PLANNING FOR CHANGE AT MOUNT SINAI

Future Plan of Action and Summary of Recommendations of the Clinical Excellence Committee

June 1, 1977*

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The Clinical Excellence Committee (CEC) was formed in 1974 to examine the present status and consider future alternatives for the Mount Sinai Medical Center.

Based on history, current programs and changing trends, the objectives of the Mount Sinai Medical Center appeared to be:

1. Provision of health care services that are efficient, effective and comprehensive.

2. Transmission and critical application of biomedical knowledge.

3. Development and certification of individuals who will make significant contributions to the health needs of our society.

4. Conduct of high quality of research in the life sciences.

The main responsibility of the CEC was to develop goals and set policies that will contribute to the attainment of these objectives. The CEC functioned through 3 task forces and 18 subcommittees composed of 120 faculty, 11 trustees, 4 house officers and students, and 24 members of the administration of the Mount Sinai School of Medicine, The Mount Sinai Hospital, the Beth Israel Medical Center, the City Hospital Center at Elmhurst, the Hospital for Joint Diseases and Medical Center, and the Veterans Administration Hospital at the Bronx.

This participatory planning effort extended over a two year period, ending with the development of 95 specific recommendations that were formulated, modified and approved by the participants in the task forces, members of the Academic Council, the Executive Faculty and, when appropriate, by other administrative units or standing committees of the Mount Sinai School of Medicine and The Mount Sinai Hospital. The recommendations were approved by the CEC on September 15, 1976 and were accepted by the Board of Trustees of the Mount Sinai Medical Center on October 18, 1976. They were also presented to the Medical Board of The Mount Sinai Hospital on November 18, 1976.

Implementation of these recommendations will require increased understanding and recognition of the working relationships of the faculty, trustees and administrative staff. Three major changes will result from their adoption:
1. Emphasis in planning will shift from the school of medicine to the total academic health center.

2. New standing committees will be developed to implement and evaluate the recommendations.

3. Long range planning will involve participation by more individuals representing various interests in the medical center; improved communication of trends and policies throughout the academic health center will be required.

The present summary isolates specific recommendations. Their style varies; some are statements of principle or policy that should be affirmed by our institutions; others are recommendations for specific courses of action by various groups within the academic health center. All will require reassessment at some future time when it is appropriate to measure our progress. The complete report of the CEC, minutes of the task forces and their subcommittees, library of published reports and the files of data are available for study in the Task Force Planning Office.

As of this date (June 1, 1977), review of the Plan of Action (pages 9-11) reveals that of the 19 recommendations for immediate action or for future planning and development, 11 have been initiated. These include:

- collaborative budget review
- recommendations for appointments and promotions
- definitions and requirements of full-time systems
- revised medical service plan
- provision of alternatives for faculty retirement plan
- appointment of primary care planning committee
- appointment of committee for review and evaluation of program proposals
- improvement of various information systems in the medical center
- review of educational scope of the Center for Continuous Education
- monitoring of standards for certification of health care professionals
- development of resources inventory of research technology

Target completion dates for other recommendations range from almost immediate to distant future. Plans of action will be coordinated under the authority of the boards of trustees of
the institutions within the academic health center and coordinated by the chief administrative officers of these institutions.

CLINICAL EXCELLENCE COMMITTEE

Gustave Levy, Chairman
Steven Ames
Jack Aron
M. Ronald Brukenfeld
William Golden
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Thomas C. Chalmers, President of the Mount Sinai Medical Center

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# Future Plan of Action and Summary of Recommendations

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CHAPTER 2

FUTURE PLAN OF ACTION AND SUMMARY OF RECOMMENDATIONS

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Plan of Action

For Immediate Action--

1. Implement Recommendations for Appointments and Promotions (p.40 items #1-8).

2. Authorize guidelines for evaluation of deans and departments (p.41 items #9-13).

3. Approve guidelines for search committees of deans and department chairpersons (p.42 items #14-16).

4. Endorse definitions and requirements of Full-time Systems (p.38 items #1-6).

5. Implement revisions in the Medical Service Plan (p. 26 items #1-8).

6. Increase the options in the retirement plan for faculty (p.28 item #1).

7. Appoint Primary Care Planning Committee for the academic health center (p.24 item #2).

8. Establish Council of Affiliated Institutions to coordinate inter-institutional programs in the academic health center (p. 36 item #3).

9. Appoint Committee for Research and Evaluation of Continuing Medical Education in the academic health center (p.22 item #1).

Changes:

- Publication of protocols; create associate track; evaluate overtime
- Establish formal evaluation mechanisms; create ad hoc evaluation committees for reviews
- Publication of protocols and suggested committee compositions
- Clarification of criteria in published form; departmental level decision-making for external professional activities retention of incomes
- School Equalization Fund; expanded ceiling of income; actual cost of overhead
- Alternative options: No additional costs incurred
- Academic health center approach to planning - New committee; establish guidelines for standards and programs
- New committee: develop and coordinate affiliated institutions' resources and utilization of manpower
- New committee: evaluate methodology and effectiveness of programs; expand and/or modify present programs as indicated
10. Appoint Committee for Review and Evaluation of Program Proposals that involve the medical center's resources (p. 33 item #5).

11. Establish the Research Club and the Mount Sinai Society of Clinical Medicine and Surgery (p. 23 item #8).

Changes:

- New Committee: enhance the effective coordination of patient care, education, and research; improve communication between school and hospital; create awareness of Center's goals.
- Reinstitute Club; create similar clubs for other disciplines which encourage recognition of research advancements.
Plan of Action

For Planning and Development—

1. Establish a formal strategic planning group for academic health center (p. 29 item #2).

2. Strengthen and modify activities of the Mount Sinai Medical Center (p. 29 item #4).

3. Develop or improve information systems for
   (1) assessing educational programs (p. 21 item #6),
   (2) tracking of alumni of school and hospitals (p. 21 item #7), (3) assisting operational planning (p. 29 item #5), (4) coordinating resources and programs of the affiliated institutions (p. 37 item #4).

4. Direct Center for Continuous Education to review curriculum and expand its educational scope (p. 23 item #7).

5. Reexamine and update Guidelines Governing Medical School - Affiliated Institutions (p. 36 item #2).

6. Conduct feasibility study on accommodation of private and clinic patients in same ambulatory setting (p. 17 item #7).

7. Review standards for certification of health care professionals (p. 22 items #2 and #3).

8. Develop resource inventory of research technology including subject profiles of research projects (p. 18 item #5), costs by shared technologies.

Changes:

-Future-oriented new committee formal mechanism for policy formation inclusive of all major institutions.

-Greater integration of policy and procedure for Center.

-Development of new information systems; improvement of existing systems, programmatic approach to planning in both school and hospitals; development of inventory of programs for patient services education and research at all clinical affiliations.

-Internal review and evaluation of curriculum (expansion of education beyond present scope )

-Modify and change.

-Determine how feasibility study will be conducted; improve the utilization of facilities; enhance private practice capacity and environment.

-Monitor appropriate certification requirements of all health care professionals involved in the academic center.

-Inventory for enhancing research efforts and reducing costs by shared technologies.
Chairman: Alvin S. Teirstein, M. D.

Charge: to develop goals and objectives for the Mount Sinai academic health center in recognition of its role as an academic health center by means of (1) analysis of the medical care delivery system vis-a-vis the Medical School and the Hospitals, (2) an investigation and analysis of the past and present issues and policies of Mount Sinai, (3) the development of alternative solutions and recommendations for the long-range future.
Recommendations on Health Policy

1. The academic health center should assume greater educational responsibility for communicating and explaining health care problems to the public.

2. Encourage the medical profession to educate the public in determining appropriateness of health care providers, facilities and services.

3. The health care policy should emphasize improved and equitable geographic distribution of health services.

4. Increase communications by health care experts who can effectively represent our ideas to agencies that are involved with public policies relative to the provision of funding. Continue to encourage faculty expert testimony for federal hearings, national advisory committees, state and local participation in agencies, health organizations, etc.

5. Communicate regularly with our faculty, students, and other health care professionals to keep them informed of significant health policy proposals and actions.

Rationale (Key Notes):
- Public demand; professional responsibility
- Professional responsibility
- Public demand; P.L. 92-643 H.S.A. participation; cost containment
- Secure funding of programs; leadership role of the School and Hospitals; participative decision-making in the political process of health care, education, training and research
- Improve awareness of changes that can affect future activities
Recommendations on Patient Population

1. Each hospital in the academic health center must clarify its role as provider of primary, secondary and/or tertiary care; they should define geographic catchment areas and assume responsibility, when feasible, in all three levels of care to the "defined" population in its immediate community.

2. The Mount Sinai Medical Center should provide efficient and effective health care to a combination of "open" and "defined" population groups.

3. The Mount Sinai Medical Center should serve as the axis for a large regional system, providing tertiary care needs.

Rationale (Key Notes):

- Improve allocation of services and resources; potential for research in health care outcome; public demand

- Alternative models of delivery

- Assure referral base for patient care, teaching and research; effective utilization of institutional programs

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2 Primary Care, that is early detection and routine diagnosis and treatment of health problems, is the level of care at which most people enter the health care system. Secondary Care (acute care) is emergency and/or critical care requiring intense and elaborate diagnosis and treatment. Tertiary Care (special care) is care in which highly technical services are provided for patients within a large geographic region. Secondary and tertiary care are not necessarily supplied on an in-patient basis.

3 "Defined" Population refers to only those persons who can fulfill specific criteria, for example, designation by a particular geographic region, disease, employment etc. regardless of socio-economic status.

4 Mount Sinai Medical Center is the Mount Sinai School of Medicine and the Mount Sinai Hospital.

5 "Open" Population refers to all patients previously and presently receiving services at the hospitals regardless of geographic location.
4. The Mount Sinai Medical Center should assume responsibility for the secondary and tertiary care needs of its attending staff's referred patients and, by special arrangement, those of primary care institutions.

5. Primary, secondary and tertiary care should be made available by the Mount Sinai Medical Center to its "defined" population, regardless of socio-economic status within a small immediate surrounding catchment area.
Recommendations on Health Care Systems

1. The Mount Sinai academic health center should develop comprehensive health care systems of quality health care services which ensure accessibility, timeliness, appropriateness, and acceptability to the patients it serves.

2. The health care systems of the center must be concerned for the whole patient and must be ready to provide equitable and humane treatment on a comprehensive and consistent basis, with assurances of continuity of care.

3. The systems should be patient-centered, i.e., patient-consulted, and informed. The role of each attending physician's responsibility for coordinating a particular patient's care must be identified.

4. Health services should be integrated and efficient and should be available at reasonable cost.

5. The systems should strive for a single classification of all patients, both ambulatory and hospitalized.

6. Develop a comprehensive health care model for a "defined" population within the framework of present ambulatory care facilities.

Rationale (Key Notes):

- Institutional responsibility; public pressure; cost containment; clinical excellence

- Medical ethics; patient care needs

- Health care team includes the patient; ambiguity of role of attending re-teaching hospital and patient; variation of pattern between service that may not insure optimal care for patient

- Cost containment and resource allocation; public demand for change; reimbursement requirements; satisfaction of patients and professionals

- Public demand; national health insurance probability; improvement in the delivery system
7. Conduct a feasibility study on how to accommodate private and clinic patients within the Moses Weinman Memorial Ambulatory Care Center.
Recommendations on Research

1. Clinical biomedical research within the academic health center should be continued and expanded.

2. Basic medical research without immediately perceivable clinical application should be considered an essential activity of the Center since benefits of such research have frequently been demonstrated.

3. Collaborative clinical and basic science research should be encouraged.

4. Research communication between basic and clinical science departments and between affiliated institutions must be improved and expanded. Mechanisms for achieving this might be (a) bi-weekly or monthly seminars devoted to correlations in clinical & basic science (b) basic science medical student seminars and (c) establishment of a forum for formal presentation of research studies by medical students. The last might serve as a basis for an honors program for medical students who engage in research.

5. Develop a resource inventory of our technological equipment within the Center to promote shared use of equipment and to reduce costs. The inventory should include a subject profile of current research projects and a listing of the major technologies employed by these projects.

Rationale (Key Notes):

- Essential to meet objectives and goals
- Future research development
- Interrelationship should enhance research programs and outcomes
- Ensure future research priority; faculty and student satisfaction and recognition
- Reduction of costs; improved communication and exchange of information
The Graduate School of Biological Sciences must be maintained as an indispensable part of our research and educational effort.

Rationale (Key Notes):
- Recruitment and maintenance of excellent faculty and students; enhance education and research activities
Recommendations on Clinical Undergraduate and Graduate Medical Education

1. The tradition of high quality and heterogeneous specialty medical training at the affiliated hospitals of the School should be maintained and strengthened. The curricula, of necessity, must remain flexible.

2. Basic science principles, including the application of scientific and statistical methods to clinical problems, should be emphasized in post-doctoral education.

3. Primary medical care education should be emphasized by improving the setting and supervision in ambulatory patient care and strengthening training in preventive medicine. Training programs involving physicians as members of health care teams with other health care professionals in both in-patient and out-patient services should be enhanced.

4. Critical assessment of the quality of training programs should be developed at institutional and intra-departmental levels. This should include matching plan results, evaluation by house officers, specialty certification and other appropriate criteria.

5. The role of the resident as teacher of clinical clerks and other residents should be given greater recognition and encouragement.
6. Information systems must be established for concurrent assessment of education programs for medical students and graduate medical students.

7. To assess and revise the goals of our educational programs, information systems must be developed to maintain continuing contact with former undergraduate and graduate medical students for retrospective analysis and evaluation.
Recommendations on Continuing Education

1. A Committee for Research and Evaluation of
Continuing Medical Education should be established
to (1) evaluate the methodology and effectiveness
of continuing education programs and (2) recommend
modification of the Center's continuing education
programs.

2. Standards required for certification, licensure
and accreditation of health care professionals
will be met by the Mount Sinai academic health
center. Clinical medical school faculty should
generally be required to achieve certification in
their areas of specialization. Appropriate certification
should also be required of non-faculty members of the
medical staffs of the affiliated hospitals of the
School of Medicine and of all other health care
professionals.

3. Re-certifications or re-licensure examinations
should also be required wherever applicable.

4. Individual faculty should attend and participate
in their departmental and divisional conferences
as required by the Medical Staff By-Laws and in
accordance with the recommendations of the American
Hospital Association and the Joint Commission on
Accreditation of Hospitals.

Rationale (Key Notes):

- Improve programs and eliminate those which are not effective

- External demands; assure highest quality of professional; identify areas that should be improved in faculty development

- As above

- Transmit knowledge and new methodology; enhance departmental and divisional objectives; promote faculty goals and objectives
5. The faculty should be required to participate in continuing education programs throughout each year.

6. The Mount Sinai Medical Center should take the initiative for developing new cooperative associations with other organizations, both national and regional.

7. The Center for Continuous Education should review its curriculum and develop new programs, expanding its educational effort to include other professional disciplines (basic scientists, nurses, social workers, health service administrators, librarians, biomedical engineers, etc.).

8. A Research Club should be reinstituted and a Mount Sinai Society of Clinical Medicine and Surgery should be established for the purpose of presenting current advances in clinical areas with regularly scheduled symposia. Similar organizations should be formed for other disciplines in health care delivery and biomedical research.

9. The faculty should be encouraged to participate in self-assessment programs.
Recommendations on Primary Care

1. Planning for primary care (academic, research and patient care programs) is the conjoint responsibility of the School and its affiliated hospitals.

2. A Mount Sinai academic health center Primary Care Planning Committee should be established to develop recommendations for primary care programs and to coordinate the planning for eventual implementation of educational programs in primary care. The Committee should consist of two faculty representatives of medicine and pediatrics from each affiliate hospital within the academic health center (ten members), one member from the Mount Sinai School of Medicine administration, and one member from the Mount Sinai Hospital administration. Liaison members should include two from the Executive Curriculum Committee and five (one each) from the departments of dermatology, neurology, psychiatry, obstetrics-gynecology, and surgery.

3. Specific planning should be initiated to establish guidelines for standards and contents of primary care programs at the academic health center, with particular reference to the hospitals' resources and their institutional objectives.

4. The educational model for primary care programs should be the general internist and the general pediatrician.

Rationale (Key Notes):

- Recognition of joint activities and responsibilities
- External pressure; preparation for future funding contingencies; improvement in curricula

- Assurance of optimal program development and effective allocation of resources

- Faculty opinion this model more suitable than family practice for urban setting
RECOMMENDATIONS: Task Force B

Chairman: Arthur H. Aufses, Jr., M.D.

Charge: to develop an organizational model for the Mount Sinai academic health center in recognition of its goals and activities as an academic health center by means of (1) a comparative or external analysis of other academic health centers vis-a-vis the Mount Sinai Medical School and Hospital and Affiliates, (2) a systems analysis of the departmental structures, (3) development of policies and procedures for the recruitment and maintenance of the highest caliber faculty and staff, (4) the development of alternative solutions and recommendations for the implementation of the organizational process.
1. The purpose of the Medical Service Plan, renamed the Professional Service Plan, is to provide a supplemental financial mechanism to attract and retain full-time faculty.

2. Distribution of plan receipts will be patterned to enhance faculty income and departmental funds, and to further the school's academic activities.

3. Income to the school shall be deposited into the School Equalization Fund. This will consist of 5% of all practice and consultation fees (gross receipts).

4. Overhead charges for the conduct of medical practices will be adjusted to actual expenses at the end of each year.

5. Supplemental income to faculty will be negotiated annually between the individual participant and the department chairperson, subject to the approval of the Dean. Supplements shall not exceed 100% of the base salary.

6. Governance of the plan and determination of By-laws shall be the responsibility of the Advisory Council of the present Medical Service Plan.

Rationale [Key Notes]:

- Recruitment and maintenance of faculty
- Meet organizational objectives
- Disbursement of funds to assist in basic sciences
- Administrative accountability third party reimbursement requirements
- Health care cost containment (public demand); disincentive for excessive private practice
- Self determination by participants
7. A Professional Service Plan designed to meet the requirements of the basic science departments and the clinical service departments should be developed by a committee including representatives of these various departments.

8. Since the effectiveness of the Professional Service Plan depends mainly on the private practice activities of the clinical faculty, ways must be found to develop an environment and delivery system essential to attracting private patients.
Recommendations on Faculty Benefits

1. Fringe benefits for faculty are highly competitive with other institutions and no changes in these benefits are recommended.

2. The present arrangement for tax-sheltered annuities in the retirement plan for faculty (TIAA-CREF) should be expanded to include a newly proposed plan with the Prudential Insurance Company which offered different options in the benefit area. All faculty should have the opportunity to contribute to either plan in several possible combinations.

3. Extension of the grant-in-aid to additional faculty should be considered only after the long-range financial impact of the benefit on the institution has been carefully assessed.

4. Funds in support of grant-in-aid should be distributed from a centralized institutional account rather from departmental budgets.

5. Awards for educational grant-in-aid should carry some quality inference. Applications for such awards should be examined by an appropriate review group.

6. The definition and quality of tenure at Mount Sinai should be studied by the Academic Council and recommendations on tenure should be made to the Dean and Executive Faculty.
Recommendations on Organizational Models

1. The Mount Sinai academic health center should assume responsibility for all inter-institutional academic, research, and patient care programs.

2. An ongoing formal program of strategic planning should be established to provide orderly processes that will assist the academic health center to achieve its goals. The planning group should include trustees, administrators, and faculty.

3. Information systems should be expanded and developed to describe service, education and research program; utilization of human resources, facilities and technologies; and other administrative indices needed for operational planning. Such systems should also be created and available on an inter-institutional basis.

4. The organizational design of the Mount Sinai Medical Center should be strengthened and modified, as necessary, to provide the essentials for an integrated and unified approach to policy-making and implementation.

Rationale (Key Notes):

- Responsibility is a shared endeavor; improve relations between organizations within the Center

- Planning is an ongoing dynamic process; assure institutional viability and effectiveness; improve programs; respond to external constraints and policies

- Improve decision-making process

- Enhance center concept; assure unity of purpose, when necessary; improve institutional environment and outcomes of goals

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*Strategic planning is defined as the conceptualization and formulation of strategies of (1) the long term objectives or purposes of the organization, (2) the broad constraints and policies that affect the scope of the organization's activities and (3) the development of plans and goals that can be adopted in the expectation of contributing to the achievement of the organization's objectives.*

Chairman: Kurt Hirschhorn, M. D.

Charge: to devise methods of evaluation of performance in clinical service, teaching, and research.
Recommendations on Clinical Evaluation

1. The Mount Sinai academic health center will meet all standards of clinical performance that may eventually be required by various agencies such as the Professional Standards Review Organization. Methods of evaluating the efficiency and effectiveness of our health care delivery system will be developed as necessary.

Rationale (Key Notes):

- External pressure;
- Institutional and professional responsibility;
- Cost containment
Recommendations on Curriculum and Teaching Evaluation

1. Procedures for evaluation of curriculum and teaching now in operation or being developed by the Office of Student Affairs of the School of Medicine, the Curriculum Committee of the Academic Council and the clinical departments should be continued and expanded where necessary. A data system for the analysis of curricular data, assessment of educational performance and follow-up tracking of our graduates must be developed.

Rationale (Key Notes):
- Improve curriculum
Recommendations on Research and Program Evaluation

RESEARCH

1. Evaluation of biomedical and educational research at the Mount Sinai School of Medicine and its affiliated hospitals should include an assessment of research productivity and achievement, peer review and recognition, and the service appointments of research investigators.

2. Quality and significance of research should be evaluated by the various mechanisms of peer review, numbers and quality of publications originating from the research, and the extent of research training conducted by the investigator.

3. The recognition of research achievements should consider research awards, the appointments of investigators to national research organizations, selection for special lectureships, and presentations of papers at national or international professional societies.

4. The quality of research service should include an evaluation of appointments to editorial boards of clinical and research publications and service on research study sections or councils of funding agencies.

PROGRAMS

5. Proposals for service, educational, or research programs (excluding research proposals which receive external peer review) which extend beyond the limits of a particular department and which involve a commitment of personnel and

Rational (Key Notes):

-Criteria (formal) for evaluation of research by a faculty member

-Improve decision-making process for program development, monitoring, budgeting, etc.; enhance integration of goals of the institutions
resources of the School and Mount Sinai Hospital should be reviewed by a standing Mount Sinai Medical Center committee with a membership that includes representatives of the Dean's office, hospital administration, trustees, departmental chairpersons, and faculty. Representatives of the Department of Biostatistics, Nursing and Social Services should be included.

The committee should consider program applications, review and evaluate departmental criteria for program participation and potential outcomes, and review ongoing programs at stated intervals.
RECOMMENDATIONS: Inter-Task Forces

The following Subcommittees reported jointly to two or more Task Forces:

Affiliated Institutions (Task Force A and B)

Charge: to determine and analyze the present affiliation agreements and contracts, resources, facilities, and programs; to evaluate the strengths and weaknesses, advantages and disadvantages of the present system as a future model.

Full-Time Systems (Task Forces A and B)

Charge: to define the quality, conditions and responsibilities of full-time academic appointments at the Mount Sinai School of Medicine.

Academic Advancement (Task Forces A, B, and C)

Charge: to examine present practices of faculty appointment and promotion and develop recommendations for future procedures to be followed by our Medical Center, to develop a mechanism for administrative evaluation of our principal administrative officers in the Medical School (i.e., deans and departmental chairmen), to establish guidelines and groundrules for the appointment and conduct of search committees for recruitment of deans and departmental chairmen.
Recommendations on Affiliated Institutions

1. The original commitment of the Board of Trustees of the Mount Sinai School of Medicine to accept the concept of affiliation and to assist in the development of the affiliated institutions as equals in the academic community must be reaffirmed by the Trustees and the Executive Faculty. The School of Medicine must be in a position to assure the excellence of all related academic, research and patient care services. To this end, each affiliated institution agrees to coordinate its resources and facilities to meet the recommendations offered on behalf of the School.

2. The 1971 "Guidelines Governing Relationship Between The Mount Sinai School of Medicine and Affiliated Institutions" should be updated and the present individual affiliation agreements reexamined.

3. A Council of Affiliated Institutions should be created, composed of representatives from each of the affiliated institutions. The activities of the Council should be coordinated by an administrative or executive officer. The responsibilities of the Council are to develop and coordinate new inter-institutional programs and improve existing ones.

Rationale (Key Notes):
- Clinical affiliations essential to education and research programs;
- High quality programs attract high quality faculty and students

Modify if necessary
Make agreements consonant with present and future plans

-Lack of integration;
promote academic health center concept; insure appropriate utilization of resources; resolve problems coordinate programs
4. A unified integrated data base for the complex hospital organizations of the academic health center must be established. A program-oriented planning system to enhance the coordination of the hospitals' primary goal of patient care and the Medical School's primary goals of teaching and research should be strongly supported.
Recommendations on Full-Time Faculty Systems

1. Two main categories of faculty shall serve in the Mount Sinai School of Medicine: Full-Time and Part-Time and/or Voluntary.

2. Full-Time faculty are defined as those who devote their primary activities to academic pursuits, which include teaching, research, and the delivery of health services. Full-Time faculty may participate in certain other academically related activities but only to the extent that these activities do not interfere with their primary academic responsibilities to the institution.

3. All Full-Time faculty members should be eligible to participate in the Professional Service Plan or some appropriate modification thereof.

4. Income, including fees and unrestricted monetary donations, for patient-related activities performed on campus or at an affiliated institution must be deposited in the Professional Service Plan or the departmental fund.

5. Full-Time faculty must receive approval from departmental chairpersons for engaging in continuing, recurrent, or long-standing non-patient

Rationale (Key Notes):

- Explicit definition of full-time responsibilities

- Restrictions; Full-time faculty obligation

- Ensure primary academic duties of faculty member are accomplished
professional activities. Income from such activities may be deposited in the Professional Service Plan, or may be retained by a faculty member with the approval of the departmental chairperson. The Dean shall regularly review the chairperson's decisions.

6. Full-Time faculty may retain income received from honoraria for lectures, visiting professorships, royalties from books, prizes, editorships, per diem payments for government consultantships, payment for expert opinions in medico-legal problems and for professional advice to industrial and other companies, subject to the above restrictions.
Recommendations on Academic Advancement

APPOINTMENTS AND PROMOTIONS

1. The original mission of the School of Medicine to concern itself with all aspects of scientific, social and environmental health problems and, therefore, to function as a broad-based interdisciplinary academic institution is reaffirmed.

2. The mission further requires the recruitment of a faculty that represents all necessary specialties in the biological, physical, and social sciences. Academic recognition must be given to these specialists and their achievements must be rewarded by an appropriate system of academic advancement.

3. The recommendations on appointments and promotions conjointly developed by the Appointments and Promotions Committee and the Subcommittee on Academic Advancement are recommended for approval and immediate implementation.

4. Criteria, guidelines, and procedures for appointments and promotions should be published and made available to all faculty.

5. The experience under the proposed guidelines for appointments and promotions should be periodically evaluated and appropriate revisions in the guidelines should be implemented.

Rationale (Key Notes):

- Reaffirmation of mission
- Academic advancement requires equitable system of promotion and recognition of multidiscipline contribution to the achievement of clinical excellence
- Affirmative action; faculty development; clarification of policy
- As above
- Introduce change when needs are clear
6. Candidates for academic appointment or promotion should be evaluated according to the following criteria:
(1) teaching, (2) research, (3) clinical and other service in an educational setting, (4) professional standing in and service to the scientific and/or academic community and (5) personal character.

7. Appointment to the faculty shall follow specific tracks that characterize the institutional responsibilities and assignments of the individual. Subsequent experience, achievement or change in assignment within the institution may entitle the individual to promotion or change in appointment track. Full-time faculty should receive appointments in one of the following categories: Academic Track, Clinical Track, Research Track, and Associate Track.

8. Part-time and/or Voluntary faculty should receive appointments in one of the following categories: Clinical Track or Adjunct Track. Individuals joining the faculty on a temporary or limited basis should receive appointments in one of the following categories: Visiting; Professorial Lecturer; Lecturer; and Fellow.

EVALUATION OF DEANS AND DEPARTMENTS

9. Periodic formal evaluations of the Dean's administration and the academic departments should be performed at regular intervals for the purpose of improving and strengthening our programs. In preparation for this, departments should determine in a formal manner the departmentally defined objectives and programs will serve as the basis for departmental review.
10. Departmental evaluations should be conducted at intervals of at least seven years.

11. Appointments of department chairpersons should be on a continuing basis rather than for a fixed term. If a chairmanship is terminated by voluntary resignation, or as the result of evaluation, or for reasons other than for cause as specified in the Faculty Handbook, the individual should be guaranteed a salary at the highest level of the current professorial range for a period of three years.

12. Departmental evaluation should be performed by a peer review committee of intra and extra mural reviewers selected and appointed by the Dean. Recommendations for reviewers may be submitted by the chairperson to the Dean.

13. Evaluation of the Dean's office and central administration of the School of Medicine should be performed by a similar peer review committee appointed by the Board of Trustees of the School.

SEARCH COMMITTEES FOR RECRUITMENT


15. Search committees for the Dean of the School of Medicine should be appointed by the Chairman of the Board of Trustees. The Committee, chaired by the Chairman of the Board of Trustees, should include additional trustees, the Chancellor.
of the University (or designate), departmental chairpersons, non-chairperson faculty, and representatives of the medical students, the Mount Sinai Hospital administration, and the affiliated hospitals of the academic health center.

16. Search committees for departmental chairpersons should be selected and appointed by the Dean. Committee membership will vary depending upon the needs of the search, but as a guideline, membership might include two trustees, three departmental chairpersons, two non-chairperson faculty, and, in the case of a clinical science department, a representative of the Mount Sinai Hospital administration.

17. During the search process, the committee, through the Chairperson, will maintain reasonable communication with the department to keep the faculty informed of current progress. The committee will present its nomination for Chairperson to the Dean. The Dean, in turn, will inform the department of the nomination to promote cooperation within the department.