

TWO MINUTES

Doctor's orders

Lawrence Smith
is overseeing Hofstra's ambitious
med-school expansion

Dr. Lawrence Smith, founding dean of the Hofstra North Shore-LIJ School of Medicine, is supervising a 64,000 square-foot expansion that will more than double the school's size – permitting an unprecedented growth of courses and classes.



Bob Gigliore

How's the new building? The foundation is complete. The walls will start going up next week and the steel in two weeks. It should be open in the late fall or early winter of 2014.

Why expand? Why not construct a new building from scratch? At first, we intended to build a totally new building. But the renovation of the old Jets facility has been so fantastic that I convinced the university to add on to the building.

Can the university handle a substantial expansion of its medical program? We had a planned expansion for the class size programmed into our strategy from Day One. We started with a class of 40 and intended to go up by 20 a year until we reached 100.

How is the health-care economy impacting the school and its students? Health care could be the recession-proof industry. People keep getting sick. The baby boomer generation is getting older. The community's health care needs are growing. From our students' standpoint, there's security in the decision to be a physician.

How will the Affordable Care Act change things? The ACA was insurance reform. It wasn't intended to change the model of care. That's changing because everybody realized how bad the fee-for-service model was.

How do new technologies fit into your plan? There are no books in our library. Every single resource for the students is online. They go to

the library to study in groups and work together. They turn on their laptop and connect to our wireless, and they have access to half-a-million books. Students share resources and find great Internet sites. It's amazing. They learn completely differently.

So collaboration is a big part of the model? Almost all our class time is spent in small groups. They function as a group and they're supposed to teach each other. We don't have grades in the first two years, because we want to establish a collaborative nature, not competitive. We tell them, in the end, nobody's going to care whether they were smarter than the next guy. We're more concerned that they learn to work together.

Can you teach bedside manner? We have a thematic course called Communication. We teach them techniques of communication, let them practice and videotape them constantly with actors and actresses who play the roles of patients. Mentors review the videotapes. We work on techniques to make them better communicators – the language, posture, eye contact, the way they reinforce questions to make sure people understand them.

How do North Shore-LIJ's resources benefit your students? At most medical schools, you're not in the school. You're at clinical sites. The quality of those clinical sites, in many ways, determines how good your education is. The campus of this medical school is Hofstra and the North Shore-LIJ Health System. The fact that the

health system is so expansive, has such diversity of patients and caregivers, is the strength of this medical school.

What are some novel ways that you use the system? The first nine weeks of medical school, every student spends time riding in the health system's ambulances and becoming licensed as EMTs. Every dean of every medical school asks, 'How do you get the ambulances to take your students?' We say, 'We own the ambulances.'

Are doctors becoming too academic – too specialized? Probably yes. We allowed too many people who base themselves in community practices to become overly specialized. But the question behind that is, who's really in charge? The model we trained in years ago is if you're my patient and I need a consultation, that person works for me. You and I decide we need a specialist. That person reports back to me. So if nobody's in charge, you get ping-ponged from doctor to doctor.

Will students stay on Long Island after they graduate? I think they'll do exactly what every medical student has done: They'll do what they want. No one has figured out the secret sauce to keep people where they don't want to be. But they'll be comfortable with the health care system and have worked in doctors' offices on Long Island, and half of our students at least have some serious family connection to Long Island.