have faculty appointments at Stony Brook Medicine.

The VA patient electronic medical record is internationally recognized as the most powerful EMR helping the VA achieve excellence in patient care. This EMR is amenable to data analysis to answer important research questions and address QA issues.

The VA research program at Northport has over three million dollars in funding with approximately 40 investigators, working on basic bench work as well as clinical and pharmaceutical studies. The Department of Veterans Affairs has a broad and extensive research portfolio that balances the needs of all Veterans with over 2100 funded projects. This funding program offers a wonderful opportunity for Stony Brook faculty to apply for research funding.
Faculty Mentoring: Department of Pediatrics Leads the Way

Janet E. Fischel, PhD, Professor and Vice Chair for Education, Division Chief, Developmental and Behavioral Pediatrics

The hero of Homer’s epic poem was the mighty warrior, Odysseus, who was meeting a series of excruciating challenges on his journey home from the Trojan War. In fact, his goal of reaching home was virtually obscured, and the clock was ticking, so to speak, because suitors were flocking around his wife, much to the horror of their son, Telemachus. It’s a long story, but the gist is that the goddess Athena decided to disguise herself to guide and encourage Telemachus in his search to find and bring Odysseus safely home. Athena’s disguise? The likeness of a trusted family friend, Mentor.

As best we know, the term mentor has its etymological roots in the person Athena portrayed, combining characteristics of a trusted colleague with her own godly characteristic, wisdom. We use the term “mentor” today in academia to describe a knowledgeable guide sought out by an individual to share information over the long term, in one or more spheres of career development. The mentee, or protégé, is the less experienced individual, newer to the community and seeking this aid.

Although I have heard the term mentoring intertwined often with advising, it is helpful to differentiate the two. Advising is usually a shorter term relationship, often assigned, not selected by the protégé, and often focused on a short-term goal, such as selecting your college classes. We have all had experience with advisors, but some have little experience as either protégé or mentor.

Those of us who came to our faculty position through the PhD process or research fellowships in the apprenticeship model have certainly experienced mentorship, and many of us have gone on to mentor doctoral students who spend years in our labs and courses. Years ago, I had occasion to discuss mentoring from several perspectives in faculty development work at the national level. Nearly two years ago, the Chair of Pediatrics, Dr. Margaret McGovern, asked if I would create a departmental mentoring plan for Pediatrics. She envisioned a mentoring team, perhaps two faculty members to help guide each newly hired junior faculty member. To explore the most recent models of mentoring at depart-

mental and medical school-wide levels, I searched the literature and contacted faculty and deans at selected sites, learned about their mentoring program structure, funding, stability and key program elements. I crafted our mentoring plan, in writing, with goals and concrete expectations of mentees and mentors in order to structure a productive and unambiguous relationship. The ultimate goal of the Pediatrics mentoring plan is to help junior faculty understand and negotiate the pathway of expectations and achievements that promote career success. For several junior faculty in Pediatrics, at least one of the mentors is a senior research collaborator (perhaps even one of the reasons the individual selected Stony Brook), and for all, at least one of the mentors selected is able to provide scholarship guidance.

In Pediatrics, faculty applicants meet with me to learn about our mentoring program, and newly hired junior faculty meet with me for an initial orientation to their expected roles, an understanding of their academic title and the promotion process, their scholarship interests, and an initial conversation about selecting the mentoring team. Within a few months we revisit the selection of two individuals to serve as mentors (in addition to the faculty member’s division chief), whether located here at Stony Brook or elsewhere. I expect the new faculty member to articulate what it is he or she expects each mentor to address. We send a letter describing the mentoring plan, meeting expectations and other details to those being asked to serve. That letter highlights not only benefits to the protégé but benefits of accepting the mentoring role that are perhaps less often discussed – promoting the profession’s values, guiding the development of excellence in the next generation of academicians, and reaffirming a commitment to the professional well-being of our academic community. We have had almost unanimous acceptance on the part of invited mentors. Faculty applicants to Pediatrics express their very positive interest in this early career support and are impressed to have learned about such a plan nowhere else but here. Our newly recruited faculty members over the past nearly two years have received the plan with strong enthusiasm, often with remarks about the uniqueness and the importance of the program to them.

Additionally, we have had some social gatherings of new faculty members in Pediatrics. Their lives at work are busy, and they often work a good distance from one another, crossing paths infrequently. Facilitating their ability to network with others is an effective way to help build a sense of community among newcomers. That said, a word about reverse mentoring may be in order. This is the situation in which seasoned or experienced individuals recognize the importance of learning the “future view” from the more recently trained. Attention to reverse mentoring can be helpful when difficulties such as divisiveness or resistance to change emerge in academic life.

How are faculty members in Pediatrics utilizing their mentors? I have developed an extensive checklist of items to survey what faculty members in Pediatrics are discussing with mentors, as a first perspective on program evaluation as well as a way to identify benefits, unmet needs or areas for expansion.

Satisfaction with the direction, products and activities of one’s career is likely what all faculty members anticipate as they enter academic life. But the devil is in the details, and there are a host of unanticipated detours, derailments, procrastinations or storms that impact success and therefore, satisfaction. Pediatrics at Stony Brook is committed to faculty development in a mentoring model that recruits wise, personable, fair, generous academic faculty to both guide and inspire their protégés by serving as exemplars of characteristics predictive of career productivity, success, and satisfaction.
Creating and Maintaining Appropriate Learning Environments: The WE SMILE Program

Howard B. Fleit, Ph.D., Associate Professor and Vice Chair for Education, Department of Pathology.
Assistant Dean for Curriculum.

The nature of the learning environment of a school of medicine plays a critical role in supporting the values and competencies that the curriculum strives to deliver. In addition, the learning environment influences a medical student’s professional development and identity. Supportive learning environments can enhance student learning, achievement and humanism whereas inappropriate learning environments may adversely affect medical students’ attitudes, emotional well-being, confidence and ability to succeed.

The Liaison Committee on Medical Education (LCME) confirms the importance of the learning environment through a specific accreditation standard (MS-31A): “A medical school must document that they provide a supportive learning environment for their students.”

Data from our internal surveys and from the AAMC Graduation Questionnaires had indicated that our students were not aware of our internal policies regarding student mistreatment and that our students had been experiencing or observing mistreatment at rates higher than the national average.

In response to this data and in preparation for our most recent LCME accreditation review in 2011, we developed a five stage program designed to reduce and ultimately eradicate student mistreatment in our school. This program was given the name WE SMILE, an acronym for “we can eradicate student mistreatment in the learning environment.” The five stages of this program are 1) education, 2) reporting, 3) review and adjudication, 4) enforcement, and 5) communication.

The educational component of this program has been facilitated through the development of a training module PowerPoint that has been presented to medical students at orientation programs, to groups of residents and to groups of faculty from clinical departments. Importantly, this module has been placed on SOLAR and is now required for all faculty to review and attest that they have viewed the presentation. In addition, the module has been placed on New Innovations for residents to view. Briefly, this training module defines student mistreatment, the mechanisms for reporting mistreatment, and the appropriate SBU and SBU SOM policies. Incorporated into this training module are six case scenarios which have encouraged stimulating discussions in all of the training sessions in which it has been presented. Pocket cards that include the definitions of mistreatment, the SOM policies web link, and the mechanisms of reporting have been distributed at the various training sessions. The efficacy of the training module at student orientations has increased student awareness of the SBU SOM policies and procedures related to student mistreatment to virtually 100%.

There are several mechanisms by which incidents of student mistreatment may be reported. All course and clerkship evaluations ask whether students have been mistreated or have observed mistreatment. If a student indicates positively, a communication is sent to the Associate Dean for Student Affairs, Dr. Aldustus Jordan, for initial review and referral to the appropriate agency in select situations. Students may also submit an anonymous comment, a professionalism note, or a mistreatment incident reporting form which would also be referred to the Associate Dean for Student Affairs and the Committee on Student Affairs. The Committee on Student Affairs, comprised of faculty, students and administrators, is authorized by the school to conduct an impartial investigation of the allegation. Additional information may be obtained from student focus groups and exit interviews at the end of a clerkship. A subcommittee of the Committee on Student Affairs has recently been developed on the Winthrop clinical campus.

The review and adjudication of the allegation is initiated in the office of the Associate Dean for Student Affairs. Several outcomes are possible if an allegation is demonstrated to be accurate. These include: remediation through educational intervention, referral to counseling and psychological services, referral to the Office of Diversity and Affirmative Action, referral to the Hospital Medical Board, referral to Labor Relations, referral to University Legal Counsel, referral to University Police, or other referrals as deemed appropriate.

All adjudicated cases of student mistreatment are referred to the Dean of the School of Medicine and the appropriate University office and enforcement of the referred case rests with the Dean. The Committee on Student Affairs provides periodic reports to the Faculty Senate, to the Dean’s office, to educational committees, and to the student body. As of Academic Year 12-13, we have begun to collect data from the clerkship evaluation forms and have reported the incidence of mistreatment to the clerkship directors and the curriculum committee. We hope these early interventions, starting with the educational component, will succeed in maintaining appropriate learning environments throughout our School of Medicine.
We congratulate the following individuals who recently received awards:

**Continuous Quality Improvement Award**
Title: “Automated Electronic Sepsis Alert Promotes Early Identification and Improves Mortality”
Grace Propper

**Nursing Award**
Title: “Effectiveness of the Pre-Procedural Verification Process – a Program Evaluation”
Thomas Halton
Joan Seeley, Christine Bode, Mary Catalano, Pamela Borenski, Deborah Richman

**School of Nursing Award**
Title: “Implementing a Transitional Care Model to Reduce Readmissions”
Patricia E. Moran
Marie Ann Marino

**Pharmacy Award**
Title: “Using Patient Safety Events to Promote the Safe Use of Insulin”
Marie Varela
Joseph DeCristofaro

**Resident Award**
Title: “Screening in Cirrhosis: Why Isn’t It Getting Done?”
Anil Kabrawala
Joseph Manoldo, Asim Khokhar

**Fellow Award**
Title: “Can We Achieve Optimal Ultrafiltration in End Stage Heart Failure Patients with Left Ventricular Assist Device Who Develop Acute Kidney Injury and Fluid Overload Requiring Continuous Renal Replacement Therapy?”
Sagar S. Patel

**Faculty Award**
Title: Polypharmacy in the Elderly: Utilizing an IT Program and an ED Pharmacy Consult for Medication Debubling, Adverse Drug Event Detection, & Cost Savings”
Melina Khwaja
Cesar Alavinnia, Sunil George, Mary Giouroukakis, Mark Henry, Sherene Samu, Henry Thode, Dawn Bettenham

**Award of Excellence - Over-all Poster Winner Award**
Title: “Reducing Complications of Care in the Most At-Risk Hospitalized Patients”
Christine McMullan
Paul F. Murphy, Lisa Sokoloff

**Women in Medicine Research Day Abstract Winners**

**Faculty Abstract Winner**
“Granulocyte-Macrophage Colony-Stimulating Factor Auto Antibodies are associated with Severity of Crohn’s Disease”
Grace Gathungu, MD

**Faculty Abstract Winner**
“Relapse Specific Mutations in NT5C2 are Associated with Chemoresistance in Childhood Acute Lymphoblastic leukemia”
Laura E. Hogan, MD

**Fellow/Resident Abstract Winner**
“Microvascular Simulation Exercise for Surgical Training”
Lauren B. Grossman, MD

**Fellow/Resident Abstract Winner**
“Epidemiology of Tick Vectors in Suffolk County and Clinical Implications”
Luz M. Karas, MD

**Medical Student Abstract Winner**
“Use of Preoperative MRI to Predict Tissue Thickness of Mastectomy Flaps”
Aditi Kanth, MD Candidate

**2nd Annual Partners in Quality & Patient Safety Poster Awards**

**Faculty Abstract Winner**
“Granulocyte-Macrophage Colony-Stimulating Factor Auto Antibodies are associated with Severity of Crohn’s Disease”
Grace Gathungu, MD

**Faculty Abstract Winner**
“Relapse Specific Mutations in NT5C2 are Associated with Chemoresistance in Childhood Acute Lymphoblastic leukemia”
Laura E. Hogan, MD

**Fellow/Resident Abstract Winner**
“Microvascular Simulation Exercise for Surgical Training”
Lauren B. Grossman, MD

**Fellow/Resident Abstract Winner**
“Epidemiology of Tick Vectors in Suffolk County and Clinical Implications”
Luz M. Karas, MD

**Medical Student Abstract Winner**
“Use of Preoperative MRI to Predict Tissue Thickness of Mastectomy Flaps”
Aditi Kanth, MD Candidate

**UPCOMING EVENTS**

**Faculty Development Workshops:**

- **5/9/13** Interviewing Techniques for Selecting the Best Candidates for your Program, Fred Schiavone, MD
- **5/23/13** Small Group Teaching, Howard Fleit, PhD
- **6/13/13** Learner’s Assessment, Wei-Hsin Lu, PhD
- **7/11/13** Giving Constructive Feedback on Performance, Susan Lane, MD

**AAMC Medical Education Research Certificate (MERC) Workshops at Stony Brook**

- **5/1/13 (AM)** Scholarly Writing: Publishing Medical Education Research. Dr. Brian Mavis, Associate Professor, Michigan State University.
- **5/1/13 (PM)** Program Evaluation and Evaluation Research. Dr. Brian Mavis, Associate Professor, Michigan State University.

**Of Additional Interest to SOM Faculty:**

- **4/27/13** Graduate Medical Education - Retreat
- **5/11/13** Under Graduate Medical Program - Retreat
- **July** 2013 SOM New Faculty Orientation

**Women in Medicine**

- **4/24/13** Women in Medicine Research Day

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

If you wish to contribute to one of our future issues please contact

Office of Faculty Affairs and Faculty Development • HSC Level 4, SOM Dean’s suite • (631) 444-7207; Fax (631) 638-1370