

**FACULTY COUNCIL
MINUTES
March 2, 2016**

Representatives in Attendance: Drs. Baron, Berin, Choudhri, Doshi, Gibbs, Gillespie, Hausman Leibowitz, Miller, Ragnarsson, Ramaswamy, Shim-Chang, Stone, Ubarretxena, Wang

Also Attending: Ms. Lowy, Dr. Muller, Ms. Schneier

I. Minutes Approved

Upon motion duly made and seconded, the minutes of the January 13, 2016 meeting of the Faculty Council were unanimously approved.

II. Professionalism Committee

Guest Marina Lowy, MSHS Associate Counsel, described the Faculty Council Professionalism Committee as one of numerous channels for problem resolution, including: Grievance Board (harassment cases); ombudsperson (confidential mediation tool not empowered to create a record or report to the Dean); Research Integrity Officer (scientific misconduct); Disciplinary Tribunal (appeal of disciplinary actions).

Ms. Lowy noted that the Professionalism Committee can consider taking a proactive role in which it advertises its services and teaches professional behavior. Dr. Choudhri expressed continued interest in creating a “grievance tree” illustrating the various options.

III. Medical Education

Dr. Muller provided an overview of the M.D. program:

- Mount Sinai Health System (MSHS) -- The expanded number and variety of training sites offered throughout the MSHS has created a more complex environment, with a wealth of opportunities for students to do clerkships and have mentors and advisors. Student rotations are carefully managed, with required rotations at all Manhattan MSHS hospitals except for NY Eye and Ear of Mount Sinai, a specialty hospital. The Health System is an attractive recruitment tool, and has also increased our capacity to accommodate both domestic and international visiting students.
- Class Composition -- Despite the growth of the MSHS, there are no plans to increase the class size of the MD program from its current complement of 140 students per class. In each class: 10% of students are MD/PhD; 50-55 entered through Flex Med, a number that is expected to grow over time to 50% of the class; 10-15% of students will at some point pursue an additional degree, other than a PhD; 1/3 of students take a gap year, often for research; new consulting internships, e.g., McKinsey, Google, are also an option.

- Racism/Bias – This is an increasingly prominent issue at ISMMS as at other undergraduate and medical school campuses. The School is taking many steps to address concerns, including a 2-day site visit next week with diversity experts who will help us create a roadmap for the future.
- Curricular Redesign – Approximately four years ago, courses were restructured to: coordinate subject matter; decrease course hours; create blocks of protected time; increase clinical work in 1st and 2nd year via Arts and Science of Medicine course; introduce Longitudinal Clinical Experience. Dr. Muller noted that little scholarly research has been conducted to date on how to measure success in education.
- Student Interest Groups – Most clinical specialties have student interest groups that provide opportunities for students to meet with specialists for supplemental information.

In response to a query about home health care, Dr. Muller and the Council discussed projects in place to prevent admissions, often with support from Visiting Doctors, Visiting Nurses, etc. Technological solutions, e.g., apps, tend not to work well if patients are not tech-savvy. Further, clinicians are not at the point yet of being able to process voluminous data from apps.

IV. Committee Update

Resources Committee – Dr. Choudhri reported that, because of scheduling conflicts, Dr. Haroutunian has resigned from the Faculty Council and the Resources Committee. Council members are encouraged to volunteer to fill the committee chair role.

V. Member Hospitals – Dialogue and Representation

In order to encourage communication and involvement of faculty at member hospitals Dr. Choudhri recommended:

- Inviting member hospital presidents to the May or July meeting to stimulate dialogue;
- Considering representation formula change to recognize member hospitals and programs.