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## General Competency: Medical Knowledge

Students will demonstrate knowledge of existing and evolving scientific information and its application to patient care

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<th>Medical Education Program Objective(s)</th>
<th>Outcome Measure(s)</th>
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</thead>
<tbody>
<tr>
<td>Demonstrate a strong basic science foundation in the understanding of health and disease</td>
<td>Formative Quizzes, TBL scores (IRAT/GRAT), Faculty Developed Examination Questions, NBME Customized Examination Questions, NBME Subject Examinations, Practical Examinations, Weekly ALG Student Assessments</td>
</tr>
<tr>
<td>Perform a complete history and physical examination</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 and M4 Mini-CEX Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessment; OSCEs, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
</tr>
<tr>
<td>Recognize the various determinants of health, including genetic background, culture, nutrition, age, gender and social issues</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Scholar’s Workshop Examinations in M1 and M2 related to Societal Health Care Issues, Ambulatory Clerkship Behavior Checklist Assessments, Ambulatory Clerkship Service Learning Reflective Essays, Life Stages TWA Assessment</td>
</tr>
<tr>
<td>Access and critically evaluate current medical information and scientific evidence, and apply this knowledge to clinical problem-solving</td>
<td>Scholar’s Workshop Projects, Scholar’s Workshop Group Critical Appraisal Project, M3 Mid-Year and End-of-Year Preceptor Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
</tr>
<tr>
<td>Apply current knowledge of public health to patient care</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment</td>
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**General Competency: Patient Care**
Students will demonstrate an ability to provide patient care for common health problems across disciplines that is considerate, compassionate, and culturally competent

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<tr>
<th>Medical Education Program Objective(s)</th>
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<tbody>
<tr>
<td>Display appropriate clinical skills, critical thinking, medical decision- making and problem-solving skills in the delivery of care</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessments, OSCEs, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td>Use and interpret diagnostic studies appropriately</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
</tr>
<tr>
<td>Demonstrate relevant procedural and clinical skills, recognizing the indications, contraindications and complications, while respecting patient needs and preferences</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessment, OSCEs, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
</tr>
<tr>
<td>Implement and promote plans of disease prevention, management and treatment using evidence-based medicine</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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**General Competency: Professionalism**

Students will demonstrate a commitment and an ability to perform their responsibilities with respect, compassion and integrity, unconditionally in the best interest of patients

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<tr>
<th>Medical Education Program Objective(s)</th>
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</thead>
<tbody>
<tr>
<td>Demonstrate compassion and respect for others</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
</tr>
<tr>
<td>Respect patient confidentiality and autonomy</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
</tr>
<tr>
<td>Show responsiveness and personal accountability to patients, society and the practice of medicine</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
</tr>
<tr>
<td>Put patients’ interests ahead of their own</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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**General Competency: Professionalism**
Students will demonstrate a commitment and an ability to perform their responsibilities with respect, compassion and integrity, unconditionally in the best interest of patients

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<tr>
<td>Recognize personal limitations and biases, knowing when and how to ask for help</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist, Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
</tr>
<tr>
<td>Effectively advocate for the health and needs of the patient</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
</tr>
<tr>
<td>Incorporate the principles of medical ethics into their care of patients</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
</tr>
<tr>
<td>Recognize and address disparities in health care</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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</tbody>
</table>
**General Competency: Interpersonal & Communication Skills:**
Students will demonstrate an ability to effectively communicate and collaborate with patients, families and healthcare professionals

<table>
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<tr>
<th>Medical Education Program Objective(s)</th>
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</thead>
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<tr>
<td>Demonstrate effective interpersonal and communication skills with patients about their care, including ethical and personal issues</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
</tr>
<tr>
<td>Demonstrate effective interpersonal and communication skills with patient’s family, friends, and other members of the patient’s community, as appropriate</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Summative Inpatient Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
</tr>
<tr>
<td>Demonstrate effective interpersonal and communication skills with all members of the healthcare team and relevant agencies and institutions</td>
<td>Ambulatory Clerkship Behavior Checklist, Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Summative Inpatient Assessments M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
</tr>
<tr>
<td>Maintain a professional demeanor of integrity and transparency in all communications</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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</tbody>
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**General Competency: Practice-Based Learning & Improvement:**
Students will demonstrate the ability to investigate and evaluate their care of patients, appraise and assimilate scientific evidence, and continuously improve patient care, based on constant self-evaluation and life-long learning

<table>
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<tr>
<th>Medical Education Program Objective(s)</th>
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| Assess their own strengths, deficiencies and limits of knowledge and engage in effective ongoing learning to address these | Foundations of Medical Practice Individualized Education Plan, M3/M4/Student Self-Assessment of Program Objectives  
| Effectively engage in medical school, hospital and community projects that benefit patients, society and the practice of medicine | Ambulatory Clerkship Service Learning Reflective Essays                                                                                                                                               |
| Identify, appraise and assimilate evidence from scientific studies using information technology       | Scholar’s Workshop Critical Appraisal Group Project, Scholar’s Workshop Independent Capstone Project, M3 Mid-Year and End-of-Year Preceptor Assessments |
| Recognize and empower other members of the healthcare team in the interests of improving patient care  | Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives |
| Apply the principles and practices of patient safety and process improvement                           | Scholar’s Workshop Projects, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives |
**General Competency: Systems-Based Practice**
Students will demonstrate an awareness of responsiveness to the larger context and system of healthcare, as well as the ability to effectively utilize other resources in the system to provide optimal health care

<table>
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<tr>
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<tr>
<td>Work effectively to coordinate patient care within the social context of healthcare</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Summative Inpatient Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
</tr>
<tr>
<td>Incorporate risk-benefit analysis into care delivery</td>
<td>Ambulatory Clerkship Behavior Checklist Assessment, M4 End of Clerkship/Elective Assessment</td>
</tr>
<tr>
<td>Advocate for high-quality patient care</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
</tr>
<tr>
<td>Work in inter-professional teams to enhance patient safety and quality</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
</tr>
<tr>
<td>Demonstrate an appreciation for and understanding of the methodologies used to reduce errors in care</td>
<td>Scholar’s Workshop Projects</td>
</tr>
<tr>
<td>Recognize the value, limitations and use of information technology in the delivery of care</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
</tr>
<tr>
<td>Apply an understanding of the financing and economics of care delivery regionally, nationally, and globally to optimize the care of patients</td>
<td>Scholar’s Workshop Written M2 Examination</td>
</tr>
</tbody>
</table>
General Competency: Scholarly Inquiry

Students will demonstrate an ability to frame answerable questions, collect and analyze data and reach critically-reasoned, well-founded conclusions in order to advance scientific knowledge in general and the care of individual patients and populations.

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</thead>
<tbody>
<tr>
<td>Demonstrate investigatory and analytical skills to seek and apply the best evidence in making patient care decisions</td>
<td>Scholar’s Workshop Written Examination, Scholars Workshop Capstone Project, Scholars Workshop Critical Appraisal Topic Presentation, M3 CLIC Trans disciplinary Examination, M3 CLIC Trans disciplinary Presentation Rubric, Foundations of Medical Practice Written Examination, Foundations of Medical Practice Clinical Skills Examinations</td>
</tr>
<tr>
<td>Design and execute studies to answer well-structured research questions</td>
<td>Scholar’s Workshop Capstone Project</td>
</tr>
<tr>
<td>Conduct research according to good clinical practices and strict ethical guidelines</td>
<td>Scholar’s Workshop Capstone Project, Scholar’s Workshop M1 and M2 Written Examinations</td>
</tr>
<tr>
<td>Adhere to the principles of academic integrity in research and scholarship</td>
<td>Scholar’s Workshop Critical Appraisal Group Project, Scholar’s Workshop Independent Capstone Project, M3 Mid-Year and End-of-Year Preceptor Assessments</td>
</tr>
<tr>
<td>Demonstrate skills that foster lifelong learning</td>
<td>Weekly ALG Student Assessments, Foundations of Medical Practice Individualized Education Plan, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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</table>
**General Competency: Health Partnership**
Students will demonstrate the ability to deliver high-quality, comprehensive, cost-effective, coordinated ambulatory care and community-oriented health education to underserved urban and rural populations.

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<tbody>
<tr>
<td>Recognize the social determinants of health</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
</tr>
<tr>
<td>Describe the health care needs of patients from diverse populations and develop appropriately tailored care delivery strategies</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
</tr>
<tr>
<td>Develop the skills and attitude to work in partnership with members of the community to promote health, disease prevention, and chronic care management</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
</tr>
<tr>
<td>Appraise the impact of the social and economic contexts on healthcare delivery</td>
<td>Scholar’s Workshop Projects, Ambulatory Clerkship Service Learning Reflective Essays, Ambulatory Clerkship Behavior Checklist Assessments, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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**General Competency: Learning & Working in Teams**

Students will learn to work as a member of a team in the coordinated, inter-professional model of care delivery

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</thead>
<tbody>
<tr>
<td>Apply basic principles of inter-professional and multidisciplinary care</td>
<td>Weekly ALG Student Assessments, Ambulatory Clerkship Behavior Checklist Assessments, M3 Inpatient Summative Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
</tr>
<tr>
<td>Develop the skills to organize an effective health care team, valuing individuals’ skills and efforts</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Inpatient Summative Assessment M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
</tr>
<tr>
<td>Work with professionals from other disciplines or professions to foster an environment of mutual respect and shared values</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Inpatient Summative Assessment M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
</tr>
<tr>
<td>Perform effectively in different team roles to plan and deliver patient and population-centered care</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Inpatient Summative Assessment M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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</table>
**Anti-Violence Policy**

**PURPOSE:** To ensure an environment of respect and safety that is free from intimidation, threats, and acts of violence.

**POLICY:** CMSRU does not tolerate threatening or violent behavior of any kind. Identification of early indicators of a potentially violent behavior as well as behaviors that are clearly violent will be acted on as necessary.

**SCOPE:** All individuals and activities on CMSRU property or on any property used for CMSRU activities or by CMSRU student groups.

**DEFINITIONS:**
- **Inappropriate Behaviors** covered by this policy include but are not limited to:
  - Name Calling
  - Profanity
  - Sexual Comments
  - Obscene language or gestures
  - Blatantly disregarding university and/or CMSRU policies and procedures
  - Ethnic, racial, religious or gender epithets
  - Stealing
  - Making verbal threats or conveying threats by note/letter and/or electronically
  - Physical abuse or attack
  - Inappropriate touching
  - Destroying property or any vandalism, arson, or sabotage
  - Throwing objects
  - Possession of a weapon

- **Weapons** : An instrument of offensive or defensive combat or something that is used to cause injury to an individual (including but not be limited to firearms, bows, arrows, swords, rockets, knives, sling shots, air guns, paint ball guns and martial arts devices).

**PROCEDURE:**

Any individual, who believes he/she has been subjected to, has observed or has knowledge of actual or potential violence should immediately notify the Security Office, assistant dean for student affairs or local police. Incident reports should be completed with CMSRU Security or local police as required. If any imminent physical threat or danger exists, students should contact CMSRU Security (856-361-2880), or dial the emergency number 911. Cooper Medical School of Rowan University (CMSRU) will respond promptly to threats or acts of violence. This response may include local law enforcement agencies, if appropriate.

CMSRU students who commit threats or acts of violence will be subject to strong disciplinary action, up to and including academic dismissal. Qualifying events will be reported as required by Clery Act compliance. For more information on the Clery Act, please refer to [https://sites.rowan.edu/publicsafety/clery/](https://sites.rowan.edu/publicsafety/clery/).

Rowan University will support criminal prosecution of those who threaten or commit violence against its employees, students, or visitors within its facilities, programs, and activities.
CMSRU will attempt to reduce the potential for internal violence through student wellness and educational programs. Individual counseling will be utilized as needed. CMSRU will work to positively affect the attitudes and the behavior of its students and faculty.

Possession, use or display of weapons, or ammunition is prohibited on property owned by or under the control of CMSRU. For more information, please refer to Rowan University’s Weapons and Prohibition on Campus Policy (https://confluence.rowan.edu/display/POLICY/Weapons+Prohibition+on+Campus).

For more information, please refer to Rowan University’s General and Safety and Security Policy: https://confluence.rowan.edu/display/POLICY/General+Safety+and+Security

**Student Attendance Policy**

**POLICY:** This policy outlines what constitutes an absence and the processes that apply when submitting an absence request.

**PURPOSE:** This policy outlines the importance of in-person, active engagement among students and faculty.

**SCOPE:** This policy applies to students at CMSRU in all four years.

**DEFINITIONS:** “Attendance” is defined as presence during the **entire** scheduled activity

**PROCEDURE:**
All absence requests are to be made using the Absence Request System in the CMSRU portal system. http://cmsruapps.rowan.edu; Login using your username and password, then from menu go to: Attendance - Create Absence Request.

**Religious Observance:**
The Cooper Medical School of Rowan University academic calendar specifies the days on which there are no mandatory academic activities, see the Academic Calendar for a full list. Students who wish to be excused from mandatory curricular activities for religious observance must notify the course/clerkship director, preceptor, chief student affairs officer, and education coordinator as soon as possible; but not less than 7 days prior to the scheduled day of observance. The student must submit an absence request through ARS system, and indicate Religious Observance in the comment field. The absence will **NOT** be counted against the student; however missed work must be made up.

**Phase I**

**First and Second Year Students**
*Please note: CMSRU data demonstrates a significant relationship between student attendance at educational sessions and performance in the medical education program and on the USMLE Step exams.*

**Attendance is required for all course sessions that are mandatory.**
1. **Students within the Phase 1 curriculum will be allotted six (6) half (1/2) days per semester, twelve (12) half (1/2) days for the academic year that can be utilized at the student’s discretion.** *(Students in the PC3 program are allotted two (2) half (1/2) days during the summer session).*

*All absences must be logged/reported by the student,* and are monitored by the Office of Medical Education. (Please also see the Prolonged Absence Policy for extended absences.)

- No more than two half-day absences are allowed per course, per semester (including year-long courses).
- For absences involving Ambulatory Clerkship, WOW I & II, and Selectives, students must notify their course/clerkship director(s) for prior approval before the absence.
- Any date that includes an assessment will require a doctor’s note or proper documentation within two (2) days upon the student’s return. The documentation should be sent to the chief student affairs officer (CSAO). Only full-day absences are allowed on assessment days.
- Students must contact their course/clerkship director and the director of assessment so that they can reschedule the assessment. *A score of zero will be assigned if a doctor’s note or proper documentation is not provided for any missed assessment.*
- **Exceptions:**
  - _Absences due to religious holiday observances_ will not be counted toward the 6 half-days limit, provided the student reports the absence and its reason.
  - _Absences due to students accompanying their Ambulatory patients to specialist visits_ will not be counted toward the 6 half-days limit, provided the student reports the absence, and completes the relevant form and delivers it to the Ambulatory Clerkship coordinator. These absences are not allowed on assessment days, may not exceed 2 absences per course/semester, and should be limited to a reasonable number throughout the year. The Ambulatory Clerkship directors may revoke this privilege in cases of abuse, at their discretion.
  - _Student (re-)entering the curriculum after the beginning of a semester_ will be allowed a pro-rated number of absences for that semester. The student will be notified of the number of available absences at the time they enter the curriculum.

2. The Office of Medical Education will monitor absence records. If a student’s absences exceed the allowed numbers, or otherwise violate any of the policies above:
   a. The CSAO will be notified, and may require additional information from and/or a meeting with the student to establish the reason for the repeated absences.
   b. The CSAO will inform the Office of Medical Education and the course and/or clerkship director(s) as necessary.
   c. The student may be referred to the director of professionalism.
   d. Course/clerkship director(s), at their full discretion, may require make-up work of course material missed during absences, in any form that the clerkship/course director(s) chooses. Failure to submit this work may result in an Incomplete (I) grade.
   e. For medical absences for three (3) consecutive dates (six half days total) a doctor’s note will need to be provided to the Office of Student Affairs within two (2) days upon the student’s return.

**Referrals may also be made to the Director of Professionalism when:**

- Students are excessively tardy.
- Students sign-in or swipe-in for a session and leave.
- Students sign-in or swipe-in for someone else.
- Students leave early during a required session.
Logging, notification, and the absence system

- Students must submit the absence request as soon as possible or within the first 5 hours of their scheduled course or clerkship. Not doing so may result in a Professionalism report.
- The student MUST log all absences into the absence request system.
- Students will be notified by email of each absence recorded in the system.

It is solely the student’s responsibility to ensure that their presence at required sessions is recorded, including to bring their ID in order to swipe into a mandatory session. Students who forget their ID should immediately notify the course director by e-mail. Recorded absences due to failure to bring ID will not be retroactively excused.

Phase II

Third Year Students

Daily attendance is required on all clerkships and electives.

The M3 Education Coordinator will monitor all absences for third year students.

Absences of 10% or more of a curricular component during the third year must be made up. All missed CLIC sessions must be made up. Transdisciplinary Sessions are Mandatory. Remediation for the missed time can take the form of clinical time/patient care, writing a report on a topic of the clerkship/elective director and/or preceptor’s choosing, or any other educational activity that the clerkship/elective director and/or preceptor chooses.

There are no unexcused absences in the M3 year. Because the M3 curriculum is heavily experiential, attendance is vital to its integrity. Therefore, students missing more than 10% of a curricular component will need to remediate the experience/time at the direction of the respective clerkship/elective director and/or preceptor.

For example: 1 day of a two week block or 2 days of a four week block.

Students who will be absent more than one (1) day during a two (2) week block or more than two (2) days during a four (4) week block, during any curriculum component, must email the chief student affairs officer for their reason for the prolonged absence. The chief student affairs officer will alert the M3 director and the M3 education coordinator. Should the absence be excused, the student will be responsible to make up any missed time.

In the event of excessive absences, referral will be made to the director of professionalism as it involves unprofessional behavior.

A student representing CMSRU in a leadership role or presenting at a conference should submit an absence request with proper documentation.

Logging and Notification of Absences by the student

- The student MUST log all absences into the absence request system.
- In addition, the student must notify their clerkship/elective director, preceptor, and clerkship or elective coordinator of the time they will miss. The clerkship/elective director and/or preceptor will then notify the student of the remediation for the missed time.
• Students must notify their clerkship/elective director and/or preceptor as early as possible of an impending absence. In the event of an unanticipated absence, the student must notify their clerkship/elective director and/or preceptor within the first 2 hours of their scheduled shift/activity. Not doing so may result in a Professionalism report and the possibility of failing the rotation; which is at the discretion of the clerkship/elective director and/or preceptor.

• For medical absences for three (3) consecutive dates, a doctor’s note will need to be provided to the Office of Student Affairs within two (2) days upon the student’s return.

Fourth Year Students
Daily attendance is required on all clerkships and electives.

Absences for any reason during a fourth year clerkship/elective, must be made up at the discretion of the clerkship/elective director. Remediation for the missed time can take the form of clinical time/patient care, writing a report on a topic of the clerkship/elective director’s choosing, or any other educational activity that the clerkship/elective director chooses.

Failure to complete missed time due to an absence will lead to an incomplete grade and possible failure of the clerkship/elective.

The M4 Education Coordinator will monitor all absences for fourth year students.

The M4 Academic year consists of 40 weeks, including four (4) weeks that can be utilized for interviews and other personal time.

• These 4 weeks may be broken up into 2 weeks or 1 week time spots or can be taken as an entire 4 weeks, so long as the 36 weeks of required clerkships/electives can be completed in the time frame to graduate.
  o Students cannot use this time off during a required clerkship, elective or visiting rotation.

Students who will be absent beyond the four (4) weeks must email the chief student affairs officer for their reason for the absence. The chief student affairs officer will alert the M4 director and the M4 education coordinator. Should the absence be excused, the student will be responsible to make up any missed time.

Interviews

• Maximum of 4 excused days for interviews AND travel to and from your interviews in a 4 week rotation.
• Maximum of 2 excused days for interviews AND travel to and from your interviews in a 2 week rotation.
• Maximum of 1 excused day for interviews AND travel to and from your interviews in a 1 week rotation.

• Excused days for interviews don’t have to be made up, as long as they are within the limit.
• You CANNOT use excused days for interviews for any other purpose. Inappropriate use of interview days will be viewed as unprofessional behavior and will lead to a Professionalism Report and possible failure of the Clerkship/Elective Rotation. Students may be required to present documentation of their interview.
Step 2 (CK & CS)
- **Excused days for Step 2 do not have to be made up.**

Match Week
- **Students are REQUIRED to attend all Mandatory Match Week Sessions.**

**Logging and Notification of Absences by the student**
- The student MUST log all absences, interviews, and Step 2 testing dates into the absence request system.
- In addition, the student must notify their clerkship/elective director, preceptor, and clerkship or elective coordinator of the time they will miss. The clerkship/elective director will then notify the student of the remediation for the missed time.
- Students must notify their clerkship/elective director and/or preceptor as early as possible of an impending absence. In the event of an unanticipated absence, the student must notify their clerkship/elective director and/or preceptor within the first 2 hours of their scheduled shift/activity. Not doing so may result in a Professionalism report and the possibility of failing the rotation; which is at the discretion of the clerkship/elective director and/or preceptor.
- All students are required to log their absences/interviews in the CMSRU on-line attendance system, failure to do so may result in a Professionalism report and the possibility of failing the rotation.
- For medical absences for three (3) consecutive dates, a doctor’s note will need to be provided to the Office of Student Affairs within two (2) days upon the student’s return.

**Computer and Electronic Device Use**

**PURPOSE:** To establish rules of responsible electronics use in the classroom.

**POLICY:** CMSRU recognizes the ubiquitous nature of electronic devices in universities. Ultimately the course director and teaching faculty members determine if the use of electronic devices is disruptive to the classroom environment, and may require the removal of such devices during instruction.

**Cellular Phone Policy:**
The use of cell phones is prohibited during classroom instruction. All cellular phones must be placed in silent mode before a student enters the classroom.

**Laptop Computer Policy:**
Generally, the use of laptop computers to take notes during lectures, or perform other authorized tasks, is permitted in instructional settings. The instructor does retain the right to limit or refuse laptop use if the practice interferes with instruction. At no time should a laptop be used for entertainment purposes in classrooms. Entertainment purposes may include instant messaging, playing games, emailing, using social networking sites, online shopping, or any other activity deemed inappropriate by the instructor.

**Electronic Academic Integrity Policy:** At no time will students be allowed access to electronic devices during didactic exams, except as approved accommodations for students with disabilities. Proctors who observe the use of electronics during exams shall confiscate the device as evidence of cheating, and report the incident as outlined in the Student Handbook.

The general use of computers and campus technology is governed by the policies of Rowan University. The complete policy descriptions can be found here:
SCOPE: This policy affects all future students of CMSRU, and commits CMSRU to providing support through the Office of Information Technology.

Conflict of Interest Policy

PURPOSE: To establish guidelines for interactions between Industry and faculty, staff and students of Cooper Medical School of Rowan University.

POLICY: CMSRU is committed to providing humanistic education in the art and science of medicine within an environment in which excellence in patient care, innovative teaching, research, and service to our community are valued. These goals require that faculty, students, trainees and staff of CMSRU interact with representatives of pharmaceutical, biotechnology, medical device, and hospital equipment supply industry (hereinafter “Industry”), in a manner that advances the use of the best available evidence so that medical advancements and new technologies become broadly and appropriately used. While the interaction with Industry can be beneficial, Industry influence can also result in unacceptable conflicts of interest that may lead to increased costs of healthcare, compromised patient safety, negative socialization of students and trainees, bias of research results, and diminished confidence and respect among patients, the general public and regulatory officials. Because provision of financial support or gifts may exert an impact on recipients’ behavior, CMSRU has adopted the following policy to govern the interactions between Industry and CMSRU personnel. This policy has been designed to reflect the best available literature on conflict of interest and is intended to provide guiding principles that members of the CMSRU community as well as representatives of Industry can use to assure that their interactions result in optimal benefit to clinical care, education, research, and maintenance of the public trust.

SCOPE: This policy applies to all faculty, staff, and students of CMSRU, to all healthcare professionals and staff employed and/or contracted by CMSRU, and to all facilities owned or controlled by CMSRU or in which faculty and trainees are working. In all cases where this policy is more restrictive than Rowan University conflict of interest policies, this policy shall take precedence. This policy applies to interactions with all sales, marketing, or other product-oriented personnel of Industry, including those individuals whose purpose is to provide information to clinicians about company products, even though such personnel are not classified in their company as "sales or marketing."

STATEMENT OF THE POLICY: It is the policy of CMSRU that clinical decision-making, education, and research activities are free from influence created by improper financial relationships with, or gifts provided by Industry. These general principles should guide interactions and relationships between CMSRU personnel and Industry representatives. The following limitations and guidelines are directed to certain specific interactions. For situations not specifically addressed, CMSRU personnel should consult in advance with their deans, departmental chairs and/or their administrators to obtain further guidance and clarification.

SPECIFIC ACTIVITIES:

1. Support of Continuing Education in the Health Sciences:
Industry support of continuing education (“CE”) in the health sciences can provide benefit to patients by ensuring that the most current, evidence-based medical information is made available to healthcare practitioners. In order to ensure that potential for bias is minimized, all CE events in which CMSRU
participates as a co-sponsor must comply with the ACCME Standards for Commercial Support of Educational Programs (or other similarly rigorous, applicable standards required by other health professions), whether or not CE credit is awarded for attendance at the event. CMSRU conducts educational events in conjunction with Cooper University Health Care (CUHC) as they have ACCME accreditation and abide by those standards. All agreements for Industry support must be negotiated through and executed by the CUHC Department of Continuing Education and must comply with all policies for such agreements. Industry funding for such programming should be used to improve the quality of the education and should not be used to support hospitality, such as meals, social activities, etc., except at a modest level.

Industry funding may not be accepted for social events that do not have an educational component. Industry funding may not be accepted to support the costs of internal department meetings or retreats (either on or off campus). At CMSRU co-sponsored Continuing Education programs, if there is an area utilized and designated for vendor displays, that area will be separate from the location assigned for the educational presentations. All vendors are required to sign a CE agreement. Any materials utilized by the industry vendors will be subject to the guidelines established in Section 3. Promotional materials shall be limited to those which do not include product brand names and logos. Additionally, no gifts or enticements such as food or snacks will be permitted at these displays.

2. Industry Sponsored Meetings or Industry Support of Off-campus Meetings:
CMSRU faculty, personnel, students or CMSRU providers or staff are discouraged from participating in or attending Industry-sponsored meetings or other off-campus meetings where Industry support is provided. However, if they do attend or participate:

   a. The activity must be designed to promote evidence-based clinical care and/or advance scientific research
   b. The financial support of Industry must be prominently disclosed
   c. Industry may not pay attendees’ travel and expenses
   d. Attendees may not receive gifts or other compensation for attendance
   e. Meals provided must be modest (value comparable to Standard Meal Allowance as specified by IRS)
   f. If participating as a speaker, lecture content may not be promotional in nature but purely educational, its content determined by the speaker and not industry, reflect a balanced assessment of the current science and treatment options, and the speaker must make clear that the views expressed are the views of the speaker and not of CMSRU. Additionally, compensation must be reasonable and limited to reimbursement of reasonable travel expenses and a modest honorarium not to exceed $2,500 per event

3. Gifts and Provision of Meals:
CMSRU personnel shall not accept or use personal gifts (including food) from representatives of Industry, regardless of the nature or dollar value of the gift. Although personal gifts of nominal value may not violate professional standards or anti-kickback laws, such gifts do not improve the quality of patient care, and research has shown they may subtly influence clinical decisions, and add unnecessary costs to the healthcare system. Gifts from Industry that incorporate a product or company logo (e.g., pens, notepads or office items such as scales or tissues) introduce a commercial, marketing presence that is not appropriate to a non-profit educational and healthcare system.

Meals or other hospitality funded directly by Industry may not be offered in any facility owned and operated CMSRU. CMSRU personnel may not accept meals or other hospitality funded by industry, whether on-campus or off-campus, or accept complimentary tickets to sporting or other events or other
hospitality from Industry. Modest meals provided incidental to attendance at an off-campus event that complies with the provisions of subsection 2, above, may be accepted.

All full-time and part-time CMSRU faculty, as well as CMSRU medical students will act in accordance with CMSRU policy at all times, including during time spent in the community with CMSRU clinical faculty.

Industry wishing to make charitable contributions to CMSRU may contact the Development Office. Such contributions shall be subject to any applicable policies maintained by CMSRU.

4. Consulting Relationships:
Cooper Medical School of Rowan University recognizes the obligation to make the special knowledge and intellectual competence of its faculty members available to government, business, labor, and civic organizations, as well as the potential value to the faculty member and CMSRU. However, consulting arrangements that simply pay CMSRU personnel a guaranteed amount without any associated duties (such as participation on scientific advisory boards that do not regularly meet) shall be considered gifts and are consequently prohibited. Consulting or advising relationships for purely commercial or marketing purposes are discouraged, while consulting or advising relationships for research and scientific activities are permissible.

In order to avoid gifts disguised as consulting contracts, where CMSRU personnel have been engaged by Industry to provide consulting services, the consulting contract must provide specific tasks and deliverables, with payment commensurate with the tasks assigned and at fair market value. All such arrangements between individuals or units and outside commercial interests must be reviewed and approved by the Associate Dean for Research, departmental chair, or administrator prior to initiation in accordance with appropriate CMSRU policies. For employees of CMSRU who are not faculty, prior written approval of the appropriate supervisor within CMSRU is required for any outside consulting. Cooper Medical School of Rowan University reserves the right to require faculty and employees to request changes in the terms of their consulting agreements to bring those consulting agreements into compliance with CMSRU policies.

5. Frequent Speaker Arrangements (Speakers Bureaus):
While one of the most common ways for CMSRU to disseminate new knowledge is through lectures, “speakers bureaus” sponsored by Industry may serve as little more than an extension of the marketing department of the companies that support the programming. Before committing to being a speaker at an Industry-sponsored event, careful consideration should be given to determine whether the event meets the criteria set forth in Section 2 of this policy, relating to Industry Sponsored Meetings. CMSRU personnel may not participate in, or receive compensation for, talks given through a speaker’s bureau or similar frequent speaker arrangements if any of the following are true:

a. Events do not meet the criteria of Section 2;

b. Content of the lectures given is provided by Industry or is subject to any form of prior approval by either representatives of Industry or event planners contracted by Industry

c. Content of the presentation is not based on the best available scientific evidence

d. Company selects the individuals who may attend or provides any honorarium or gifts to the attendees.

e. Under no circumstances may CMSRU personnel be listed as co-authors on papers ghostwritten by Industry representatives. In addition, CMSRU personnel should always be responsible for the content of any papers or talks that they give, including the content of slides.
Speaking relationships with company or company event planners are subject to review and approval of the participant’s administrator, department chair, or dean as delineated in Section 4, Consulting Relationships.

6. Ghostwriting:
Under no circumstances may CMSRU personnel be listed as co-authors on papers ghostwritten by Industry representatives. In addition, CMSRU personnel should always be responsible for the content of any papers or talks that they give, including the content of slides.

7. Industry Support for Scholarships or Fellowships and other Educational Funds to Students and Trainees:
Cooper Medical School of Rowan University may accept industry support for scholarships and discretionary funds to support trainee or student travel or non-research funding provided that the following criteria are met:

   a. Industry support for scholarships and fellowships must comply with all CMSRU requirements for such funds, including a written pledge agreement through the Development Office. It will be maintained in an appropriate restricted account, managed at the school as determined by the dean. CMSRU will select the recipients of such funds with no involvement by the donor industry. Written documentation of the selection process will be maintained.

   b. Industry support for other student or trainee activities, including travel expenses or attendance fees at conferences, must be accompanied by a written agreement and will only be accepted into a common pool of discretionary funds, which will be maintained under the direction of the dean. Industry cannot designate contributions to fund specific recipients or specific expenses. Departments may apply to use monies from this pool to pay for reasonable travel and tuition expenses students, or other trainees to attend conferences or training that have legitimate educational merit. Recipients will be selected by the department based on merit and/or financial need. Proper documentation must accompany the request.

   c. Final approval and possible exceptions shall be at the discretion of the dean.

8. Samples:
Utilization of drug or device samples at CMSRU run clinics will be judicious and cost-effective. Utilization of drug samples will be at the discretion of the appropriate medical care provider solely for the purpose of patient care (e.g., allowing patients to begin early treatment; testing a therapeutic option prior to filling a prescription; offering an alternative for individuals having difficulty affording their medicines). Utilization of equipment or device samples will be deemed appropriate when healthcare practitioners are developing a familiarity with new materials. Samples of any kind are not intended for personal use by faculty, staff or students. The sale or trade of any industry related sample is strictly prohibited.

Wherever possible, a central distribution and documentation site for medication samples should be established in each healthcare facility that maintains storage of such samples. Samples should be logged in through a designated and secure sample storage process. Logs should include the name of the medication, lot number, expiration date, date of receipt, quantity received, and the name of the individual receiving the samples, including those received on behalf of a group practice. Logs will be maintained in the healthcare facility for a specified time as designated per policy. All samples will be labeled and dispensed in accordance with federal and state laws. A Sample Medication Form will be used to document dispensing information, patient counseling and auxiliary notes. Utilization of vouchers is preferable to actual physical drug samples. The preferred method of obtaining pharmaceuticals for indigent patients would be through specific corporate plans which provide such product directly to the patient.
9. Site Access for Industry Representatives:
All Industry professionals wishing to gain access to CMSRU designated sites will be required to check into the facility through a centralized, appointed individual. Purposes which are appropriate for site visits include the exchange of scientific information, dissemination of materials/information regarding new therapeutic options, and training or discussions which can lead to the advancement of healthcare. Name badges are required for all industry personnel when visiting a CMSRU site. Industry representatives are prohibited from roaming areas frequented by faculty or students. They may provide informational material, such as product literature or journal articles, only at the request of a faculty or staff member.

Prior to gaining access, the individual must have a scheduled appointment with appropriate CMSRU personnel. There may be designated times for Industry representatives to convene in a specific location as pre-determined by department heads in order for questions to be answered or for information to be distributed regarding new equipment or therapeutic options. Any marketing activities will be limited as per sections 1 and 3 of this policy.

Upon an initial visit to a CMSRU site, industry representatives will be provided a vendor policy sheet which will outline procedures that they must follow while visiting the facility.

10. Conflict of Interest Disclosure:
CMSRU faculty and staff will disclose all ties to industry on an annual basis using either the CUHC and/or Rowan University Conflict of Interest disclosure form, depending on the employer of record. Additionally, any CMSRU faculty and staff lecture must disclose all industry ties to trainees and/or audience that could potentially influence their clinical or educational duties.

11. Conflict of Interest Curriculum for Medical Students
CMSRU is committed to educating its medical students about the ways that Industry may attempt to influence prescribing and treatment habits of physicians. Toward that end, CMSRU has developed a conflict of interest curriculum that is integrated within our Active Learning Groups (ALG), Scholar’s Workshop, and Foundation of Medical Practice. Methods of instruction include lectures, small group discussions, and panel discussions. The curriculum will aim to educate the students on the impact that Industry marketing may have on physician practice, and how Industry may influence the regulation and marketing of drugs and devices.

11. Policy Enforcement
Faculty and Staff: Any violations of this policy should be reported to the Rowan University Hotline (855-431-9967) or http://rowan.edu/integrityline, where it will be directed to the Conflict of Interest Committee. Possible consequences of policy violation include but are not limited to: counseling, training, requiring repayment of monies acquired in violation of policies, fines or termination.

Industry personnel: Any violations of this policy may be subject to any of the following disciplinary actions: Warnings issued to corporation and supervisory personnel (written &/or verbal); access to CMSRU revoked for offending representative and other company personnel; Lengthy restriction by all personnel from any access to the property for varying lengths of time.

Copyright Infringement Policy

PURPOSE: CMSRU respects intellectual property and has made it a priority to ensure that all faculty, students and staff respect the copyrights of others. CMSRU faculty, students and staff are required to comply with copyright law and to adhere to the CMSRU copyright policy and guidelines. Copyright infringement
through inappropriate copying or distribution of copyrighted content is a personal as well as medical school liability and will result in disciplinary action.

POLICY: Copyright

SCOPE: All CMSRU medical students, faculty and staff

Important Information about Copyright

What is Copyright?
The purpose of copyright law is to provide authors and other creators with an incentive to create and share creative works by granting them exclusive rights to control how their works may be used. Among the exclusive rights granted to those authors are the rights to reproduce, distribute, publicly perform and publicly display a work. These rights provide copyright holders control over the use of their creations, and an ability to benefit, monetarily and otherwise, from the exploitation of their work. Copyright also protects the right to “make a derivative work,” such as a movie from a book; the right to include a piece in a collective work, such as publishing an article in a book or journal; and the rights of attribution and integrity for “authors” of certain works of visual art. If you are not the copyright holder, you must ordinarily obtain permission prior to re-using or reproducing someone else’s copyrighted work. Acknowledging the source of a work is not a substitute for obtaining permission. However, permission generally is not necessary for actions that do not implicate the exclusive rights of the copyright holder, such as reviewing, reading or borrowing a book or photograph.

What is Protected by Copyright?
The rights granted under the U.S. Copyright Act (embodied in Title 17 of the U.S. Code) are intended to benefit “authors” of “original works of authorship,” including literary, dramatic, musical, architectural, cartographic, choreographic, pantomimic, pictorial, graphic, sculptural and audiovisual creations. This means that virtually any creative work that you may come across in readable or viewable format, including books, magazines, journals, newsletters, maps, charts, photographs, graphic materials; unpublished materials, such as analysts’ reports and consultants’ advice; and non-print materials, including websites, computer programs and other software databases, sound recordings, motion pictures, video files, sculptures and other artistic works are almost certainly protected by copyright.

What is NOT Protected by Copyright?
Not everything is protected by copyright. This includes works published by the federal government and works for which copyright protection has expired. This also includes: works that are not fixed; titles, names, slogans; ideas, facts and data; listings of ingredients or contents; natural or self-evident facts; and public domain works (more on that below). Some of these things may, however, be protected under other areas of law, such as patent or trademark law, or by contract. It is important to be sure that no other form of protection restricts the use of such materials before using them.

How Long Does Copyright Protection Last?
In the U.S., a work created on or after January 1, 1978 is ordinarily protected for a term equal to the author’s life span plus 70 years after the author’s death. Works created by companies or other types of organizations have a copyright term of 95 years. For works created before 1978, the duration of protection depends on a number of factors.
**Fair Use**
Fair use is a defense under U.S. law that may be raised by the defendant in a copyright infringement case. Fair use recognizes that certain types of use of other people’s copyright protected works do not require the copyright holder’s authorization. The fair use doctrine is codified in Section 107 of the U.S. Copyright Act. Although there are no absolute rules around fair use, generally the reproduction (photocopy or digital) or use of someone’s copyright-protected work is more likely to be found to be fair use if it is for one of the following purposes: criticism, comment, news reporting, teaching, scholarship or academic research. To determine whether a particular use qualifies as fair use, the statute requires a fact-specific analysis of the use based upon four factors:
1. The purpose and character of the use (e.g., whether for commercial or nonprofit educational use)
2. The nature of the copyright-protected work (is it primarily factual or highly creative?)
3. The amount and substantiality of the portion used
4. The effect of the use upon the potential market for or value of the copyright-protected work

All four factors must be considered and balanced against the other factors as part of each fair use analysis.

Fair use requires an appropriate risk assessment as to whether re-use under certain circumstances may be considered fair use. Permission procedures as set out in this policy should be followed and the advice of the CMSRU Library should be sought in instances where fair use determination may be necessary. Please be aware that all educational use is not automatically fair use.

**Copyright and Digital Works**
Any non-digital content that is protected by copyright is also protected in a digital form. For example, print books are protected by copyright law, as are electronic books. A print letter is protected by copyright law, as is an email letter. In both cases, the copyright is generally owned by the author, regardless of who has received the letter. Whenever you wish to use material found on a website, it is always important to review and understand the terms of use for that site because those terms will tell you what use, if any, you can make of the materials you find there.

**Fact Finding Questions**
Once you have identified the materials you want to use, ask yourself the following questions: is the work the type of work protected by copyright? If so, are you using the work in a manner that implicates the exclusive rights of the copyright holder? Is it likely the work is still protected? If the answer is YES to these questions, then you must locate the copyright holder. Is the name of the copyright holder on the materials? Does the Copyright Clearance Center represent that work? Locating the copyright holder may take some investigative and creative work. Consult with the CMSRU Library to see if they can offer any guidance. The U.S. Copyright Office at the Library of Congress ([www.loc.gov](http://www.loc.gov)) may be of assistance in locating a copyright owner.

**Requesting Permission**
Permission to use copyright-protected materials should be obtained prior to using those materials. It is best to obtain permission in writing, which may be by email. The time needed to obtain permission may vary. When possible, it is recommended to start the permission procedure well in advance of the time that you wish to use the materials. If you need a fast turnaround on a permission request, let the copyright owner know this and they may get back to you faster. The information you will need:
- ISBN or ISSN, if applicable
• Date of publication, if applicable
• Purpose for which you wish to reproduce the item (research, commercial, educational)
• How the material is to be reproduced (e.g., photocopied, digitized)
• Where the reproduced material will appear (including internal vs. external use) and for how long

Guidelines for the Appropriate Use of Copyrighted Materials

CMSRU Faculty, Student and Staff Obligations Under Copyright Law
No student, faculty member or staff may reproduce any copyrighted work in print, video or digital form in violation of the law. Works are considered protected even if they are not registered with the U.S. Copyright Office and are assumed to be copyrighted until proven otherwise. When a work is copyrighted, you must seek out and receive through a license or the express written permission of the copyright holder, the right to reuse the copyrighted work in order to avoid an infringement of copyright, unless it is determined in consultation with the CMSRU Library and, if appropriate, legal counsel that the use would constitute a fair use.

CMSRU has negotiated licenses with publishers and other copyright holders that allow employees to use and share their materials. Faculty can point students to these materials or link to them. These licenses have restrictions and specific terms of use. As a result, it is critical that an employee investigate what the permitted uses are before copying or sharing any copyrighted materials. Similarly, students must investigate the permitted uses for a copyrighted material before distributing or sharing for any purpose. Please consult and implement the procedures outlined in this policy. Any employee or student who violates CMSRU copyright policy may be subject to disciplinary action. All questions should be directed to Barbara Miller, MS, Director of the CMSRU Medical Library at 856-342-2523.

For more information, please refer to Rowan University’s Acceptable Use Policy:

https://confluence.rowan.edu/display/POLICY/Acceptable+Use+Policy

Diversity Policy

PURPOSE: Diversity is essential to fulfilling the CMSRU mission of improving the health of our community and in achieving our vision of being a leader in medical education, research, and clinical practice with an emphasis on healthcare for underserved populations. CMSRU is committed to recruiting students, staff and faculty from diverse backgrounds with experiences that best match our mission to serve the needs of our community. Furthermore, CMSRU is invested in providing a learning environment that is enhanced by the exchange of varied viewpoints that increase awareness of health care disparities and increase interest in service and civic responsibility.

POLICY: CMSRU provides opportunities for learners from disadvantaged backgrounds and those who are underrepresented in medicine to gain information about health careers and programming to advance their knowledge/skillset to pursue those professions; these educational programs are inclusive in nature, and extend beyond CMSRU. Included are “pipeline” programs that span elementary school through undergraduate years. In addition to traditional entry pathways to medical school, CMSRU provides alternate routes for individuals from underrepresented in medicine/disadvantaged backgrounds (see definition below) to gain acceptance to CMRSU through partnering institutions and pipeline programs. CMSRU is equally committed to the recruitment, development and retention of qualified faculty/staff
from underrepresented backgrounds.

CMSRU is dedicated to providing an academic and work environment that respects the contributions, talent, and diverse experiences of all of our students, faculty and staff. Our core values include a commitment to: personal mentorship, diversity and equity, professionalism, collaboration and mutual respect, civic responsibility, patient advocacy, and life-long learning.

**SCOPE:** This policy applies to all applicants, students, faculty and staff of CMSRU.

**DEFINITIONS:**

The following groups who are underrepresented in medicine are the focus of CMSRU’s recruitment and retention efforts to achieve mission-appropriate diversity outcomes among students, faculty, and senior administrative staff.

- Students: Hispanic/Latino, Black/African American and financially disadvantaged
- Faculty/Senior Administrative Staff: Hispanic/Latino, Black/African American, women in leadership roles
- Senior Administrative Staff: Deans, Departmental Chairs, Directors, and Managers

**PROCEDURE:**

CMSRU incorporates social justice and diversity in all of its functions including admissions, student affairs, faculty affairs, academic affairs, clinical practices, curriculum, research, and community service.

The Office of Diversity and Community Affairs (ODCA) engages faculty, students, and staff to develop and maintain an environment which embraces and respects the diverse educational and larger community. It creates partnerships to establish priorities and ensures that social justice, inclusion, and cultural competence are promoted within the institution and our larger community. The ODCA collaborates with hospitals, physician practices, universities, community colleges, elementary, middle and secondary schools, nongovernmental organizations, regional and community organizations to develop initiatives that will further improve the healthcare experience for disadvantaged communities, such as the creation of a pipeline to medical professions and community service programs. In addition, collaborations are sought to further our commitment to diversity and decrease health disparities in the community and surrounding region. The ODCA works with the Office of Faculty Affairs to broaden recruitment and retention efforts of diverse faculty members. The Committee for Diversity in the Learning Environment supports the efforts of the ODCA in monitoring achievement of diversity initiatives and contributes information and programming recommendations to guide the diversity strategic planning process.

To ensure diversity, the following are monitored on a regular basis as part of the CMSRU strategic planning process and continuous quality improvement:

- Progress of pipeline participants to graduation/health professions
- Recruitment, acceptance and retention of URM students/staff/faculty as defined above
- Support for diversity programs
- Faculty engagement in diversity and mentoring programs
- Diversity efforts of departmental chairs (URM - resident recruitment, faculty recruitment and retention, faculty promotions)
- Cultural content in curriculum
Duty Hours Policy

PURPOSE:
The faculty and academic administrators of CMSRU recognize the need to balance the learning and wellbeing of CMSRU students during their clinical clerkship education. Therefore, they have established this policy setting duty hours limitations to which students must adhere in Phase 2 of the curriculum.

SCOPE: This policy applies to all candidates for the Doctor of Medicine Degree (M.D.)

DEFINITIONS:
Duty Hours: as defined by the Accreditation Council for Graduate Medical Education (ACGME) website October 24, 2013.

“Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.”

Duty hours are explained at CMSRU as:
- Time spent in all clinical and scheduled educational activities.
  - This includes:
    - Patient care in hospital, office, skilled nursing facility, rehabilitation center, etc.
    - Administrative activities related to the educational program
    - Scheduled conferences; advisory college meetings; meetings with administrators, learning support specialists, student affairs officers, etc.
    - Approved research-related activities
  - It excludes personal study time.

A stint is defined as a continuous period of duty.

I. PROCEDURE

- Maximum hours of clinical and educational work per week:
  - Students are allowed to work no more than 80 hours per week, averaged over 4 weeks.
  - Students may be on-call in-house no more often than every third night.
- Maximum hours of clinical work and education per stint:
  - Students must work no more than 24 hours of continuous scheduled time (clinical plus educational) per stint.
    - The student may spend up to 4 hours of additional time per stint for activities related to patient safety and/or education (maximum is 28 contiguous hours).
- Mandatory time free of clinical work and educational activities:
  - Students must have at least 8 hours off between stints lasting less than 24 hours.
    - Students may, of their own accord, choose to shorten this interval to check on a patient, but they cannot exceed the 80 hours per week maximum.
  - Students must have at least 14 hours free of clinical work and scheduled educational activities after a 24-hour continuous stint.
Students must have at least one day in seven (averaged over 4 weeks) free of clinical work and scheduled educational experiences.

II. RESPONSIBILITY

Implementation

1. Office of Medical Education and the Office of Student Affairs and Admissions
   M3 and M4 students will complete a self-reported duty hour exception report, through the One45® curriculum management system, at the end of each inpatient block, listing violations of the duty hour limitations policy during that block, and the reasons for each violation. The director for assessment will report duty hour policy violations every month to the assistant dean for student affairs, and will report every three months any patterns of violation to the phase 2 subcommittee of the curriculum committee.

2. Students
   Students must comply with these duty hour limitations policies and procedures. Any student who repeatedly fails to comply will meet with the assistant dean for student affairs for counseling. Recalcitrant noncompliance may be taken as evidence of unprofessional behavior (see Grading, Promotions and Appeals Policy, V.B.).

3. Faculty
   Faculty members must encourage students to adhere to duty hour policies and procedures. Faculty members agree to abide by the above duty hours limitations in the design and implementation of their courses and clerkships, and in the supervision of CMSRU students. A faculty member who repeatedly encourages student noncompliance with the duty hour limitations will meet with the assistant dean for curriculum phase 2 for counseling. Faculty members responsible for a pattern of student violations of the duty hour limitations will meet with the Dean, who may recommend revocation of their faculty appointment.

Drug-Free Environment Policy

PURPOSE: To establish the guidelines for identifying and addressing drug and alcohol use by the CMSRU student body, in accordance with the Rowan University Alcohol and other Drugs Policy. (https://confluence.rowan.edu/display/POLICY/Alcohol+and+Other+Drugs+Policy)

POLICY: CMSRU will promote and maintain a drug-free workplace and learning environment for students, residents, faculty and staff in all facilities, classrooms, clinics and activities owned/coordinated by CMSRU. This policy is intended to implement the 1988 Drug-Free Workplace Act (Public Law 100-90, Title V, Subtitle D) and the 1989 Drug-Free Schools and Communities Act Amendments (Public Law 101-226, 34 CFR Part 86).

In accordance with federal regulations (Drug-Free Workplace Act and the Drug-Free Schools and Communities Act Amendments), alcohol or drug abuse, use of illegal drugs, illegal possession, distribution, or sale of drugs will not be tolerated at CMSRU.
SCOPE: This policy affects all students of CMSRU and commits CMSRU to providing support through the Student Assistance Program. The Rowan University Center for Addiction Studies and Awareness (CASA) is an additional resource for students affected by drug and alcohol abuse.

DEFINITIONS:

Prohibited Conduct – selling, purchasing, dispensing, manufacturing, distributing, diverting, stealing, using, processing or being under the influence of non-medically indicated prescription or non-prescription drugs or illegal substances.

Drug – any legal or illegal substance (including over-the-counter medication, prescribed medication, alcoholic beverages, unprescribed controlled substances, or any other substances) which potentially affects students’ productivity and the ability to perform duties or which potentially affects their own safety and/or the safety and well-being of patients, students or others.

Substance Abuse – the use or misuse of any drug or alcohol in a manner that may reduce student effectiveness or pose an unsafe condition in the clinical work or learning environment.

PROCEDURE:

CMSRU is committed to promoting student mental and physical well-being, and will provide drug and alcohol abuse education, triage and counseling services to students.

Students are expected to report substance abuse problems (either their own or colleagues) to CMSRU’s Office of Student Affairs.

Students whose drug and alcohol use impedes academic progress and clinical training, lead to breaches of professional conduct, and/or lead to arrests and criminal charges will face sanctions from CMSRU.

Student’s Responsibility:

• Every student is expected to maintain a lifestyle which will not negatively impact the ability to perform their duties safely, productively and efficiently.
• A student should notify their advisor/instructor when their physical or mental condition may affect their performance of duties or may jeopardize personal safety or the safety of others.
• A student who reasonably suspects that another student is unfit for work or learning by virtue of their observed physical or mental condition or performance of duties and responsibilities are expected to immediately notify their advisor/instructor and the chief student affairs officer or the assistant dean for student affairs. Retaliatory action is prohibited against any persons who reports, responds to, or participates in an investigation of a drug and alcohol policy violation.
• In cases where the possibly impaired individual is the person’s advisor/instructor, the student may report to the next higher-level supervisory member.

CMSRU’s Responsibility:

• CMSRU will notify any federal agency from which CMSRU receives grant funds within 10 days after receiving notice from a student of a drug conviction. The student must notify CMSRU within five days of being convicted of a drug offense.
- Psychologists and psychiatrists with specialized expertise, who maintain the highest standards of ethical, culturally sensitive and confidential care and are capable of addressing the needs and enhancing the development of medical students, will deliver services to students.
- Students will have access to providers who are not faculty members of the medical school, thus ensuring the provision of services with privacy and confidentiality.
- Drug and alcohol counseling and crisis intervention will be offered at the Student Assistance Program (SAP). In case of an emergency, students will have 24-hour a-day access to crisis counseling by calling 856-342-2280.

CMSRU Resources:
The Student Assistance Program has established a drug and alcohol free awareness program to inform students and employees about:
- The dangers of drug and alcohol abuse through activities and training programs.
- CMSRU’s policy of maintaining a drug and alcohol free environment through distribution of this policy to students included within the student handbook.

Drug Testing Policy

PURPOSE: This policy defines the areas and circumstances in which CMSRU reserves the right to do drug and alcohol testing and the mechanism by which the results of such testing will be addressed.

POLICY: Cooper Medical School of Rowan University Drug Testing Policy

SCOPE: This policy applies to all CMSRU students.

DEFINITIONS: The term “drug” means a controlled dangerous substance, analog, or immediate precursor as listed in Schedules I through V in the New Jersey Controlled Dangerous Substances Act, N.J.S.A. 24:21-1 and as modified in any regulation issued by the Commissioner of the Department of Health. It also includes controlled substances in Schedules I through V of Section 202 of the Federal Controlled Substance Act of 21 U.S.C. 812. This policy applies to the use, possession or distribution of such items which is unlawful under the Controlled Substances Act. Such term does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provisions of Federal law.

PROCEDURE:

A. Drug Testing program:
- The school reserves the right to screen students for inappropriate drug and alcohol use as defined in this policy if reasonable cause is established.
- Reasonable cause is defined by inappropriate behavior, appearance, or work performance as determined by associates, team members, or faculty of the school.
- A standard reasonable suspicion record will be established for uniform and objective assessment necessitating the need for drug and alcohol testing.
- CMSRU also reserves the right to perform random and follow up drug screenings of students who have participated in a Drug and Alcohol Treatment program while matriculating at CMSRU.
B. All drug testing will be reviewed by the Director of Student Health Services and/or staff prior to a student’s participation in direct patient contact. The director of student health services reserves the right to review and determine whether alternative medical explanations could account for positive findings.

C. CMSRU, while recognizing the importance of providing an optimal learning environment for all students, also places the health of each student first. CMSRU recognizes the importance of physical and emotional health as it pertains to work and learning performance and overall quality of life. CMSRU complies with the policies of Rowan University in the area of a safe workplace. Additionally, CMSRU fully subscribes to the provisions of the Drug-Free Workplace Act. A student’s participation in prohibited conduct constitutes grounds for disciplinary proceedings and such conduct may be brought to the attention of the appropriate criminal authorities.

D. CMSRU, through the Student Affairs Office will make available to all students a drug and alcohol free awareness program to inform students about the dangers of drug and alcohol abuse through activities, seminars, training programs and distribution of information in the student handbook.

E. Students who present with the need for ongoing counseling services may use the Student Assistance Program. This center provides alcohol, tobacco and other drug treatment, education classes and prevention programs designed to serve the entire university community. It is a fully licensed facility that provides therapeutic services for those experiencing problems with drug and alcohol use. The staff is composed of a multidisciplinary team of counselors, psychologists, dependence specialists and social workers.

F. Students will have access to local providers who are not faculty members of the medical school, thus assuring the provision of services with privacy and confidentiality. In case of an emergency, students will have 24-hour a-day access to crisis counseling.

G. Each student agrees, as a condition of enrollment, to abide by this policy and to notify the associate dean for admissions and student affairs of any conviction under a criminal drug statute for a violation that occurs during their tenure at the CMSRU.

**FERPA: Student Records Policy**

**PURPOSE:** The Family Educational Rights and Privacy Act (FERPA – 20 U.S.C. § 1232g; 34 CFR Part 99) is a law that protects the privacy of student education records. The law applies to the all medical education records of students who are or have been in attendance at the CMSRU.

**POLICY:** Cooper Medical School of Rowan University will comply with the Family Educational Rights and Privacy Act of 1974 and all subsequent amendments (FERPA) providing students with the right to inspect and review their education record. CMSRU will respond to student requests to review records within 5 days of the day the University receives the request and provide guidelines for the correction of records, rather than the 45 day statement within the FERPA act of 1974.

**SCOPE:** This policy is a summary outlining CMSRU compliance to all provisions of FERPA.

**DEFINITIONS:**

Educational Records: any records (with limited exceptions), maintained by the institution that is directly related to a student or students. The records can contain a student’s name(s) or information from which an individual student can be personally (individually) identified. Education Records do not include: sole
procession notes; law enforcement unit records; records maintained exclusively for individuals in their capacity as employees (individuals who are employed as a result of their status as students, medical & treatment records; and alumni records.)

School Officials: persons employed by the institution in an administrative, supervisory, academic research or support position including law enforcement, health staff personnel, a trustee, outside contractors and persons servicing as a student representative on an official committee (such as disciplinary or grievances committee), or assisting another school official in performing his or her tasks. School officials may obtain information from a student education records without prior written consent for legitimate educational interest. Legitimate educational interests must demonstrate: need to know by those officials of the institution who act in the student’s educational interest (faculty, administrators, clerical and professional employees, and other persons who manage student information). A school official has a legitimate educational interest if the official need to review is in order to fulfill his or her professional responsibility.

Directory Information: CMSRU reserves the right to disclose directory information without prior written consent, unless notified in writing to the contrary by a student by the deadline date established by CMSRU. CMSRU has designated the following items as Directory Information: student name, CMSRU- issued identification number, addresses (including electronic), telephone number, date and place of birth, field(s) of study or program(s), participation in officially recognized activities, photographs, enrollment status, dates of attendance, degrees, awards and honors received, previous schools attended, and graduate medical/education placements.

STUDENT RIGHT AND PROCEDURE:

A. In accordance with the Family Educational Rights and Privacy Act of 1974 and its subsequent amendments (FERPA) current and former CMSRU students have the right to review and inspect their education records within 5 days of the date the University receives the request for access.

B. CMSRU is required by FERPA regulations to provide students with annual notification of their FERPA rights (EXHIBIT A). CMSRU may promulgate, electronically or in a hard copy format, an annual notification in such publications as school bulletins or student handbooks, or in separate statements in registration or orientation packets, or on a web site.

C. Access to Education Records

1. Procedure to Inspect Education Records
   a. Students may inspect and review their educational records upon request to the School. Students shall submit to the School a written request to the registrar that identifies as precisely as possible the record or records s/he wishes to inspect.
   b. CMSRU will make the needed arrangements for timely access and notify the student of the time and place where the records may be inspected. Access must be given within 45 days from the receipt of the request.
   c. When a record contains information about more than one student, the student may inspect and review only the records that relate to him/her. Review of records may take place only under the supervision of the CMSRU registrar or an administrative representative from the Office of Student Affairs or the Office of Academic Affairs.

2. Right of CMSRU to Refuse Access. CMSRU reserves the right to refuse to permit a student to inspect the following records:
   a. the financial statement of the student’s parents;
b. letters and statements of recommendation for which the student has waived his or her right of access, or which were placed in a student file before January 1, 1975;

c. records which are part of a previous application to CMSRU if that application was unsuccessful and the student subsequently applies and is admitted;

d. those records that are excluded from the FERPA definition of education records.

3. Right to Obtain Copies of Education Records

a. With the exceptions listed below, a student may obtain copies of his/her education records from the CMSRU registrar upon submission of a written request and payment of a standard fee to cover duplication, reasonable labor costs and postage, if applicable.

b. CMSRU reserves the right to deny copies of transcripts or education records in the following situations:
   - the student has an unpaid financial obligation to CMSRU; or
   - there is an unresolved disciplinary action against the student.

D. Disclosure of Education Records

CMSRU may disclose information from a student's educational records only with the written consent of the student, except:

1. to those CMSRU officials who have a legitimate educational interest in the records;

2. upon request, to officials of non-CMSRU schools in which a student is enrolled or seeks or intends to enroll, or with which CMSRU has an academic or clinical affiliation. Such officials must have a legitimate educational interest;

3. to the comptroller of the United States, the secretary of the U.S. Department of Education, state and local educational authorities or to the attorney general of the United States, when the attorney general of the United States seeks disclosures in connection with the investigation or enforcement of federal legal requirements applicable to federally supported education programs;

4. in connection with a student's request for or receipt of financial aid, as necessary to determine the eligibility, amount or condition of the financial aid or scholarship, or to enforce the terms and conditions of the aid or scholarship; if required by a state law requiring disclosure that was adopted before November 19, 1974;

5. to organizations conducting certain studies for or on behalf of CMSRU;

6. to accrediting organizations to carry out their functions;

7. at the discretion of CMSRU officials, to parents of an eligible student who claim the student as a dependent for income tax purposes;

8. to comply with a judicial order or a lawfully issued subpoena, provided that CMSRU makes a reasonable effort to notify the student of the order or subpoena in advance of compliance, when the order or subpoena does not prohibit such notification;

9. to appropriate parties in a health or safety emergency;

10. to an alleged victim of any crime of violence or sex offense, the results (if the results were reached on or after October 7, 1998) of any University disciplinary proceeding against the alleged perpetrator with respect to that offense. Disclosure under this section shall include only final results of disciplinary proceedings within CMSRU, limited to the student’s name, the violation committed and the sanction imposed. Disclosure of final results pursuant to this section may be made regardless of whether CMSRU determined that a violation has occurred. CMSRU may not disclose the name of any other student, including a victim or witness, without the prior written consent of the other student;

11. to parents of students aged 18-21 who have been determined by CMSRU to have violated any CMSRU policy governing the use or possession of alcohol or a controlled substance, or who have
violated federal, state or local law governing such use or possession;
12. to a court, with or without a court order or subpoena, education records that are relevant for the University to defend itself in legal action brought by a parent or student, or education records that are relevant for CMSRU to proceed with a legal action CMSRU initiated against a parent or student;
13. to a court when relevant for CMSRU to proceed with legal action which involves CMSRU and the student as parties.

E. Record of Requests for Disclosure of Education Records

The registrar at CMSRU will maintain a record of all requests for and/or disclosures of information from a student's education records made by individuals not associated with CMSRU. The record of requests for educational records will indicate the name of the party making the request and the legitimate interest the party had in requesting or obtaining the information. Such listing of those given access to a student's record may be reviewed by the eligible student.

F. Corrections/Challenges to Content of Education Records

1. A student has a right to a hearing to challenge education records which the student believes are inaccurate, incomplete, misleading or otherwise in violation of the privacy or other rights of the student, but a student does not have a right to a hearing on matters of academic judgment.
2. Following are the procedures for the correction of education records:
   a. The student clearly identifies the part of the education record he/she wants changed and specifies his/her reasons why it is inaccurate or misleading.
   b. If a satisfactory solution of an issue cannot be reached informally, CMSRU must hold a hearing within 60 days after receiving a student's written request for such a hearing. The hearing shall be before a University official, designated by the associate dean of student affairs and admissions.
   c. A CMSRU official will prepare a written decision based solely on the evidence presented at the hearing within 21 days of such hearing. The decision will include a summary of the evidence presented and the reasons for the decision.
   d. If CMSRU decides that the challenged information is inaccurate, misleading, or in violation of the student's right of privacy, it will amend the record and notify the student, in writing that the record has been amended.
   e. If CMSRU decides that the challenged information is not inaccurate, misleading, or in violation of the student's right of privacy, it will notify the student that he/she has a right to place in his/her education record a statement commenting on the challenged information and/or a statement setting forth reasons for disagreeing with the decision; the student's statement will be maintained as part of the student's education records as long as the contested portion is maintained. If CMSRU discloses the contested portion of the record, it must also disclose the student's statement.

G. Questions about FERPA and this policy concerning the release of student information should be directed to the Office of the Registrar.

H. Students have a right to file a complaint with the U.S. Department of Education concerning alleged failures by CMSRU to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:
FERPA Information for Faculty and Staff

As a CMSRU faculty and or staff member, you may have access to student records, provided you have a legitimate need to review records to fulfill your job requirements. A faculty and staff member granted access to the Banner Student Information System must complete FERPA training before given access and assume full responsibility for protecting the confidentiality of records. Faculty and staff members who do not have access to the Banner Student Information System and need documents from student confidential files to fulfill official duties must submit a request in writing to the Registrar clearly defining the purpose of the request.

Who can release student information?
An institution may disclose personally identifiable information without the student's written consent to "school officials" whom the institution has determined to have a "legitimate educational interest."

Obligation to release record information
An institution is not obligated to release directory information to anyone. FERPA only says that an institution MAY release information, but there is no obligation to do so. When in doubt, do not release information.

Student workers
FERPA does not preclude an institution from identifying students as "school officials" with a "legitimate educational interest" for specific purposes. The same requirements and responsibilities for a full-time school official exist for student workers. The student workers must be trained on FERPA just as if they were faculty or staff.

Subpoenas
At Rowan, all subpoenas are first reviewed by the Office of General Counsel to determine the appropriate course of action.

Crisis situations/Emergencies
If non-directory information is needed to resolve a crisis or emergency situation, an education institution may release that information if the institution determines that the information is "necessary to protect the health or safety of the student or other individuals." Factors to be considered or questions to be asked in making a decision to release such information in these
situations are: (1) the severity of the threat to the health or safety of those involved; (2) the need for the information; (3) the time required to deal with the emergency; (4) the ability of the parties to whom the information is to be given to deal with the emergency.

**Who to contact with questions/concerns**
Registrar  
Cooper Medical School of Rowan University 401 Broadway  
Camden, NJ 08103  
Phone: 856-361-2886  
Fax: 856-361-2828  

General questions may also be directed to the Office of the Registrar, as appropriate. Comments or suggestions should be addressed to the Rowan University Registrar's Office, registrar@rowan.edu, (856) 361-2828.

FERPA waivers should be accepted only in the form of original, signed hard copies. Scanned versions may be submitted directly by attorneys but should not be accepted from other parties.

FERPA waivers provided to faculty, advisors, and other academic or professional staff should be forwarded to General Counsel.

**On-Line Training for Faculty and Staff:**
http://www.rowan.edu/provost/registrar/facultypasswordforms/FERPA%20Training.ppt%20Sept%202013%20Wheatcroft.ppt

**Grading, Promotions and Appeals Policy**

**PURPOSE:**
The faculty and academic administrators of CMSRU (CMSRU, School) recognize their responsibility to maximize the probability that graduates of the School are qualified and have the maturity and emotional stability to assume the professional responsibilities implicit in the receipt of the degree of Doctor of Medicine. Therefore, they have established these policies to guide themselves and medical student colleagues in pursuing a level of academic and professional excellence required for the conferral of that degree. Specific procedures have been established to provide uniformity and equity of process in all situations requiring administrative action.

**SCOPE:** Candidates for the Doctor of Medicine Degree (M.D.)

**DEFINITIONS:**
This document deals with those students who are candidates for the MD degree.

Remediation: A defined process created by a course or clerkship director to ensure that a student who fails a course or clerkship has subsequently gained the knowledge and skills required. The process is tailored to the student and consists of activities to improve competency through reassessment.
Appeal: A petition filed by a student challenging a course or clerkship grade, a clinical assessment in the M3 year, time in program, and promotional decisions. An action in favor of a student does not imply wrongdoing by the faculty or the administration.

Promotional decisions: The Academic Standing Committee reviews students annually or on an as-needed basis to advance them in the medical education program, certify them for graduation, or consider them for dismissal.

Academic or performance improvement plan: A defined plan developed by the Office of Medical Education and/or the CMSRU Executive Deans for students whose appeal regarding a promotional decision has been upheld by the Academic Standing Committee or the Ad Hoc Committee for Student Appeals. The improvement plan is developed to ensure that a student who fails to complete the courses and/or clerkships in a medical education program year will have successfully completed the failed courses and/or clerkships and demonstrated competence in the knowledge or skills required to move to the next level in the medical education program. The process is tailored to the student and addresses academic or other deficiencies related to their academic or professional performance. A student may be required to meet special conditions or take an extra academic year as part of their plan. An academic improvement plan is not an adverse action and, therefore, not subject to appeal.

Final grade: A grade entered into the academic transcript at the end of a course or clerkship or at the resolution of a grade appeal.

I. RESPONSIBILITY

Implementation

1. Faculty
The faculty is responsible for implementing grading policies, regulations and procedures. For the courses or clerkships for which they are responsible, faculty members:
   a. establish standards to be met for attaining course or clerkship credit and criteria for assigning specific grades, and
   b. assign final grades for the course or clerkship within six weeks of the last day of the course or clerkship.

2. The associate dean for medical education
The associate dean for medical education administers the grading and promotion policy regulations and procedures with the support of the assistant dean for curriculum for phase 1, the assistant dean for curriculum for phase 2, and the vice dean or designee as appropriate.

3. Academic Standing Committee
The Academic Standing Committee hears student grade appeals and communicates its decision to the associate dean for medical education. The Committee reviews student progress and makes decisions regarding the placement on and removal from academic and non-academic probation. The Committee makes recommendation for certification of the graduating class to the departmental chairs, who review and approve on behalf of the faculty. The Committee also makes recommendations to the dean about student promotions and decisions regarding dismissal. Students have the right to appeal all promotional decisions made by the Academic Standing Committee.

4. Ad Hoc Committee for Student Appeals
The Ad Hoc Committee for Student Appeals is convened by the vice dean or their designee to hear appeals of promotional decisions by the Academic Standing Committee. It is composed of five members of the
faculty who are not advisory college directors, members of the Academic Standing Committee, the Curriculum Committee or any of its subcommittees. This committee is advisory to the dean.

5. Executive Committee of Deans
The Executive Committee of Deans at CMSRU are composed of all the associate and assistant deans at CMSRU. This group may develop Academic Improvement or Performance Improvement Plans for students.

II. COURSE REQUIREMENTS AND SEQUENCING

All required courses of all curricular years, including the required number of elective weeks, must be completed satisfactorily in the prescribed sequence before a student can be certified for graduation. A student may not repeat a course or clerkship more than once, and no more than three distinct academic years may be utilized to fulfill the requirements of either the first and second years (Phase 1), or the third and fourth years (Phase 2) of the curriculum. Students who perform scholarly work or enroll in dual degree programs (e.g., MD/PhD) may extend the degree completion limit from six distinct academic years to ten distinct academic years upon the recommendation of the Academic Standing Committee to the dean. Any requests to extend the academic program beyond the time limits noted above and for any reason, must be recommended by the Academic Standing Committee and approved by the dean or designee. Appeals of these decisions may be made to the Ad Hoc Committee for Student Appeals.

All courses and academic requirements of a particular year must be completed satisfactorily before a student may begin any course or clerkship of the ensuing curricular year.

III. ASSESSMENT AND STANDING OF STUDENTS

A. Grading
All courses or clerkships, whether required or elective, and all research experiences specifically approved as part of an individual student’s curriculum must be graded according to the grading system for Phase 1 or Phase 2. Final grades must be submitted to the registrar within six weeks of the completion of a course or clerkship. If the final grade for a course or clerkship is a UR (unsatisfactory remediable) or a U (unsatisfactory), the director of assessment in the Office of Medical Education informs the associate dean for medical education promptly by phone or email and submits that information in writing within three weeks.

1. The CMSRU Grading System
The grading system for Phase 1 provides two levels of credit (Pass [P] and Remediated Pass [RP]) and four levels of non-credit (Unsatisfactory [U], Unsatisfactory Remediable [UR], Incomplete [I], and Withdrawn [W]). Unsatisfactory is equivalent to failure. The grading system for Phase 2 provides four levels of credit (Honors [H], High Pass [HP], Pass [P], and Remediated Pass [RP]) and four levels of non-credit (Unsatisfactory [U], Unsatisfactory Remediable [UR], Incomplete [I], and Withdrawn [W]). The grading mechanism for each course will be detailed in the syllabus of that course or clerkship.

M3 Courses/Clerkships:

Honors (H): is a clearly superior performance that reflects comprehensive achievement of course/clerkship objectives. (Distribution: approximately 20% of the class may receive H.)
High Pass (HP): a performance well beyond minimum achievement of course/clerkship requirements. (Distribution: after Honors grades have been determined, approximately 30% of the class may receive HP.)

Pass (P): a satisfactory performance that meets basic course/clerkship requirements. (A minimum grade of 70.00 is required to pass all courses and clerkships.)

Remediated Pass (RP): a satisfactory performance that meets basic course/clerkship requirements upon the successful completion of the remediation plan, following an unsatisfactory course grade (UR).

Unsatisfactory Remediable (UR): a temporary grade for a performance below acceptable minimum standards (grade less than 70.00) which the student has been granted the opportunity to remediate. This grade can only be replaced by either an RP or a U (see below).

Unsatisfactory (U): a final grade for student performance below acceptable minimum standards (grade less than 70.00).

• When a student repeats a curricular year, the final grade recorded on the transcript for the repeated course/ clerkship shall be the actual grade earned (H, HP, P, or U). The original U grade earned in previous academic years remains on the transcript, if the course was not remediated within that academic year.

Incomplete (I)

Grades of Incomplete are applied at the School as described below:

• A course/clerkship director, following consultation with the associate dean for medical education, may assign the grade of I to indicate that a student has been unable to complete all of the course requirements for a reason(s) beyond his/her control (e.g., death in the family, significant illness or injury, etc.).

• When the grade of I is assigned to a course/clerkship, the student must complete the course/clerkship requirement before the beginning of the next academic year unless the course/clerkship director, with the concurrence of the associate dean for medical education, shall have provided a specific alternative time period, not to exceed one year from the completion date of the course/clerkship unless there is a compelling reason that must be approved by the associate dean for medical education.

• Once the student has addressed all course/clerkship requirements, the course/clerkship director must assign a final grade (Phase 1 = P, UR, or U, Phase 2 = H, HP, P, UR or U) in place of the I grade. If the requirements for the incomplete course/clerkship have not been met within the specified time limits, and no agreement has been made to extend the time limit, and the student has not withdrawn from school, a final grade of U will be assigned.

Withdrawn (W)

If the student has withdrawn from a course, clerkship, or the school, the associate dean for medical education will assign a W (Withdrawn) grade to the student's record.

M4 Courses/Clerkships:

The M4 courses and clerkships provides for grades of Honors (H), High Pass (HP), Pass (P), Unsatisfactory Remediable (UR), and Unsatisfactory (U), except in the case of one and two week electives which are graded as Pass (P), Unsatisfactory Remediable (UR), and Unsatisfactory (U).

When written confirmation of a final grade for an M4 course/clerkship has not been received within seven days prior to the student's scheduled graduation date from the School, the associate dean for medical education, in consultation with the appropriate departmental chairperson, may assign and have
duly recorded on the student’s academic transcript a final grade of P, if the student has met all requirements for that course/clerkship.

2. Narrative Assessments

   a. Competency Assessment

At the conclusion of each course in year one and year two lasting greater than or equal to three weeks, after all the M3 clerkships, and after the required clerkships in M4, a formal written narrative assessment of each student's performance must be submitted to the Office of Medical Education. These comments will become part of the academic record. In year one and year two, narrative assessments are written by the active learning group (ALG) and Scholar’s Workshop (SW) facilitators and by the course faculty for the Foundations of Medical Practice Course and Ambulatory clerkship. M3 and M4 clerkship directors provide the narrative assessment in years three and four.

i. Mid-course and Mid-Clerkship Assessment
Interim formative evaluative comments from the ALG, SW, and FMP facilitators, clinical preceptors, and/or clerkship directors made directly to the student are required during all courses and clerkships, including the Cooper Longitudinal Integrated Clerkship (CLIC) in year three. Such interim assessments must be given at approximately the mid-point of each course or clerkship when faculty communicate to each student information concerning the student's performance to date and, as appropriate, recommendations for improvement.

ii. Final Written Report
Within four weeks of the conclusion of each course in Phase 1 of the curriculum, ALG facilitators, and Ambulatory Clerkship course directors must submit to the associate dean for medical education, a written narrative report for each student assigned to their group. Scholar’s Workshop and Foundations of Medical Practice faculty members submit these reports at the mid-point and the end of the academic year. The narrative report is submitted via one45 by the facilitator and should address the CMSRU competencies. Similarly, within six weeks of the conclusion of an inpatient or ambulatory block in the third year and required clerkships in the fourth year, the clerkship director must submit to the OME a written narrative report for each student assigned to that clerkship. The associate dean for medical education will review all reports and, refer students as needed to the director of professionalism for issues of professionalism. The director of professionalism may refer the student to the Academic Standing Committee.

iii. Errors in Statements of Fact in Narratives
If any student feels that there are errors of fact in any student narratives, a request to have that narrative amended should be submitted to and reviewed by the associate dean for medical education within three days of receiving their narrative report.

B. Standing of Students

Students are placed into one of the following two categories by the Academic Standing Committee based upon their academic performance:

   1. In good standing
      The status of “good standing” indicates that the student is eligible to continue at CMSRU, to return to CMSRU, or to transfer elsewhere. It implies good academic progress as well as good citizenship.

   2. Not in good standing
The status of “not in good standing” indicates that the student is not eligible to progress in the CMSRU medical education program due to an academic or citizenship issue. If a student is on probation they are “not in good standing” and must successfully complete the requirements to be removed from probation to be able to have their status changed to “in good standing”. Students who have been dismissed from CMSRU are unable to re-enroll at CMSRU.

All decisions made by the Academic Standing Committee regarding the standing of students are final. See Satisfactory Academic Progress (SAP) policy regarding financial aid implications.

IV. THE PROMOTIONAL SYSTEM

A. Phase 1

Students are required to achieve final grades of Pass (P) or Remediated Pass (RP) in addition to a satisfactory narrative review in all Phase 1 courses/clerkships in order to be promoted to the next academic year.

- The passing grade for all courses in Phase 1 is 70.00 and minimal competency for all summative written and practical examinations in a course is set at a score of 60.00. Any score on a summative written or practical examination below 60.00 will result in an unsatisfactory grade (U or UR) in the course, regardless of the overall course score.
- In M1 and M2 Foundations of Medical Practice, students must pass each end-of-year OSCE domain with a score of greater than or equal to 60.00. A score below 60.00 will result in an unsatisfactory grade (U or UR), regardless of the overall course score.
- Students are required to pass all courses and clerkships in Year 1 to be promoted to Year 2.
- Students are required to pass all courses and clerkships in Year 2 to be promoted to Phase 2: Year 3.
- A student who receives an unsatisfactory grade in up to 2 courses in an academic year in Phase I will be permitted to remediate the unsatisfactory grades before being placed on academic probation.
- A student who chooses to repeat a year without having successfully completed all the academic requirements for that year will be placed on academic probation since he/she has not successfully remediated the courses and are choosing to repeat them.
  - **M1 Fundamentals special circumstances:** The M1 Fundamentals course is a 16 week course with four individual blocks. Student scores are averaged throughout the course to calculate the final grade. Given the critical nature of this course in the academic development of a CMSRU medical student, the following applies:
    - A student must achieve an average grade of 70.00 or above for the four blocks to pass the course, with a minimum score of 60.00 in each of the block examinations.
    - A student with an unsatisfactory block score in up to two block modules in this course may remediate the course at the end of the academic year if the student’s overall course average is below a 70.00.
    - A student with an unsatisfactory grade in three of the course blocks must repeat the course the following academic year and will not be allowed to progress in the remainder of the M1 curriculum regardless of course average. The student will be placed on academic probation.
- A student who fails to remediate an unsatisfactory grade in 1 course/clerkship will be placed on academic probation and must repeat the course/clerkship in the subsequent year. A student will not be permitted to advance to the next academic year until the course/clerkship has been
successfully completed. A student may register for an Independent Study during this time, but is not permitted to take courses/clerkships/electives from the next academic year’s curriculum.

- A student who fails to remediate 2 courses/clerkships must repeat the year, and will be placed on academic probation. The student must retake all courses/clerkships in the academic year and pass all to move to the next academic year in the curriculum.
- A student who receives a final grade of unsatisfactory remediable (UR) grade in 3 courses/clerkships within the same academic year will be reviewed by the Academic Standing Committee for dismissal. This is not withstanding any successful remediation of the courses or clerkships in which a UR grade was awarded.
- A student with an identified area of concern about their professionalism in their course narratives may be referred to the director of professionalism for review and action, which may include probation.

<table>
<thead>
<tr>
<th>Phase 1</th>
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</thead>
<tbody>
<tr>
<td><strong>Event</strong></td>
</tr>
<tr>
<td>Fail 1 course/clerkship</td>
</tr>
<tr>
<td>Fail 2 courses/clerkships</td>
</tr>
<tr>
<td>Fail 3 courses/clerkships</td>
</tr>
<tr>
<td>Fail 3 M1 Fundamentals Blocks</td>
</tr>
</tbody>
</table>

**B. Phase 2**

- Students are required to pass all courses and clerkships in Year 3 to be promoted to Year 4.
- In the M3 year, a student must successfully complete all assessment components of his/her course and clerkship requirements. A student who needs to remediate assessment components for courses or clerkships during the M3 year must do so within 21 calendar days of the close of the academic year or the awarding of the final course grade, whichever is later, unless there are extenuating circumstances. Remedial examinations held after the M3 year will delay entry in the M4 year. A student who needs to remediate any portion of an M3 course or clerkship can only receive a final grade of Remediated Pass (RP) in those courses or clerkships. A student who fails to remediate a course/clerkship will be placed on academic probation, must repeat the course/clerkship, and cannot advance in the curriculum.
  - In the M3 year, minimal competency for all clerkship NBME Subject examinations is set at 2 standard deviations below the national mean for the most recent published national means for each of the subject examinations. Any score below the posted pass score will result in an unsatisfactory grade (U or UR) in the clerkship regardless of the overall clerkship score.
  - In the M3 year, minimal competency for all clerkship summative clinical assessments is set as the mean score for all competency domains at greater than or equal to 4.00 on the CMSRU Scale of 1-9. Any mean score below the 4.00 will result in an unsatisfactory grade (U or UR) in the clerkship regardless of the overall clerkship score.
  - In the M3 summative OSCE, students must pass each OSCE domain with a score of greater than or equal to 60.00. A score below 60.00 will result in an unsatisfactory grade (U or UR) in the CLIC, regardless of the overall clerkship score.
  - Students failing the M3 Scholar’s Workshop course only will be promoted to Year 4 with contingency and must remediate that course during Year 4.
- Students are required to pass all M4 clerkships and electives, USMLE Step 2 CK and CS, and satisfactorily complete their Scholar’s Workshop capstone project to be eligible for graduation.
- A student who receives a final grade of UR in four M3 courses or clerkships or three M4 courses or clerkships in an academic year will be reviewed by the Academic Standing Committee for dismissal. This is notwithstanding any successful remediation of the courses or clerkships in which a UR grade was awarded.
- A student with an identified area of concern in their clerkship narrative assessments may be referred to the director of professionalism for review and action, which may include probation.

<table>
<thead>
<tr>
<th>Phase 2</th>
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</thead>
<tbody>
<tr>
<td>Event</td>
<td>Outcome</td>
</tr>
<tr>
<td>Fail 1 M3 course/elective/clerkship</td>
<td>Remediate the failed course, elective, or clerkship, if unsuccessful, placed on academic probation</td>
</tr>
<tr>
<td>Fail 2 M3 courses/electives/clerkships</td>
<td>Remediate the failed courses, electives, or clerkships, if unsuccessful, placed on academic probation</td>
</tr>
<tr>
<td>Fail 3 M3 courses/electives/clerkships</td>
<td>Repeat entire M3 year and placed on probation</td>
</tr>
<tr>
<td>Fail 4 M3 courses/electives/clerkships</td>
<td>Review for dismissal</td>
</tr>
<tr>
<td>Fail 1 M4 course/elective/clerkship</td>
<td>Remediate the failed course, elective, or clerkship, if unsuccessful, placed on academic probation</td>
</tr>
<tr>
<td>Fail 2 M4 courses/electives/clerkships</td>
<td>Remediate the failed courses, electives, or clerkships, if unsuccessful, placed on academic probation</td>
</tr>
<tr>
<td>Fail 3 M4 courses/electives/clerkships</td>
<td>Review for dismissal</td>
</tr>
<tr>
<td>Specific Fall Event</td>
<td>Outcome</td>
</tr>
<tr>
<td>Fail Scholar’s Workshop</td>
<td>Remediate within 21 days from grade posting (no effect on spring failures)</td>
</tr>
</tbody>
</table>

### C. USMLE Examinations:

- All students studying for the MD degree at CMSRU are required to pass Step 1 and Step 2 CK and Step 2 CS of the U.S. Medical Licensure Examination (USMLE) as a condition of continued matriculation and of graduation.
  - Step 1 shall be taken prior to beginning Year 3 of the medical school curriculum and no later than June 30th. There will be no extensions of this deadline.
    - Students are conditionally promoted to Year 3 pending the results of the Step 1 Examination.
  - Step 2 CK (Clinical Knowledge) and Step 2 CS (Clinical Skills) shall be taken no later than October 15th of the calendar year in which medical students are enrolled in Year 4 of the medical school curriculum. There will be no exceptions of this deadline.
- A student who fails to pass Step 1 on the initial attempt will have two choices:
  1. Complete the first block of the M3 year. The student will then enter a temporary Step 1 Prolonged Absence for up to 6 weeks in Block 2 of the M3 year and develop a Step 1 remediation plan approved by the Associate Dean for Medical Education, which must be completed during block 2 of the M3 year.
    - Take Step 1 again within 40 days after completing the first block of the M3 year.
o Resume the third year program following the remediation time by entering the next block in the M3 curriculum.
o Completion of the M3 year will require an extension of time (a minimum of four weeks) to complete all requirements, thus delaying the start of the fourth year.

2. At their request, students may choose to take an Independent Study or a leave of absence for the remainder of the M3 year and begin the M3 year with the subsequent class.

• A student who fails to pass Step 1 on his/her second attempt shall:
  ▪ Stop all activities in the M3 year and be placed on academic probation by the Academic Standing Committee.
  ▪ Be automatically registered in an independent study program or take a leave of absence. The independent study program will be monitored by the Office of Medical Education.
  ▪ Take Step 1 for the third time no later than May 30th of the original third academic year.
  ▪ If the student successfully completes the Step 1 examination, the student may reenter the medical education program.
  ▪ At their request, students may choose to take an Independent Study or a leave of absence for the remainder of the M3 year and begin the M3 year with the subsequent class.

A student who fails the Step 1 examination a third time shall be reviewed for dismissal by the Academic Standing Committee.

• A student whose M3 year may have been extended for the above reasons and has met all requirements of the Year 3 program may begin his/her Year 4 program. The student will have the option of starting the M4 curriculum late, or choosing a leave of absence or independent study and re-entering the Year 4 program with the subsequent class.

• A student who does not take Step 2 CK and CS by October 15th of the fourth year shall not be permitted to continue clinical rotations until he/she takes the Step 2 examination(s).

• A student who fails to pass Step 2 CK or 2 CS shall:
  ▪ Take Step 2 CK or 2 CS again, no later than January 30th of the next calendar year.
  ▪ Complete the fourth year curriculum.

• A student who fails to pass Step 2 CK or 2 CS for the second time can continue in the M4 year and will be placed on academic probation by the Academic Standing Committee. He/she must:
  ▪ Take Step 2 CK or 2 CS for the third time, no later than April 1st and receive a passing score in time to graduate with their current class. A passing score for Step 2 CK and Step 2 CS must be reported to the Office of Medical Education no later than one week prior to graduation in order for the student to be awarded a diploma with his/her class.
  ▪ The student may choose to take a Leave of Absence or an Independent Study to finish out the current academic year. They must take Step 2 CK or 2 CS by May 31st in order to move to the next academic year and finish with the next academic class. A passing score must be received by July 1st in order to continue their academic program. If needed, the student may be registered for an M4 independent study program at some point in the new M4 academic year, to allow for a potential May graduation date of the next year.
  ▪ A student who fails the Step 2 CK or 2 CS examination three times shall be reviewed for dismissal by the Academic Standing Committee.
D. Promotional Decisions

The associate dean for medical education is responsible for assessing the academic performance of each student. The associate dean for medical education will release final grades to the registrar. The director of assessment is responsible for informing any student of his/her status if the grade is a U or UR, and will refer the student to the assistant dean for phase 1 or phase 2 for support in his/her decision-making regarding remediation and the Academic Standing Committee review process for promotional decisions.

For issues related to professionalism within the curriculum, a student’s case is referred to the director of professionalism by the associate dean for medical education. The student is entitled to a meeting with the director of professionalism prior to his/her rendering a decision. The director of professionalism determines if the case should be referred to the Academic Standing Committee for review and possible promotional decision.

Remediation of a Failing Performance

Phase 1 Remediation:
All remediation in all M1 and M2 courses/clerkships is done after the academic year is concluded. Only one attempt is permitted to remediate by reexamination or other course assessment a UR grade in any course/clerkship. The remediation examination or other assessment will be conducted within 21 calendar days of the distribution of final grades in the M1 or M2 academic year. Remediation examinations are subject to minimal competency scores of greater than or equal to 60.00 in addition to a remediated overall score of 70.00. The final remediation plan and assessments are at the discretion of the course/clerkship directors. Students who fail remediation cannot progress in the curriculum and must repeat the course or clerkship in the following academic year. Students who are unsuccessful in their remediation attempts will be placed on academic probation until they have successfully repeated the failed courses or clerkships.

Phase 2 Remediation:
Remediation for courses and clerkships in the M3 or M4 year occurs within 21 days of the posting of the final grade.

- Students will begin the remediation process for failed M3 NBME subject examination assessment components as soon as the M3 Examination period ends and scores and/or grades are available. This will allow students to matriculate into the M4 year as soon as possible.
- Remediation in the M4 year is handled on a case-by-case basis and must be completed in time for graduation.
- Only one attempt is permitted to remediate by reexamination or other course assessment a UR grade in any assessment component in the M3 or M4 year. The highest grade a student can earn with successful remediation in any M3 or M4 course or clerkship is a remediated/pass (RP). A student who is unsuccessful in remediation will be placed on Academic Probation and must repeat the course/clerkship as soon as possible. If the student is successful, s/he will be removed from Academic Probation and proceed in the curriculum. If unsuccessful, the student will be reviewed by the Academic Standing Committee for dismissal.
- A student who fail three courses, electives, and/or clerkships in the M3 year will be placed on Academic Probation and must repeat the entire M3 year. If the student is successful, s/he will be removed from Academic Probation and enter the medical education program for the M4 year. If the student fails one or more courses or clerkships in the repeated year, the student will be reviewed by the Academic Standing Committee for dismissal.
Students who fail four courses, electives, and/or clerkships in the M3 year will be reviewed by the Academic Standing Committee for dismissal.

A student who fails three courses, electives, and/or clerkships in the M4 year will be reviewed by the Academic Standing Committee for dismissal.

Remediation Process:
Students will follow a plan developed for course/clerkship/elective remediation by the course director(s)/clerkship director(s). The plan will be developed, regardless of the student’s intent to appeal the final grade, within fourteen (14) days of student notification of unsuccessful performance in a course/clerkship/elective, except in the last course, elective, or block in an academic year when the plan is developed within 3 days. The plan will be implemented after completion of the academic year. The course/clerkship/elective director(s) will:

1. Within seven (7) days of notification of unsuccessful performance, meet with the student to help identify his or her obstacles to achieving satisfactory performance.
2. Meet with course/clerkship/elective faculty, as necessary, to discuss the student’s learning needs and plan remedial experiences.
3. Work with the Phase 1 or Phase 2 assistant dean to create a written plan for remediation, including:
   a. goals
   b. method(s) of study/practice
   c. duration of the program
   d. frequency of meetings between the student and designated faculty or course/clerkship director
   e. planned assessments
4. Share the proposed program with the director of assessment and the associate dean for medical education for their review and written approval. In the event the student is in Year 3, the M3 director will be required to review and approve the plan. For students in Year 4, the M4 director will be required to review and approve the plan.
5. Review the plan with the student within one week of the original meeting.
6. Present the student with the written plan, which will be signed by the student.
7. Carry out the plan after completion of the academic year. If the student successfully remediates, the grade is changed from a UR to an RP. In the case of a clerkship needing remediation, the highest grade available for posting will be a RP.
8. If the student fails to remediate, the grade is converted to a U and the student is referred to the Academic Standing Committee for promotional review.

V. PROBATION

A. Academic

A student shall be placed on academic probation by the Academic Standing Committee:

- when the student has unsuccessfully completed the remediation process for a course/clerkship and/or is required to repeat a course/clerkship due to unsatisfactory academic performance;
- when a student is repeating an academic year; or
- When a student fails a USMLE Step 1, Step 2 CK, or Step 2 CS examination for the second time.
- See Satisfactory Academic Progress (SAP) Policy regarding financial aid implications.

A student shall be removed from academic probation by the Academic Standing Committee:
• when the student has successfully completed a repeated course/clerkship due to unsatisfactory academic performance;
• when a student has successfully completed all courses and clerkships in a repeated academic year; or
• when a student passes a USMLE Step 1, Step 2 CK, or Step 2 CS examination on the third attempt.

All decisions made by the Academic Standing Committee regarding the academic status of students are final.

A student who is on probation in either Phase 1 or Phase 2 of the curriculum and fails a course or clerkship for the second time shall be reviewed by the Academic Standing Committee for dismissal.

B. Non-Academic

Professionalism is a core competency of the CMSRU curriculum. All matters related to professionalism within the curriculum are reviewed by the director of professionalism. When, in narrative comments evaluating a student, or other communication such as a Professionalism Intervention Report, faculty members express concern about a student’s professionalism, the director of professionalism may, after discussion with the faculty, and/or course/clerkship director, and/or the associate dean for medical education, and or the assistant dean for student affairs, refer the student to the Academic Standing Committee for review. If the Academic Standing Committee places a student on non-academic probation, the chair of the Academic Standing Committee will forward the decision to the director of professionalism. The Executive Committee of Deans at CMSRU will provide the conditions for removal from non-academic probation. The director of professionalism will notify the student of their status and will state in writing the specific duration and conditions of the probationary status. The director of professionalism is responsible for monitoring the student’s adherence to the conditions of the probation. The director of professionalism will inform the Academic Standing Committee of the student’s progress. If a student completes the requirements of their probation, they will be removed from probationary status and informed in writing by the Academic Standing Committee. If a student does not complete the requirements of their probation, they will be reviewed for dismissal by the Academic Standing Committee. All decisions made by the Academic Standing Committee regarding the academic status of students are final.

VI. GRADE APPEALS

A grade appeal may be made only on the basis of a Procedural Irregularity: a documented error in, or divergence from, the prescribed or customary process of evaluating and grading students. Appeals will be acted upon favorably only when real, clear and convincing evidence of a procedural irregularity. Testing conditions that are not identical to prior testing conditions are not necessarily a procedural irregularity. The student should include all relevant information in the first level of the appeal, as that constitutes the basis for appeal process from the course or clerkship director through the Academic Standing Committee. The basis of the appeal cannot be modified once the appeal is submitted.

Extenuating circumstances will not be accepted as the basis for a grade appeal. Extenuating circumstances may represent the basis for a postponement of an assessment event. Students must present evidence for extenuating circumstances related to course or clerkship assessments to the Chief Student Affairs Officer before an assessment event. Excuses will not be accepted after the assessment event and are not considered procedural irregularities associated with the course or clerkship requirements or assessment activities.
Students may begin remediation during a grade appeals process for courses or clerkships with unsatisfactory grades and not involved in the appeal. A student who receives a final grade of UR in three courses or clerkships in an academic year in Phase 1 will be reviewed by the Academic Standing Committee for dismissal. A student who receives a final grade of UR in four M3 courses or clerkships or three M4 courses or clerkships in an academic year will be reviewed by the Academic Standing Committee for dismissal. This is notwithstanding any successful remediation of the courses or clerkships in which a UR grade was awarded.

Appealing a Course or Clerkship Grade

1. **Appeal to the Course/Clerkship Director**

   A student who believes that there is a procedural irregularity with his/her course/clerkship grade must first appeal the grade to the course/clerkship directors within three (3) working days of having been notified of the grade. For year-long courses with multiple assessments, the student may submit an appeal for a failed assessment within three (3) working days of having been notified of the failing assessment score. The student submits the Grade Appeal Form to the course/clerkship directors with a copy to the Office of Medical Education program assistant. The Office of Medical Education program assistant monitors and documents the process so that all steps in the appeal process are followed correctly. The course/clerkship directors, in consultation with the course/clerkship teaching faculty, will review the grade appeal and notify the student and the Office of Medical Education program assistant of the decision within five (5) working days of the appeal.

2. **Appeal to the Office of Medical Education**

   If the student believes that the decision reached by the course/clerkship directors is unjustified, s/he may appeal that decision, in writing, to the director of curriculum and student development in the Office of Medical Education. The written appeal must be made within three (3) working days of receiving notice upholding the original grade from the course/clerkship directors. The program assistant in the Office of Medical Education monitors and documents this process. The director of curriculum and student development in the Office of Medical Education reviews the appeal and offers a decision within five (5) working days. If the director of curriculum and student development in the Office of Medical Education upholds the grade as recorded by the faculty, the student may then appeal the grade to the Academic Standing Committee.

3. **Appeal to the Academic Standing Committee**

   If the student is dissatisfied with the decision reached by the director of curriculum and student development in the Office of Medical Education, s/he may appeal that decision, in writing, to the Academic Standing Committee. The written appeal must be made within three (3) working days of receiving notice upholding the original grade and is monitored and documented by the Office of Medical Education program assistant. The Academic Standing Committee reviews the appeal and offers a decision within seven (7) working days. The decision of the Academic Standing Committee is final. The decision is communicated to the student, the course/clerkship directors, and the Office of Medical Education by the Academic Standing Committee. The course/clerkship directors implement the decision of the Academic Standing Committee.

4. **Actions:** An action in favor of a student does not imply wrongdoing by the course or clerkship directors, faculty, or the administration.
Appealing an M3 Block Clerkship Clinical Assessment

1. Appeal to the Clerkship Directors

A student who believes that there is a procedural irregularity with their clerkship grade must first appeal his/her grade to the clerkship directors within five (5) working days of having received the assessment score. The student submits the M3 Block Clinical Assessment Appeal Form to the clerkship directors with a copy to the program assistant in the Office of Medical Education. The program assistant in the Office of Medical Education monitors and documents the process so that all steps in the appeal process are followed correctly. The clerkship directors, in consultation with the clerkship teaching faculty, will review the assessment score and notify the student and the program assistant in the Office of Medical Education of the decision within five (5) working days of the appeal.

2. Appeal to the Office of Medical Education

If the student believes that the decision reached by the clerkship directors is unjustified, s/he may appeal that decision, in writing, to the director of curriculum and student development in the Office of Medical Education. The written appeal must be made within three (3) working days of receiving notice of upholding the original assessment score from the clerkship directors. The program assistant in the Office of Medical Education monitors and documents this process. The director of curriculum and student development in the Office of Medical Education reviews the appeal and offers a decision within five (5) working days. If the director of curriculum and student development in the Office of Medical Education upholds the assessment score as recorded by the faculty, the student may then appeal the score to the Academic Standing Committee.

3. Appeal to the Academic Standing Committee

If the student is dissatisfied with the decision reached by the director for curriculum and student development in the Office of Medical Education, s/he may appeal that decision, in writing, to the Academic Standing Committee. The written appeal must be made within three (3) working days of receiving notice of upholding the original assessment score and is monitored and documented by the program assistant in the Office of Medical Education. The Academic Standing Committee reviews the appeal and offers a decision within seven (7) working days. The decision of the Academic Standing Committee is final. The decision is communicated to the student, the clerkship director, and the Office of Medical Education by the Academic Standing Committee. The clerkship directors implement the decision of the Academic Standing Committee.

4. Actions: An action in favor of a student does not imply wrongdoing by the course or clerkship directors, faculty, or the administration.

VII. PROMOTIONAL APPEALS

Appealing Promotional Decisions

All information pertaining to a student's academic promotion and professional attributes, including that contained in departmental files, may be utilized in the appeals processes described below. Appeals may be based upon procedural irregularity or extenuating circumstances. Extenuating Circumstances are severe and documented situations which were beyond the student's control and which prevented the student from performing in a manner truly reflective of his/her knowledge and skills.
Students may begin remediation during a promotional appeals process. A student who receives a final grade of UR in three courses or clerkships in Phase 1, or four courses or clerkships in M3, or three courses or clerkships in M4 during an academic year will be reviewed by the Academic Standing Committee for dismissal. This is notwithstanding any successful remediation of the courses or clerkships in which a UR grade was awarded.

1. **Academic Performance Appeals to the Ad Hoc Committee for Student Appeals**

   **Process of Appeal**
   - A student may appeal the promotional decision of the Academic Standing Committee by requesting that the vice dean or his/her designee convene an Ad Hoc Committee for Student Appeals. The appeal is made through the associate dean for medical education in the Office of Medical Education. The process is monitored and documented by the program assistant in the Office of Medical Education.
   - The vice dean or designee convenes an Ad Hoc Committee for Student Appeals that shall be composed of five members of the faculty who are not advisory college directors, members of the Academic Standing Committee, the Curriculum Committee or its subcommittees. The chair will be chosen from among the Ad Hoc Committee for Student Appeals committee members.
   - The Ad Hoc Committee for Student Appeals shall hear the appeal and provide a decision within ten (10) working days of receiving written notice of intent to appeal.
   - The student shall be given at least 72 hours’ notice of the time and place of the committee’s hearing.
   - At the discretion of the student making the appeal, one individual may accompany him/her to the hearing in the capacity of advisor and/or advocate. The advisor/advocate has no voice in the appeal process. All other advocacy efforts must be in the form of written communications to the committee, and must be received by the committee no later than 24 hours preceding the time scheduled for the start of the appeals hearing.
   - The decision of the ad hoc committee shall be communicated orally and in writing to the dean or designee and will be final. The dean shall communicate this final decision to the student.
   - If the appeal is successful, an Academic Improvement Plan to address the student’s academic deficiencies will be developed by the Executive Committee of Deans. This academic plan is not appealable and may include a repeat of all courses/clerkships in the academic year including courses/clerkships where foundational knowledge is deemed poor even if there was a passing grade.
   - An action in favor of a student does not imply wrongdoing by the faculty or the administration.

2. **Non-academic Performance Appeals to the Ad Hoc Committee for Student Appeals**

   Promotional decisions based solely on non-academic issues related to professionalism, when other competencies within the curriculum are not an issue, are made by the Academic Standing Committee. A student may appeal the decision of the Academic Standing Committee for reasons of procedural irregularity or extenuating circumstances.

   **Process of Appeal**
   - A student may appeal the non-academic performance promotional decision of the Academic Standing Committee by requesting that the vice dean or designee convene an Ad Hoc Committee for Student Appeals. The appeal is made through the associate dean for medical education in the Office of Medical Education. The process is monitored and documented by the Office of Medical Education program assistant.
• The vice dean or designee convenes an Ad Hoc Committee for Student Appeals that shall be comprised of five members of the faculty who are not advisory college directors, members of the Academic Standing Committee, the Curriculum Committee or its subcommittees. The chair will be chosen from among the Ad Hoc Committee for Student Appeals committee members.
• The Ad Hoc Committee for Student Appeals shall hear the appeal and provide a decision within ten (10) working days of receiving written notice of intent to appeal.
• The student shall be given at least 72 hours’ notice of the time and place of the committee’s hearing.
• At the discretion of the student making the appeal, one individual may accompany him/her to the hearing in the capacity of advisor and/or advocate. The advisor/advocate has no voice in the appeal process. All other advocacy efforts must be in the form of written communications to the committee, and must be received by the committee not later than 24 hours preceding the time scheduled for the start of the appeals hearing.
• The decision of the ad hoc committee shall be communicated orally and in writing to the dean or designee and will be final. The dean shall communicate this final decision to the student. If the appeal is successful, a Performance Improvement Plan to address the student’s professionalism deficiencies will be developed by the Executive Committee of Deans. The performance plan is not subject to appeal.
• An action in favor of a student does not imply wrongdoing by the faculty or the administration.

ACCELERATED THREE YEAR CURRICULUM

A student in the accelerated three year curriculum (referred to in this section as student) may change to the four year track if it is felt to be in the student’s best interest academically or professionally.

• COURSE REQUIREMENTS AND SEQUENCING
  • The curriculum of this program is divided in three curricular years that must be completed in the prescribed sequence. Phase 1 comprises the M1 and M2 curricular years. Phase 2 comprises the M3 year and Sub-internship. All courses and academic requirements of a particular year must be completed satisfactorily before a student may begin any course or clerkship in the ensuing curricular year. All required courses of the curriculum, including the required number of elective weeks, must be completed satisfactorily before a student may be certified for graduation.

• ASSESSMENT AND STANDING OF STUDENTS
  • Identical to the applicable portions of Section III. ASSESSMENT AND STANDING OF STUDENTS

• THE PROMOTIONAL SYSTEM
  • Phase 1
    1. Identical to Section IV.A. Phase 1 with the following conditions for mandatory conversion from the three-year curriculum to the four-year curriculum:
      a. A student who receives an unsatisfactory grade in 2 courses in an academic year in Phase 1, regardless of successful remediation.
      b. A student who fails to remediate an unsatisfactory grade in one course/clerkship
      c. A student who chooses to repeat a year without having successfully completed all the academic requirements for that year
d. In Fundamentals, a student who has an unsatisfactory score in 2 block modules

• Phase 2

  1. Identical to Section IV.B. Phase 2 with the following conditions for mandatory conversion from the three-year curriculum to the four-year curriculum:

     a. Based on NBME subject exam performance in an accelerated three year curriculum clerkship:

        i. A student who receives an unsatisfactory grade in 2 clerkships, or one clerkship and the Scholar’s Workshop, regardless of successful remediation.

        ii. A student who fails to remediate an unsatisfactory grade in one course/clerkship

     b. Based on global clinical assessment in an accelerated three year curriculum clerkship:

        i. A student who fails one clerkship.

     c. A student who receives an unsatisfactory grade in the sub-internship

     d. A student who receives an average of less than 4 on any summative CLIC assessment.

     e. A student who chooses to repeat the year without having successfully completed all the academic requirements for the year

        i. This decision must be communicated to the Director of the PC3 Curriculum no later than February 1 of the M3 year.

• USMLE Examinations

  1. Identical to Section IV.C. USMLE Examinations with the following special conditions:

     a. Students must achieve a passing score in Step 1 and both components of Step 2 before June 1st of the accelerated M3 year to begin residency training at the completion of the accelerated M3 year.

     b. Step 1:

        i. A student who fails Step 1 will be allowed one other attempt:

           1. Step 1 must be retaken before September 30th of the M3 year

        ii. A student who fails Step 1 on the second attempt must convert from the three-year curriculum to the four-year curriculum

           1. The student will get credit for M3 courses and clerkships successfully completed

              a. Any P grade will be converted to the H/HP/P system by interpolation with the grades of the standard M3 cohort at the end of the academic year.

     c. Step 2:

        i. Students must take USMLE Step 2 CS by January 20th of the M3 year

        ii. Students must take USMLE Step 2 CK by February 15th of the M3 year
iii. Students who fail either component of Step 2 must convert from the three-year curriculum to the standard four-year curriculum. The student
   1. will get credit for the M3 courses and clerkships successfully completed
      a. Any P grade will be converted to the H/HP/P system by interpolation with the grades of the standard M3 cohort at the end of the academic year.
   2. will enroll in the M4 year in the following academic year
   3. will retake the failed Step 2 component(s) no later than August 31st of the M4 year.

- **PROMOTIONAL DECISIONS**
  - Identical to Section IV.D. Promotional Decisions, except
    1. Students will begin the remediation process for a failed M3 clerkship, based on NBME subject exam performance only, after Block 6, notwithstanding any ongoing appeal of the grade.
       a. Remediation must be completed no later than March 8th.
    2. A student who leaves the accelerated three year curriculum during the M3 year, either by mandate or by choice, will get credit for the clerkships successfully completed (including the associated NBME subject examinations).
       a. The P grade will be converted to the H/HP/P system by interpolation with the grades of the standard M3 cohort at the end of the academic year.

- **PROBATION**
  - Identical to Section V. PROBATION.

- **GRADE APPEALS**
  - Identical to Section VI. GRADE APPEALS.

- **PROMOTIONAL APPEALS**
  - Identical to Section VII. PROMOTIONAL APPEALS.

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**Honor Code Policy**

**PURPOSE:** This code of behavior is designed to assist in the personal, intellectual and professional development of the medical student on the journey to becoming a physician and member of the medical community. All members of the medical community must be accountable to themselves and others.

**POLICY:** Honor Code

**SCOPE:** This policy applies to all CMSRU medical students and visiting medical students.

**DEFINITIONS:** The objective of the Honor Code is to foster an environment of trust, responsibility, and professionalism among students and between students and faculty. Its fundamental goals are to promote ethical behavior, to ensure the integrity of the academic enterprise, and to develop in students a sense of responsibility to maintain the honor of the medical profession.
PROCEDURE: Students will abide by Cooper Medical School of Rowan University Honor Code which aims to foster an atmosphere of ethical and responsible behavior and to reinforce the importance of honesty and integrity in the examination process and throughout the medical school experience.

Student Responsibilities

Students will not:

- Give or receive aid during an examination.
- Give or receive unpermitted aid in assignments.
- Plagiarize any source in the preparation of academic papers or clinical presentations.
- Falsify any clinical report or experimental results.
- Infringe upon the rights of any other students to fair and equal access to educational materials.
- Violate any other commonly understood principles of academic honesty.
- Lie

No code can explicitly enumerate all conceivable instances of prohibited conduct. In situations where the boundaries of proper conduct are unclear, the student has the responsibility to seek clarification from the Office of Student Affairs and/or the Office of Medical Education.

Each student has the responsibility to participate in the enforcement of this Code. Failure to take appropriate action is in itself a violation of the Code.

The student must agree to participate in the enforcement of this Honor Code, and prior to matriculation, must sign a statement agreeing to uphold its principles while enrolled at Cooper Medical School of Rowan University.

Health & Safety Policies

Process for Handling an Impaired Student

Cooper Medical School of Rowan University (CMSRU) will provide a safe academic environment so that student safety will not be compromised. Any impairment, whether acute or chronic in nature, as defined below, will be addressed by established policies and procedures of CMSRU and/or treatment efforts on behalf of the student. Unsatisfactory academic performance will be handled according to policies and procedures of CMSRU.

PURPOSE: To state the process for the identification and referral of impaired students to the Student Assistance Program (SAP).

PROCEDURE:

A. Identifying an Impaired Student

1. Impairment is to be determined by the assistant dean for student affairs after meeting with the associate dean for medical education and the vice dean and/or a designee from their offices based on a student's ability to adequately perform his/her academic responsibilities. Adequate academic performance is based on established CMSRU
academic performance standards. This insures an objective basis for documenting inadequate or deteriorating performance. The deans and/or a designee from their offices will not attempt to diagnose the cause of the student’s impairment.

2. Impairment, and the effects of the impairment on academic performance, can be acute or chronic.

a. Examples of acute impairment can include, but are not limited to, the following: hallucinations, increased agitation, paranoia, decreased level of consciousness, disorientation, loss of coordination, reduced capacity to communicate, and alcohol on the breath.

b. Examples of chronic impairment can include, but are not limited to, the following: absenteeism, lateness, significant decrease of productivity, repeated mistakes, peer problems, poor personal hygiene, sleepiness, and poor judgment.

c. If a student sees behavior that makes him/her believe a fellow student is impaired, he/she should report it to the assistant dean for student affairs, who will take appropriate action.

d. If, based on a student’s performance, the deans are uncertain as to whether or not to take action, he/she should consult with the Student Assistance Program.

B. Responsibility in Dealing with the Acutely Impaired Student

1. If the assistant dean for student affairs, the associate dean for medical education and the vice dean and/or designee from their offices judges a student to be unfit or unsafe to continue performing his/her academic responsibilities, they should immediately relieve the student of his/her academic responsibilities.

2. In private they should state to the student that, based on his/her condition/behavior, it is CMSRU’s policy that he/she be medically evaluated to determine the fitness to perform his/her academic responsibilities.

3. Worknet will be used for an acute issue between the hours of 8:00 am and 4:30 pm, Monday through Friday. The Emergency Department (ED) will be used at all other times.

4. The assistant dean for student affairs and/or a designee from that office must alert Worknet or the ED that he/she will be escorting a student for an evaluation.

5. The assistant dean for student affairs and/or a designee from that office will escort the impaired student to Occupational Health.

6. If a student refuses to be escorted to Worknet or the ED and/or refuses to be evaluated according to policy, no attempt should be made to force the student. Instead, the student should be suspended and the assistant dean for student affairs and/or a designee from that office should document the student's refusal. Upon academic suspension, the assistant dean for student affairs, after meeting with the associate dean for medical education and the vice dean or designee and/or a designee from their offices will make a mandatory SAP referral and if the student does not contact SAP
within 72 hours, the student will be dismissed from CMSRU.

7. The student should not be permitted to leave the premises operating a vehicle. If the student insists on driving, advise him/her that the police will be notified. If the student still drives, the police must be notified.

8. If the student becomes violent, the CMSRU Security Department will be called to provide assistance.

9. The student cannot resume normal academic responsibilities until such time as the student is cleared by Worknet and any alcohol and/or drug test proves negative.

10. A student consent for drug/alcohol analysis must be completed by the student prior to testing. Chain-of-custody procedures will be followed and the test will be performed at a certified lab.

11. The assistant dean for student affairs, and/or a designee from that office, should make a reasonable attempt to arrange for the student’s transportation home if the student is determined to be unfit by Worknet or the ED.

12. If at all possible, no student will be allowed to leave the premises unsupervised. Family and friends should be contacted first. If no other arrangements can be made, a taxi can be called.

13. The assistant dean for student affairs, and/or a designee from that office, must document the means, and the time, by which the student left the premises and/or any attempts made to arrange transportation. If the student refuses and insists on driving, the student must be told that the police will be notified and then contact the police.

14. If the test is positive or the student self discloses usage, Worknet will refer the student to the SAP. The SAP will conduct an evaluation and make a referral for appropriate treatment. The SAP will maintain contact with the rehabilitation program during treatment. The SAP will receive all documentation for students who are referred to them for rehabilitation.

C. Returning the Student to Academic Responsibilities

1. Any acutely impaired student must have a Worknet or ED physician's approval in order to return to CMSRU after test results have been reviewed.

2. The assistant dean for student affairs, and/or a designee from that office, should meet with the student to discuss their return to academic responsibilities. The assistant dean for student affairs will remind the student that the academic standards remain unchanged.

3. The school must continue to monitor the student's academic performance in accordance with CMSRU standards.
D. Responsibility in Dealing with the Chronically Impaired Student

1. If based on a student’s academic performance, the assistant dean for student affairs, and/or a designee from that office, believes that he/she may be dealing with a chronically impaired student, the following steps should be taken (See Form: Potential Signs of Impairment Academic Advisor Checklist).

   a. Take written notes, giving dates and nature of specific incidents that reflect a student's declining academic performance. Document any change in academic performance or failure to meet academic standards.

   b. Conduct regular documented academic advisory conference sessions with the student.

   c. If performance problems persist and the assistant dean for student affairs, and/or a designee from that office, feels professional intervention is necessary, the following steps may be taken at any time:
      
      i. Refer employee to the Student Assistance Program (SAP) for free and confidential counseling. Document the referral.

      ii. Invoke disciplinary procedures.

   d. If the student’s performance impacts patient/public safety, the assistant dean for student affairs and/or a designee from that office may recommend evaluation by Worknet.

Needle Sticks and Bodily Fluid Exposures

PURPOSE: To provide post-exposure procedure to be followed for needle sticks and bodily fluid exposure including, but not limited to needle sticks, sharps, splashes and related events. Please also refer to Student Healthcare Services Policy.

POLICY: Access to immediate assessment, counseling and treatment will be available to students incurring exposure to potentially infectious bodily fluids or blood via needle sticks or other accidental contact.

SCOPE: All CMSRU students and visiting students.

DEFINITIONS: Prophylaxis-intervention used to preserve health and prevent spread of disease.

PROCEDURE: Drug prophylaxis following a high-risk exposure is time-sensitive, therefore it is important to follow appropriate procedure to determine need for initiation of prophylaxis. Any medical student who sustains a needle stick or other wound resulting in exposure to blood or bodily fluids should follow the following protocol.

- Immediately wash the affected area with soap and water and cover the area with a dressing if possible
- For an ocular exposure, flush thoroughly with water
- Inform the supervising resident or physician
- Obtain source patient information if known (name and medical record number).
If there is an exposure Monday through Friday 7:30 AM - 5:00 PM, please call the Worknet number (856-338-0350) and identify yourself as a Cooper Medical School of Rowan University student. Their office is located at 300 Broadway, Suite #101; Camden, NJ.

If there is an exposure outside of these hours, go directly to the Cooper Emergency Department.

Always identify yourself as a medical student who has just sustained an exposure.

You will see a health care provider who is trained in assessing the risk of the exposure. You will receive post-exposure counseling and drug treatment/prophylaxis, if appropriate. If indicated, you will be given a starter pack of the prophylactic drugs which are recommended in accordance with the current guidelines of the Centers for Disease Control and Prevention.

Base-line blood tests will be performed on you as appropriate.

The treating physician will contact the attending physician of the source patient to expedite the process of getting consent to test the source patient.

You will be given a schedule as to when to return to Worknet.

There is no cost to the student for any care surrounding an exposure event occurring while a student at a CMSRU affiliated institution.

Should an exposure result in contraction of disease or disability, the student will be allowed to continue in the program to the extent that he or she does not pose a risk to self or others, based on their official activities. CMSRU will do everything possible to provide that student with the resources needed to continue their education. Every student enrolled at CMSRU is required to have disability insurance and that is a resource in these instances. Should a student need to take a prolonged leave from the educational program due to such an exposure, CMSRU will work to assure that the time missed in the educational program does not result in an increased cost of attendance over the course of study.

**Student Healthcare Services**

**PURPOSE:** To establish the range of services provided by CMSRU for its students, and to outline student responsibility for these services.

**POLICY:** CMSRU will provide primary medical student healthcare services to all CMSRU registered students in a confidential, professional and sensitive manner. Students will receive health education for prevention of illness, and services for diagnosis and treatment of routine illness and injuries. All students will maintain health and disability insurance.

**SCOPE:** This policy applies to all CMSRU medical students.

**PROCEDURE:** CMSRU students are eligible to receive a range of healthcare services through CMSRU. The physicians assigned to the student health center are housed in the Multispecialty Suite 104, 3 Cooper Plaza in Camden, weekdays 8:30 a.m.-4:30 p.m. oversees all health services (except immunizations and titers) offered to students. The Student Health Director may also be designated by a student as her/his health insurance primary physician. The students of CMSRU are able to access Cooper University Healthcare physicians 24 hours a day, 7 days a week, through the hospital operators to the on call internal medicine physician and after-hour medical coverage by the Department of Emergency Medicine in Cooper University Hospital’s Emergency Department.

* Students are allowed to select a physician outside of the Student Health Center.

Physicians who are CMSRU faculty and who provide health care services to students will not be involved in the evaluation or promotion of any student for whom they provided services.
1). The following services are available for CMSRU students through the Student Health Center:

   a. History, physical and laboratory examination

   b. Physical assessments and consultations with physicians and other personnel, including:
      - Primary care, including preventive care, general medical services such as episodic and chronic care screening and monitoring
      - Health education

CMSRU students may contact the Student Health Center reception area at 856-968-8695 for routine appointments, and the nursing area at 856-968-8695 for sick visits and nurse visits. Hours have been set aside during the week for CMSRU students who will be encouraged to schedule their visits at these times. Students will be scheduled at other times on a case by case basis. Co-pays, deductibles, labs, and diagnostic studies are the responsibility of the student. Students are also responsible for laboratory, radiology, or specialty referrals and treatments.

2). Each student will pay a yearly student health fee that will be used to cover the influenza vaccines, the annual PPD, and other immunizations as required by CMSRU, provided by contracted provider Worknet. The Worknet facility is located adjacent to Cooper University Hospital, 300 Broadway, Suite #101, Camden, NJ.

The following services are available for CMSRU students through Worknet:

   a. Annual PPD testing, immunizations, FIT testing, and appropriate follow-up care

   b. Annual influenza vaccination

   c. Record keeping and periodic reports to the assistant dean for student affairs regarding immunizations will be provided as required

   d. Management of exposures to blood borne pathogens*: medical students will undergo initial counseling and will be given initial therapy at the Worknet facility or in the CUH Emergency Department through a fast-track process. After an exposure, students are to immediately notify their attending physician and/or resident. They are to immediately go to Worknet during their business hours or the ER after hours.

*Other counseling and management will be provided by Worknet as is outlined by Infectious and Environmental Hazards policy.

Proof of Immunity for all CMSRU students will be required and reviewed by Worknet prior to matriculation. Failure to comply with immunization requirements prior to matriculation may delay entry into the CMSRU curriculum and cases will be reviewed individually by the assistant dean for student affairs. Worknet will contact students as necessary to ensure proper immunization. Any student having absent or low titers will receive the appropriate vaccine. Record keeping and periodic reports to the Office of Student Affairs regarding immunizations will be provided by Worknet.

CMSRU Students may contact Worknet with any questions by telephone 856-338-0350, email at worknetcamcmsru@selectmedical.com or by visiting the facility located adjacent to Cooper University Hospital at 300 Broadway, Suite #101, Camden, New Jersey.

* See separate policy on Needle Stick and Bodily Fluid Exposures
**Student Health Provider**

**PURPOSE:** This policy mandates a mechanism whereby anyone who provides medical or psychological care to a student of CMSRU will not be in a position to evaluate or grade that student.

**POLICY:** Student Health Provider Policy

**SCOPE:** Candidates for the Doctor of Medicine degree

**DEFINITIONS:** Student Health Provider: Anyone in the healthcare field who interfaces with a CMSRU student in the role of care giver, including those who provide psychological counseling.

**PROCEDURE:** These rules must be followed at all times by all who provide health care to our students.

- A physician treating a CMSRU student as a patient in any health care setting will have no involvement in the academic assessment of or in decisions regarding the promotion of that student
- All psychological care and counseling of CMSRU students will be delivered at a site removed from the medical school campus and the providers have no role in the grading and evaluation of student performance, promotion or graduation
- An advisory college director cannot be a health care provider to a student in their College.
- Should a faculty member serve on the Academic Standing Committee or the Hearing Body for Student Rights, and a student they have provided care for at any time during that student’s matriculation to CMSRU comes before that group, they must recuse themselves from the meeting
- Those who care for students in the Student Health Center may lecture in a large group setting at CMSRU, but cannot academically evaluate any student. They cannot be a small group facilitator or an advisory college director
- Inpatient psychiatric care for CMSRU students will be delivered at a facility removed from the CMSRU campus and the providers will not be faculty of CMSRU
- Reports of care regarding CMSRU students via the Student Assistance Program, Student Health Center, or other contracted services will be provided to the Office of Student Affairs in aggregate by numbers and events and not include student names
- Required reporting to the Office of Student Affairs in cases of immunizations and exposure related events will be provided within the mandates of HIPAA

**Inclement Weather Policy**

**PURPOSE:** This policy is designed to assist students, faculty and staff as to whether the CMSRU campus will be open on any given day due to inclement weather.

**POLICY:** Inclement Weather Policy
SCOPE: This policy applies to all CMSRU medical students, visiting medical students, staff members.

PROCEDURE: CMSRU will remain open and classes will be held during inclement weather whenever possible. The decision to close CMSRU is reserved to the dean or someone designated by him or her and may not be made by individual supervisors.

CMSRU will notify the students, faculty and staff of a closing through the following ways:
- Rowan Alert Message System (register)
- CMSRU Website (www.rowan.edu/coopermed)
- Email
- Voicemail

Decisions for closure will be made by 6 AM.

Instructions for M1 and M2 students:
1. Follow the Rowan Alert Message System for information on closures and/or delays.
2. Log into BlackBoard for information on adjustments to the weekly schedule and other information from your course directors and the Office of Medical Education.

Instructions for M3 and M4 students:
1. Follow the Rowan Alert Message System for information on closures and/or delays.
2. If there is a delay, contact your CLIC preceptors to determine if their offices will be open and if you can travel safely. If you determine that you cannot travel safely, alert your preceptor and request an excused absence from the CMSRU attendance system. If you are on an inpatient service, contact your clerkship director or departmental education coordinator to inform them of your ability to travel to your clerkship site.
3. If there is a closure due to inclement weather, students are not required to report to their inpatient clerkship assignment or their CLIC preceptor’s office. As a courtesy, please contact your preceptors or clerkship directors.
4. Log into BlackBoard for information on adjustments to the M3 transdisciplinary schedule and other information from your course and clerkship directors and the Office of Medical Education.

Preclinical Academic Workload Policy

PURPOSE: A primary goal of CMSRU is to provide a quality education for medical students. In doing so, CMSRU recognizes the importance of creating an atmosphere that encourages students to maintain a healthy balance between required academic activity and a lifestyle focused on wellness. Therefore, it is important to develop policies that define limitations of scheduled educational sessions within the curriculum, so as to simultaneously maximize educational benefits and limit fatigue which may impair the student's ability to learn. A current duty hour policy exists for the educational program during the clinical years at CMSRU (M3 and M4). This policy will specifically address academic workload during the pre-clinical years (M1 and M2) and will also provide for allotment of time on a weekly basis for students to engage in self-directed, independent learning. The method of oversight and monitoring of the effectiveness of this policy by the Curriculum Committee and Office of Medical education is also discussed.

SCOPE: Candidates for the Doctor of Medicine degree (M.D.)
DEFINITIONS:

- In-class activity: An in-class activity refers to an educational session that appears on the weekly academic schedule and involves presentation of curricular content through direct interaction between medical students and faculty. Although these sessions appear on the weekly academic calendar, not all sessions are considered mandatory (e.g. attendance is required).

- Required out-of-class activity: A required out-of-class activity refers to an educational activity that is required to be completed outside of scheduled class time, generally in preparation for a scheduled in-class activity. Examples of required out-of-class activities include, but are not limited to, case preparation for Active Learning Group, reading of assigned literature for Scholars’ Workshop sessions, and review of material (e.g. a recorded lecture) prior to an in-class flipped lecture. Required out-of-class activities do not include time to study material presented in in-class activities.

- Self-directed learning time: Self-directed learning time refers to blocks of time built into the weekly academic calendar to allow students to identify, analyze, and synthesize information relevant to their own learning needs. Self-directed learning time also allows students the time required to complete required out-of-class activities or to prepare for in-class activities. The actual activities that occur during self-directed learning time are at the discretion of the student.

- Mandatory educational session: A mandatory educational session refers to an educational session that appears on the weekly academic calendar, at which student attendance is required. Some educational sessions, because of their interactive nature (e.g. Active Learning Groups, Scholars’ Workshop, Foundations of Medical Practice, Ambulatory Clerkship), are always considered mandatory. Other sessions, such as lectures, are not mandatory. Specific descriptions of which educational sessions are designated as mandatory are contained within the syllabus for each course and are at the discretion of the course directors.

POLICY: The structure of each course within the Phase 1 (pre-clinical) curriculum is developed by the faculty course directors and then approved and subsequently monitored by the Curriculum Committee. The average weekly total academic workload, which includes in-class educational sessions and required out-of-class activities, shall not exceed 40 hours. In the pre-clinical (Phase 1) curriculum at CMSRU, the weekly academic calendar consists of total of 40 hours. These 40 hours are divided between scheduled in-class sessions and self-directed learning time.

The weekly schedule includes no more than 30 hours of scheduled in-class sessions and for most weeks this ranges from 27.5 to 29.5 hours. The format for scheduled in-class sessions includes lectures, small group or team-based learning activities, laboratory or practical sessions, simulation activities, and clinical experiences. These scheduled educational sessions generally occur Monday through Friday between the hours of 8AM and 5PM, although occasionally an Ambulatory Clinic session may extend beyond this time frame. No more than nine hours of scheduled in-class sessions will occur in a single day.

In addition to in-class educational sessions, the weekly academic calendar contains at least ten hours of designated self-directed learning time, although for most weeks this ranges from 10.5 to 12.5 hours. Self-directed learning time is present on most days and generally occurs in blocks of at least two hours. The allotted self-directed learning time will allow sufficient time for students to address their own learning needs, which may include required out-of-class activities or other activities necessary for preparation for in-class sessions. Self-directed learning time is not intended to include additional discretionary study time.
Monitoring: On-going central monitoring of the academic workload, including in-class sessions and required out-of-class activities for each pre-clinical course, will be performed by the Office of Medical Education to ensure that the established workload guidelines are appropriate and that the actual workload prepared by faculty course directors is in compliance with this policy. The monitoring data collected by the Office of Medical Education will be forwarded to the Curriculum Committee upon the completion of each semester. If individual courses are found to be out of compliance with this policy or the overall policy guidelines are deemed to be inappropriate, the Curriculum Committee will take action to remedy the situation and re-establish compliance.

PRIME Policy

PURPOSE: To ensure that all residents and fellows who interact with medical students in educational settings are adequately prepared as educators. Specifically, to ensure that they are familiar with the learning objectives of the course or clerkship; they are familiar with key school policies pertinent to their role; they are prepared for their roles in teaching and assessment; resources to enhance teaching and assessment skills are provided by CMSRU; and, their participation is monitored by the Office of Medical Education (OME) (Graduate Medical Education (GME) division) by the designated institutional official (DIO) and the Assistant Dean, Faculty Affairs of CMSRU.

BACKGROUND: Medical education is a continuum from undergraduate medical education (UME) to GME to practice. GME trainees (residents and fellows) spend a significant amount of their time teaching near peers, including medical students. Residents and fellows also play a significant role in the professional identity formation of medical students. To do their work most effectively, residents and fellows need to have received, reviewed, and understand the objectives of the course or clerkship they are involved with and be given education in methods of teaching and assessment. Accordingly, CMSRU has developed this policy.

POLICY: To prepare residents as instructors in medical education through the PRIME program. (This centrally developed and monitored program of the OME (both UME and GME divisions) is mandatory. Departments and divisions may have supplementary programs. This program replaces the previous Resident as Teacher program.

SCOPE: All Graduate Medical Education (GME) trainees (residents and fellows) who interact with CMSRU medical students in educational settings.

DEFINITIONS: Resident is defined as a graduate of an accredited medical school program who is actively enrolled in specialty medical training. Fellow is defined as a graduate of an accredited medical school program and, who has successfully completed residency training and is now enrolled in subspecialty or advanced training. GME trainee is defined as a resident or a fellow.

PROCEDURE:

- All GME trainees receive the CMSRU institutional learning objectives during orientation and in the Compendium of Student Policies for Faculty, Residents and Staff.

- All GME trainees receive the course or clerkship syllabus from the course/clerkship director and the course/clerkship director reviews the syllabus with the GME trainees to ensure understanding and an opportunity to ask questions.
• It is the responsibility of the course/clerkship director to ensure that the trainees receive the syllabus and they work with the residency or fellowship program director (PD) to ensure that a review session is organized. The course/clerkship director sends a copy of the attendance record to the Assistant Dean, Faculty Affairs.

• All GME trainees must complete basic education from the PRIME curriculum (2 on-line modules on teaching and assessment), review of the institutional and course/clerkship objectives, and review of the Compendium of Student Policies for Faculty, Residents and Staff before engaging in teaching. It is the responsibility of the PDs to ensure that the GME trainees have completed the education. This is monitored centrally by the OME (GME division and the DIO).

• The DIO prepares a report of compliance and non-compliance for the Assistant Dean, Faculty Affairs.

• PDs and the DIO address issues of non-compliance. If non-compliance persists, the Assistant Dean, Faculty Affairs addresses it with the departmental chair.

• The PDs assess the performance of their trainees as teachers, as part of their regular assessment program using the milestones.

• The CMRSU office of medical education (UME division) is responsible for soliciting and compiling the medical students’ evaluation of the teaching effectiveness of the GME trainees they have worked with, and for sending those evaluations to the DIO who reviews and disseminates the evaluations to the appropriate PD.

• The PDs review teaching performance with their trainees. If necessary, a remediation plan is prepared by the PD and approved and monitored by the DIO.

• Notices of faculty development programs that may be of interest to GME trainees, but are not mandatory, are sent by the Office of Faculty Affairs to the director of GME for dissemination to the trainees.

• Compliance with review of the Compendium of Student Policies for Faculty, Residents and Staff is monitored by the Assistant Dean, Faculty Affairs.

• GME trainees who are non-compliant with the PRIME program and/or compendium review will be removed from teaching and may face disciplinary action from the PD, the departmental chair, or the DIO.

**Professional Appearance Policy**

**PURPOSE:** This policy is part of the overall emphasis on the importance of professionalism and defines appropriate attire and appearance within that context.

**POLICY:** Professional Appearance

**SCOPE:** This policy applies to all CMSRU medical students and visiting medical students.
PROCEDURE: This policy is based upon safety, concern for the patient, respect for others, an awareness of cultural competence, and the central importance of professionalism in medicine. Recent trends in clothing, body art, and body piercing may not be generally accepted by your patients, and should not be worn by medical students. Clothing should be clean and neatly pressed. Note that CMSRU ID badges are to be worn at all times.

The following will outline the expectations of CMSRU in matters of professional appearance:

Phase I - During most of the first two years of the curriculum, students will spend their time in lectures and small group activities where attire should be comfortable, neat and not distracting. Avoid dress or attire that could be perceived as offensive to others. During the WOW weeks, Ambulatory Clerkship, and when interfacing with patients at any CHS facility students must follow the Dress Code Policy of Cooper University Health Care stated below.

Phase II - During the last two years, all students will adhere to the Dress Code Policy of Cooper University Health Care (8.604 Employee Relations-Employee Dress Code):

I. POLICY:
It is the policy of Cooper University Health Care to establish standards of dress, grooming and appearance. Personal appearance should reflect a neat, professional, businesslike image and should be appropriate for the employee's work situation. While Cooper understands that dress and appearance are often a matter of personal taste, Cooper must be mindful of patient and employee safety as well as Cooper’s professional image. Therefore, Cooper maintains the right to establish and enforce standards of dress, grooming and appearance as dictated by business need, interactions with customers and other visitors. In addition to the traditional work setting, this policy applies to work related functions and events, such as education programs and job fairs that an employee attends as a representative of Cooper.

II. PURPOSE:
To set forth the standards of appropriate dress, grooming, and appearance for employees.

III. PROCEDURE:
Dress code guidelines may vary by department, job function and location. Department dress codes may be more restrictive. Cooper recognizes three (3) types of dress: business, business casual and uniforms. Management at all times reserves the right to take appropriate action toward any employee whose grooming or dress violates the letter or the spirit of this policy. Employees that appear for work inappropriately dressed will be sent home and directed to return to work in proper attire. Under such circumstances, employees will not be compensated for time away from work and disciplinary action may be taken.

A. General Guidelines

1. The Cooper identification badge is required to be worn at collar level with employee name and photo facing forward and clearly visible at all times while working at any Cooper location. Badges must be free of obstacles so patients and others can view the employee’s picture, name and job title. Lanyards should not be used unless they have a mechanism to “break” in the back in the case of a safety issue. Lanyards must hang to allow visibility of the badge in the upper chest area. Lanyards that are longer than upper chest area are not permitted. When off duty, the ID badge cannot be worn.
at any Cooper location unless the employee is in compliance with the dress code.

2. All clothing should fit properly. Garments cannot be transparent, low cut at the neckline, or form fitting. Clothing should not be unduly revealing or cause distracting or disruptive attention or reaction on the part of others.

3. Dresses and skirts cannot be excessively short, no more than 4 inches above the knee. Dress/skirt slits must not be excessive.

4. Shirts/Blouses with lettering or graphics that advertise or promote a product or service or causes distracting attention or reaction on the part of others will not be permitted. Only shirts/blouses with Cooper logo or approved graphics or lettering are permitted.

5. Shoes must conform to safety and infection control standards by providing safe footing, protection against hazards, and be quiet for the comfort of patients. Examples of inappropriate footwear: canvas tennis shoes, sandals (i.e. open shoes with straps including heels and flats), swim or beachwear, and shoe covers. Leather sneakers may be worn only in direct patient care areas. Socks or stockings must be worn in areas where we deliver direct patient care. Footwear must be clean, polished and in good repair. Color and style of the shoes should be professional (neutral and/or in coordination with clothing). In patient care areas, including ambulatory sites, open-toe shoes are not acceptable. In non-patient care business areas, open-toe business style shoes are acceptable.

6. Hair, including facial hair, must be clean, neat, professional, and maintained in a manner that does not interfere with patient safety, infection control or equipment operation. Hair that is extreme or unnatural in appearance, style or color shall not be permitted. For purposes of safety, infection control, operation of equipment and personal protective equipment, facial hair must be of a reasonable length to enable the performance of job functions.

7. Fingernails must be clean. For purposes of safety, infection control, and operation of equipment, fingernails must be of a reasonable length for the performance of job functions. Employees having direct hands-on patient care may not have fingernails in excess of ¼ inch in length and may not wear artificial fingernails, which is inclusive of gel nail polish, wraps, acrylics, silks, etc.

8. Tattoos must be modest and may need to be covered while at work in a manner that does not interfere with patient safety, infection control or equipment operation. Tattoos shall be prohibited if they contain nudity, foul language, gang symbols, convey an expression of hate, violate Cooper’s Harassment-Free Workplace Policy and/or are inconsistent with a professional environment.

9. Earrings can be worn on the ears and generally should be no larger than one inch in diameter. Ear piercing will be limited to a maximum of three (3) earrings per ear. Nose jewelry is discouraged and if worn, must be limited to one small stud no larger than three (3) millimeters in diameter. Pierced jewelry and rings are not permitted on any other visible body part (including but not limited to, eyebrows, lip and tongue). No ear gauges/expanders permitted.

10. Jewelry will be professional and kept to a minimum. Loose fitting jewelry that potentially poses safety issues is not permitted.

1. The wearing of Cooper issued buttons or pins on a uniform is to be kept to a minimum and cannot be attached to or conceal the Cooper identification badge.
2. Fragrances, perfumes, colognes, hair sprays, etc. should be kept to a minimum and may be prohibited if they pose a health concern to others.

3. Head coverings (hats, caps, scarves, etc.) may be worn as part of the uniform when authorized or when required by specific department standards or when required for safety or hygienic conditions. Employees whose religious, cultural or ethnic beliefs require head covering, or employees who have special needs, may request an exemption and such request will be given consideration for reasonable accommodation.

4. Sunglasses may not be worn indoors unless medically necessary.

5. The following are not considered appropriate dress:
   a. Denim clothing of all colors
   b. All types of shorts
   c. Leggings/Spandex pants (unless worn under an appropriate dress)
   d. Sweat jacket, pants, hoodie
   e. Sweat shirts
   f. Fleece jackets
   g. Athletic clothing
   h. Miniskirts
   i. Beachwear
   j. T-shirts
   k. Tank tops or spaghetti strap shirts
   l. Flashy, “loud” clothing
   m. Lingerie-like clothing
   n. Flip-flops/thong shoes
   o. Pool shoes

6. Employees who require accommodation for medical or religious reasons should contact Human Resources.

B. Guidelines for employees who provide direct patient care, have direct patient contact or who work in patient care areas:

1. Open toe shoes are not permitted. Heels must be of a reasonable height to perform assigned duties. Footwear is of sturdy construction, well fitted and maintained in good repair. Flexible, non-slip soles are recommended in work locations where use of liquids may increase the risk of falls.
2. Sleeveless shirts, blouses, and dresses are not permitted unless covered by a jacket or sweater.
3. Stockings or socks must be worn.
4. The length of pants/trousers must extend to the ankle.
5. When clothing is soiled with blood or body fluids, the clothes must be changed as soon as possible.

C. Guidelines for employees who do not provide direct patient care or do not have direct patient contact but may meet with or be seen by patients/visitors
1. Open toe shoes are permitted. Heels must be of a reasonable height to perform assigned duties. Footwear is of sturdy construction, well fitted and maintained in good repair.
2. Sleeveless blouses and dresses are permitted.
3. Stockings or socks are optional.
4. The length of pants/trousers cannot be shorter than mid-calf.

D. Types of dress

1. Business Attire –
   In order to meet the expectations of patients and their families, Cooper must project a professional, business-like image. Therefore, business attire is expected to be worn except where department specific dress requirements, casual business attire or uniforms apply as outlined in sections 2 and 3 below. Business attire includes such clothing as suits, ties, dresses, dress skirts and dress pants.

2. Business Casual Attire
   A more casual or relaxed dress code will be permitted during the summer and on Fridays. Business casual attire must still follow the guidelines outlined above and must be appropriate

3. Uniforms
   Uniforms may be required in specific areas. They will constitute regular business attire when approved by management. Employees should consult with their individual department director for specific guidelines on uniforms. Scrub uniforms may be worn with departmental approval. Denim like scrubs are not permitted. Uniforms owned by Cooper must be returned upon separation of employment.

IV. ATTACHMENTS:
   8.615 Employee Relations - Workplace Harassment
   8.604a Attachment - Employee Scrubs Program

V. RELATED POLICIES:
   8.609 Employee Relations - Identification Badges
   8.702 Discipline Termination of Employment - Health System Rules

Professional Conduct Policy

PURPOSE: This policy is applied to student conduct relating to professional behavior in all areas and at all times while the student is enrolled at CMSRU. It is expected that every student will follow the tenets of professional behavior both in and out of the classroom. Professionalism is one of the CMSRU Core Competencies for students. It is also a code of behavior.

POLICY: Professional Conduct Policy

SCOPE: Candidates for the Doctor of Medicine degree
DEFINITIONS:

Professionalism is broadly defined. It is expected that this will be applied beyond the elements of the curriculum. It is expected to be a way of life for the health care professional. Student behavior and actions that are considered unethical, unprofessional, or illegal will be considered by CMSRU in the overall evaluation and promotion of a student.

Core Competency: Professionalism: (as addressed and assessed within the curriculum) Students will demonstrate a commitment to the profession of medicine and its ethical principles.

- Demonstrate humanism, compassion, integrity, and respect for others
- Demonstrate a respect for patient confidentiality and autonomy
- Show responsiveness and personal accountability to patients, society and the practice of medicine
- Demonstrate the ability to respond to patient needs superseding self-interest
- Demonstrate sensitivity to broadly diverse patient populations
- Demonstrate the ability to recognize personal limitations and biases, know when and how to ask for help and do so effectively
- Demonstrate the ability to effectively advocate for the health and the needs of the patient
- Show an understanding of the principles of medical ethics
- Demonstrate the ability to recognize and address disparities in health care

Professionalism Intervention Reports

Professionalism is evaluated in all four years of the curriculum. Accordingly, course and clerkship directors will evaluate each student’s professional attitudes and behaviors. Anyone may submit a written report describing any incident that might reflect either an unprofessional action(s) or behavior or exceptional professionalism. A copy of the report forms are appended to the student handbook.

Professionalism Report for Exemplary Behavior

This form may be filed by anyone, including another student, when an incident of exemplary professional behavior is noted involving a CMSRU student.

Hearing Body for Student Rights

Hearing Body for Student Rights, a standing committee of CMSRU, consists of six members. Two members are elected from the faculty; two members are elected by the students; the president of student government shall serve as a member; and one member of the administration shall be appointed by the Dean. This committee will hear matters of dispute regarding student behavior and professionalism that is unrelated to a course or clerkship.

Guidelines:

- By enrolling in CMSRU, a student accepts the professional standards of the school at all times.
- Each student must demonstrate appropriate standards of professional and ethical conduct, attitudes, and moral and personal attributes deemed necessary for the practice of medicine.
- These behavior traits include, but are not limited to: honesty; integrity; willingness to assume responsibility; strong interpersonal skills; compassion; good judgment; the absence of chemical dependency; and appropriate social, moral and personal behavior.
- Failure to meet these standards and requirements may cause CMSRU to impose sanctions that may include, but are not limited to mandatory counseling, expulsion, disciplinary dismissal,
disciplinary suspension, or lesser sanctions.

- Students face disciplinary action by CMSRU if they abuse alcohol or drugs, consume illegal substances, or possess, distribute or sell illegal substances.
- Students involved in criminal matters before local, state, or federal courts may be found to be unfit for the medical profession and be expelled by CMSRU or face lesser disciplinary sanctions.
- Students are expected to comply with the laws of the United States, the State of New Jersey, county, and city ordinances and the lawful direction and orders of the officers, faculty and staff of CMSRU who are charged with the administration of institutional affairs.

Procedure:

- Issues related to professionalism that relate to a course or clerkship are managed as per the Grading, Promotions and Appeals Policy.
- Issues related to professionalism that occur outside of the curriculum, including the filing of a Professionalism Intervention Report for Breach of Professional Conduct that is unrelated to a course or clerkship, will be managed as follows:
  - All matters will be reported to the chief student affairs officer (CSAO).
  - The CSAO will counsel the student and may refer the event to the director of professionalism.
  - The student will be notified and a meeting arranged.
  - The director of professionalism may recommend to the Dean or designee that a student be placed on immediate leave for an issue related to professional behavior pending further investigation.
  - The director of professionalism will investigate the issue and provide a decision to the student directly or refer the issue to the Hearing Body for Student Rights for review and recommendation. If a decision is made by the director of professionalism, the student may accept the decision or choose to appeal the decision to the Hearing Body for Student Rights.
- If the student accepts the decision of the director of professionalism, the student will follow the remediation plan developed by the director of professionalism. At the conclusion of the remediation plan the director of professionalism or designee will determine if the issue is closed or refer the case to the Academic Standing Committee. If a student rejects the decision of the director of professionalism, the student may appeal to the Hearing Body for Student Rights. This request is made through the director of professionalism.
  - The Hearing Body for Student Rights will be convened at the request of the director of professionalism.
  - The student shall be given at least 72 hours’ notice of the time and place of the committee’s hearing.
  - At the discretion of the student making the appeal, one individual may accompany the student during the hearing in the capacity of advisor and/or advocate. All other advocacy efforts must be in the form of written communications to the committee, and must be received by the committee no later than 24 hours preceding the time scheduled for the start of the appeals hearing.
  - The chairperson will communicate the decision of the Hearing Body for Student Rights to the director of professionalism within 10 working days.
  - The director of professionalism will communicate the decision to the student and carry out the conditions set forth by the Hearing Body for Student Rights.

Request for appeal of decision of the Hearing Body for Student Rights:

- A student may appeal the decision of the Hearing Body for Student Rights by requesting that the
director of professionalism convene an Ad Hoc Committee for Student Appeals. The appeal is made through the assistant dean for student affairs. The process is monitored and documented by the chief student affairs officer.

- The director of professionalism convenes an Ad Hoc Committee for Student Appeals that shall be comprised of five members of the faculty who are not members of the Hearing Body for Student Rights, the Academic Standing Committee, the Curriculum Committee, the subcommittees of the Curriculum Committee, or the advisory college directors. The chair will be chosen from among the Ad Hoc Committee for Student Appeals committee members.
- The Ad Hoc Committee for Student Appeals shall hear the appeal and provide a decision within ten working days of receiving written notice of intent to appeal.
- The student shall be given at least 72 hours’ notice of the time and place of the Ad Hoc committee’s hearing.
- At the discretion of the student making the appeal, one individual may accompany them during the hearing in the capacity of advisor and/or advocate. All other advocacy efforts must be in the form of written communications to the committee, and must be received by the committee not later than 24 hours preceding the time scheduled for the start of the appeals hearing.
- The decision of the ad hoc committee shall be communicated verbally and in writing to the director of professionalism or designee and will be final. The Dean or designee shall communicate this final decision to the student.

Religious Observances Policy

PURPOSE: CMSRU respects the right of all members of the community to observe religious days of obligation and/or holidays.

POLICY: Religious Observances

SCOPE: This policy applies to all CMSRU medical students and visiting medical students.

DEFINITIONS: Observance in this policy means being absent from a CMSRU activity to be present as part of the student’s chosen religion’s function.

PROCEDURE:

CMSRU recognizes that the members of its community, including students, observe a variety of religious faiths and practices. CMSRU recognizes and respects the religious beliefs and practices of its students and seeks to accommodate them reasonably within the requirements of the academic schedule. As a result, CMSRU will not penalize a student who must be absent from a class, examination, study or work requirement for a religious observance. Students who anticipate being absent because of a religious observance must, as early as possible and in advance of an anticipated absence of a day, days or portion of a day, inform their course/clerkship director, preceptor, education coordinator and chief student affairs officer as soon as possible, but not less than seven days prior to the scheduled day of observance.

Whenever feasible, faculty should avoid scheduling examinations and assignment deadlines on religious holidays. A student absent from a class because of religious observance shall not be penalized for any class, examination, or assignment deadline missed on that day or days and a reasonable accommodation shall be made.

In the event an examination or assignment deadline is scheduled on a day of religious observance, a student
unable to attend class shall be permitted to make up an examination or to extend any assignment deadline missed.

No adverse or prejudicial effect shall result to any student who takes advantage of the provisions of this policy. If a student believes that he or she is not being granted the full benefits of the policy, and has not been successful resolving the matter with the course director, the student may confer with the assistant dean of student affairs.

Social Networking Policy

POLICY: This policy is designed to guide students in terms of what is the appropriate use of social networking in medical school and as a medical professional.

PURPOSE: The purpose of this policy is to provide guidelines as to the appropriate use of social media and social networking within the CMSRU community, by defining the balance between what are discouraged and what appropriate social media behaviors are. As medical professionals in training, CMSRU medical students, and members of the CMSRU community, students must strive to uphold the highest standards of the medical profession by understanding where the boundary of professionalism lies, and by maintaining the public trust by protecting the privacy and confidentiality of patients, avoiding requests for online medical advice, and being aware that information they post online may be available to anyone, and could be misconstrued. The ability of the internet to instantly reach millions of people, both within and outside of the medical profession, makes it imperative that social networking does not erode the values and/or damage the reputation of CMSRU or the medical profession.

SCOPE: This policy shall apply to all medical students, faculty, staff, and agents on the CMSRU campus.

DEFINITIONS:

FERPA: The Family Educational Rights and Privacy Act (“FERPA”) is a federal law that protects the privacy of students' personally identifiable information (“PII”) within their education records.

HIPAA: The Health Insurance Portability and Accountability Act (“HIPAA”) is a federal law that provides privacy standards for protected health information (“PHI”).

Personal Health Information (“PHI”): Protected Health Information (“PHI”) is defined as information that: (1) is created or received by a health care provider; and (2) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and (i) that identifies the individual; or (ii) with respect to which there is a reasonable basis to believe the information can be used to identify the individual. This guideline applies even if the patient’s information has been de-identified, so that the only person who may be able to identify the individual is the patient himself/herself.

Personally Identifiable Information (“PII”): Data or information which includes, but is not limited to: (1) the name of the student, the student's parent, or other family members; (2) the address of the student or the student's family; (3) a personal identifier such as a social security number or student number; or (4) a list of personal characteristics or other information which would make the student's identity easily traceable.

Professionalism: Professionalism is a formal requirement for the education of both undergraduate and graduate medical professionals in training. CMSRU expects individuals within the CMSRU community to
strive to uphold the highest standards and personal behaviors, consistent with a respect for the medical profession, and for its students, this shall commence with the first day of medical school. The Accreditation Council for Graduate Medical Education (“ACGME”) defines and outlines professionalism as one of the six ACGME Core Competencies as follows: commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population. “Professionalism is the enactment of the values and ideals of individuals who are called, as physicians, to serve individuals and populations whose care is entrusted to them, prioritizing the interests of those they serve above their own.” AAMC Professionalism Task Force.

Social Network: A social network service is an online service, platform, or site that focuses on building and reflecting on social relations among people who share interests and/or activities. In a broader sense, a social network service usually means an individual-centered service, whereas online community services are group-centered. Social networking includes sites such as Facebook, Instagram, Twitter, LinkedIn, Snapchat, Google +, blogging sites, chat rooms and many others.

PROCEDURE:

Guidelines: CMSRU medical students, faculty, housestaff and residents (the “CMSRU community”) must weigh a number of considerations when maintaining a presence online:

- Posting of PHI on social media by any individual within the CMSRU community is strictly prohibited under the HIPAA regulations, which apply to any information related to patients.
  - Never post a photograph or image of a patient to any electronic media, other than the patient’s electronic medical record. Use of cameras or cell phone cameras in the patient care setting shall be for the sole purpose of assisting in the care and treatment of the patient or for educational purposes. Any photographs taken in the patient care setting must be posted to the patient’s electronic medical record.
  - Removal of an individual’s name does not constitute proper de-identification of PHI. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, or type of treatment or the use of a highly specific medical photograph (such as a before/after photograph of a patient having surgery or a photograph of a patient from medical outreach trips) may still allow the reader to recognize the identity of a specific individual.
  - Never post derogatory or defamatory remarks about any patient (either current or past) to any social media, including any social media deemed to be “private.”

- Posting of any student records on social media by any individual within the CMSRU community is strictly prohibited under the FERPA regulations.
  - Private (protected) academic information of another student or trainee might include, but is not limited to: course or clerkship grades, narrative evaluations, examination scores, or adverse academic actions.

- It is recommended that all individuals within the CMSRU community use their personal email address (not their CMSRU address) as their primary means of registering for entry into social media platforms.
• All individuals within the CMSRU community must take steps to ensure compliance with all federal and state laws and regulations, including HIPAA and FERPA, by ensuring that social networking sites have the appropriate privacy settings to avoid the inadvertent dissemination of private information, with the understanding that even if they limit the number of people who can see their personal information, others who have access to this information may share it more broadly.

• Misrepresentation in any social media that any individual within the CMSRU community is acting on behalf of CMSRU is strictly prohibited.

• Misrepresentation in any social media by any individual within the CMSRU community, regarding the status of their credentials as a medical student or medical professional, is strictly prohibited.

• Attempts by any individual within the CMSRU community to obscure their identity as a means to circumvent the prohibitions listed herein by representing themselves as another person, real or fictitious, is strictly prohibited.

• Complying with all applicable Rowan University policies or guidelines regarding any use of information technology resources, including the use of Rowan University and/or CMSRU trademarks or logos.

• Never posting or storing Rowan University and/or CMSRU confidential, proprietary or otherwise privileged information on social media.

• If postings by the CMSRU community have any discernable nexus to CMSRU’s legitimate pedagogical concerns or CMSRU’s academic activities, the individual must include a disclaimer that the expressed opinions belong to that individual alone, have not been reviewed or approved by Rowan University or CMSRU, and do not necessarily reflect the views of Rowan University or CMSRU.

• Never posting someone else’s work (including from internet sites) without attribution, to avoid allegations of plagiarism.

• Accessing websites and/or applications in a manner that interferes with official CMSRU educational or service commitments is not permitted; for example, using a hospital or clinic computer for social networking or other personal business when others need to access the computer for patient-related matters. Moreover, individuals within the CMSRU community may not delay completion of clinical responsibilities in order to engage in social networking.

I. EXAMPLE SCENARIOS OF INAPPROPRIATE SOCIAL MEDIA USE BY MEDICAL STUDENTS *

The examples below are for illustration purposes only and in no way represent every possible scenario of inappropriate social media use within the CMSRU community

• A CMSRU medical student receives a “friend” request on his Facebook page from a patient encountered during his clinical skills course.

  Why this is inappropriate: It is almost always inappropriate to accept “friend” requests from patients, unless the doctor-patient relationship has ended. Even after the doctor-
patient relationship has ended, it would be inappropriate to discuss health-related information.

**Best Practices:** Protect patient privacy under HIPAA guidelines.

- A CMSRU medical student has a blog on which she posts reflections about both personal and professional issues. She has just finished her clinical skills course. A patient, whom she met during the course, comments on the student’s blog and discloses protected health information with the expectation that the student will continue the discussion.

  **Why this is inappropriate:** Social media discussion with a patient should not directly address health concerns of individual patients.

  **Best Practices:** Protect patient privacy under HIPAA guidelines.

- A CMSRU medical student is on his outpatient clerkship. He “tweets” that he just finished seeing an interesting patient with his preceptor and describes the clinical findings of that patient.

  **Why this is inappropriate:** It is difficult to be certain that information disclosed in posts (such as Twitter) is not identifiable to that particular patient. The best type of posting would include very general information. Other posts by the same student could indicate his/her medical school and current rotation, leading to circumstances that indirectly identify the patient, such as by naming a very rare disease.

  **Best Practices:** Protect patient privacy under HIPAA guidelines.

- A CMSRU medical student is shadowing an OB/GYN physician. She posts (on her Facebook page) a picture of a baby whose delivery she observed, expressing joy, best wishes to the family, and congratulating everyone involved in this excellent patient outcome.

  **Why this is inappropriate:** Without written patient/representative consent, this is a clear violation of patient confidentiality, even if the patient is not named.

  **Best Practices:** Protect patient privacy under HIPAA guidelines.

- A CMSRU medical student writes in her blog, naming an attending physician who did minimal teaching and recommending that other students not take clinical electives with that physician.

  **Why this is inappropriate:** Legitimate critique of an educational activity is appropriate, so long as professionalism is maintained. There are more effective and less public mechanisms for relaying this type of information.

  **Best Practices:** Use good judgment; think before you post.

- A CMSRU medical student on a research elective blogs that the laboratory equipment he is using should have been replaced years ago and is unreliable.

  **Why this is inappropriate:** The public disclosure of negative information increases the risk of liability and is clearly unprofessional. There are legitimate and confidential mechanisms for improving quality at a medical facility.
Best Practices: Use good judgment; think before you post.

- A CMSRU medical student wearing a CMSRU t-shirt is tagged in a photo taken at a local bar and posted on a friend’s Facebook page. The medical student is clearly inebriated.

  Why this is inappropriate: The two issues are that: (1) the logo identifies the affiliation to CMSRU; and (2) the unprofessional behavior of the student is available for all to see, including future employers and patients. The medical student did not post the photo, but should do everything possible to have the photo removed and remove the tagging link to the student’s own Facebook page.

Best Practices: Protect your own privacy; think before you post.

- A CMSRU medical student uses an alias and blogs that CMSRU graduates have the highest residency placement rate in the country.

  Why this is inappropriate: This may be a violation of Federal Trade Commission regulations that prohibit false or unsubstantiated claims, and does not disclose the student’s material relationship to CMSRU.

Best Practices: Identify yourself; protect proprietary information.

- A CMSRU medical student creates a social media website to share and discuss both pre-clinical and clinical medical knowledge (e.g., “Cardiology Interest Group” on Facebook).

  Why this is inappropriate: This is a learning community, in which medical knowledge is exchanged, shared and discussed. While the goal is laudable, there are still risks. A disclaimer is necessary, since postings may be incorrect, taken out of context, or improperly referenced. The moderator should take precautions to prevent the posting of information or photographs that are potentially identifiable to a particular patient.

  Best Practices: Protect patient privacy; identify yourself; use a disclaimer

*Adapted from AMA Policy: Professionalism in the Use of Social Media

II. DISCIPLINE

When PHI or PII is improperly accessed, used or released, or when an individual within the CMSRU community fails to comply with HIPAA or FERPA Policies and Procedures, an individual may be disciplined based on the individual's classification. The specific discipline administered will depend on the nature and severity of the violation. Action will be initiated as appropriate in accordance with the classification of an individual (i.e., faculty, staff, student, resident, house staff, etc.) and if necessary, the requirements of the individual's licensing Boards, as set forth in the applicable disciplinary procedures within the CMSRU faculty and student handbooks. Depending upon the severity of the breach, discipline may range from simple counseling/guidance up to expulsion. Civil and/or criminal liability under the applicable federal and state laws and regulations may also apply.

III. RESOURCES


AMA Policy: Professionalism in the Use of Social Media

AMA Guidelines for Physicians in Social Media

Model Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice; Adopted as policy by the House of Delegates of the Federation of State Medical Boards

Standards for the Learning Environment Policy

PURPOSE:
The Cooper Medical School of Rowan University bears special responsibility to ensure that its students learn in an environment that fosters mutual respect, collegial behavior and the values of professionalism, ethics and humanism. CMSRU recognizes that the quality of the learning environment, including interactions among faculty, residents, nurses, staff, and students, impacts student learning and satisfaction. The monitoring mechanisms and procedures to address suboptimal learning environments are described below:

The standards for behavior by CMSRU students are delineated in the following policies:

- Honor Code
- Professional Appearance
- Professional Conduct
- Social Networking

The policies in place to ensure that the learning environment is safe and positive include:

- Student Mistreatment
- Teacher Learner Compact
- Ombudsman

Note: All of the above Policies are within the Student and Faculty Handbooks:
http://www.rowan.edu/coopermed/faculty/

Initiatives to Enhance the Learning Environment:

CMSRU will work conscientiously to optimize the learning environment for students, residents, faculty, and staff. The following are initiatives in place. These offering will grow over time.

- Committee for a Positive Learning Environment
- Wellness Programming –regular fitness, yoga, and meditation sessions are scheduled in the dedicated wellness space. Access to recorded wellness sessions are always available. Wellness events, challenges, and communications are ongoing.
- Lunch and Learn programming – these one hour noon sessions given to M1 students weekly
focus on stress management, career direction, professionalism, and self-awareness.

- The Advisory Colleges – every student is assigned to a College during Orientation. The Colleges are designed to foster mentoring and support for every student. Each student has a student mentor one year ahead of them in the curriculum. The Colleges meet regularly as groups and each director meets with their students multiple times each year on an individual basis. Career guidance is a special focus.
- The Student Assistance Program – Counseling service is available to each student utilizing student fees. Issues addressed may range from test anxiety, fear, sleep issues, and related emotional disorders. Referrals to psychiatrists not associated with teaching our students are available.
- Faculty Development – Mentoring and Professionalism are areas of focus.
- Resident Development – Self-care, resident as teacher (PRIME program), Mentoring and Professionalism are areas of focus.
- Open door policy in the Office of Student Affairs – every student is told that the staff of the OSAA is always available for any issue.

Monitoring the Learning Environment

CMSRU has developed ongoing mechanisms to monitor and enhance the learning environment in all educational settings including the classroom, laboratory, hospital and clinic through:

- Soliciting reports from students of exemplary learning environments to celebrate and learn from them
- Development of a culture in which students feel safe reporting mistreatment events if they occur, so they can be addressed and avoided in the future
- Creation of a system of liaisons for each class to interface with the teaching faculty on a regular basis
- Utilization of the Advisory College system. Direct communication with the Office of Student Affairs and Admissions, or the CMSRU Ombudsperson
- Student and faculty evaluations, including course evaluations
- C-change student and faculty surveys
- Graduation Questionnaires (beginning in 2016)

Reporting mistreatment or hostile learning environment:

- CMSRU encourages students to report mistreatment or hostile learning environment in end of course evaluations or at any other time. In situations where a student may be hesitant to do so, the assistant dean for student affairs will be available by walk-in, phone or email at all times. When a student prefers that the reporting be totally confidential:
  - A drop box is available in the hallway near the Office of Student Affairs
  - A confidential call-in phone number is available to report issues: 856-956-2777
- The assistant dean for student affairs will receive any report issued by any student surrounding learning environment issues.
- The assistant dean for student affairs, the associate dean for medical education and the vice dean or designee will meet regularly to review these reports and monitor follow-up actions within the departments where the events occurred. To preserve anonymity fully possible, reports are ‘quarantined’ until after course directors have submitted grades (in the case of Phase 1 courses and clerkships) or after students have matched (in the case of electives).
• The assistant dean for student affairs addresses reports of mistreatment and hostile learning environment and responds to these reports in a relevant and constructive manner.
• When the issue is one that extends beyond a single student or situation the following resources are called upon to address the issues:
  o The Center for Student Wellness
  o The Student Assistance Program
  o The Committee for a Positive Learning Environment
  o The CMSRU Ombudsperson
  o Other resources as needed
  o The vice dean or designee is ultimately responsible for addressing issues of the learning environment that cross the continuum of undergraduate and graduate medical education, faculty affairs, and non-physician health care workers.

Reporting sexual misconduct

* Title IX federal regulations require that any allegation of sexual discrimination, harassment, gender-based or sexual misconduct reported to a faculty member or administrator must be reported to and investigated by the Title IX Office at the university. See the Student Sexual Misconduct and Harassment Policy:  http://www.rowan.edu/equity/titleix/documents/StudentSexualPolicy7-25-12_002.pdf

Committee for a Positive Learning Environment

The Committee for a Positive Learning Environment will provide education about creating a learning environment conducive to education and professionalism for faculty, staff, nursing, residents and students in a variety of venues as a means of prevention of mistreatment of students and other trainees. It shall advise the Dean on programs and systems to address and prevent mistreatment of students.

The Committee consists of 10 members including four faculty members, two medical student members elected by the students (one representing first and second year students, and one representing third and fourth year students), a representative of CHS Patient Care Services, a resident physician or fellow elected by peers, and the CHS Designated Institutional Official (DIO) representing Graduate Medical Education. The vice dean or designee and the assistant dean for student affairs shall serve as ex officio members. The term of office shall be three years with staggered terms, except where the member serves in an ex officio capacity, which may involve a shorter term, or the representative is a student.

CMSRU fully supports the AAMC Statement on the Learning Environment:

We believe that the learning environment for medical education shapes the patient care environment. The highest quality of safe and effective care for patients and the highest quality of effective and appropriate education are rooted in human dignity.

We embrace our responsibility to create, support, and facilitate the learning environment shared by our patients, learners, and teachers. In this environment, our patients witness, experience, and expect a pervasive sense of respect, collegiality, kindness, and cooperation among health care team members. This includes all professionals, administrators, staff, and beginning and advanced learners from all health professions. This includes research as well as patient care environments.
We affirm our responsibility to create, support, and facilitate a learning environment that fosters resilience in all participants. It is our responsibility to create an atmosphere in which our learners and teachers are willing to engage with learning processes that can be inherently uncomfortable and challenging.

We affirm our commitment to shaping a culture of teaching and learning that is rooted in respect for all. Fostering resilience, excellence, compassion, and integrity allows us to create patient care, research, and learning environments that are built upon constructive collaboration, mutual respect, and human dignity.

Student Clinical Assignment Policy

PURPOSE:
The faculty and academic administrators of CMSRU recognize their responsibility to maximize the fair and equitable assignment of CMSRU students during their clinical clerkship education. This policy guides the assignment and as needed, the reassignment, of clinical supervisors to third and fourth year medical students.

SCOPE: Candidates for the Doctor of Medicine Degree (M.D.)

DEFINITIONS:
Clinical assignment: Students are assigned preceptors and supervising physicians who are responsible for teaching and assessing students in the clinical clerkship education program.

RESPONSIBILITY

Student Clinical Assignment: A medical student will have clinical preceptors and supervising physicians assigned as part of their clinical clerkship education program. Assignments will be carried out by clerkship directors in conjunction with the office of medical education staff. Whenever possible, a lottery system will be used to provide for fair and equitable assignment of CMSRU medical students to their clinical clerkships. Students may request a change in their clinical assignment location, preceptor, or supervising physician. These requests are reviewed on a case-by-case basis.

M3 Block courses
The Office of Medical Education assigns each student to a block schedule for the M3 year based upon a lottery held prior to the M3 orientation. M3 students are assigned to preceptors and supervising physicians on duty in the inpatient setting during their assigned M3 block. A student may request a change in preceptor or supervising physician for extenuating circumstances. The clerkship director, in conjunction with the M3 director and the assistant dean for phase 2, reviews the request and makes the change, if appropriate, within 48 hours. If the request for change is denied, the assistant dean for phase 2 meets with the student to explain the rationale for not making the change. The student may appeal the decision to the associate dean for medical education, who reviews the request and makes the final decision within 48 hours.

M3 Cooper Longitudinal Integrated Clerkship (CLIC) placements
Similarly, M3 students are randomly assigned to outpatient based Cooper Longitudinal Integrated Clerkship clinical offices in the M3 year. A student may request a change in preceptor or clinical learning site with the Cooper Health System for extenuating circumstances. The clerkship director, in conjunction with the M3 director and the assistant dean for phase 2, reviews the request and makes the change, if appropriate,
within 48 hours. If the request for change is denied, the assistant dean for phase 2 meets with the student to explain the rationale for not making the change. The student may appeal the decision to the associate dean for medical education, who reviews the request and makes the final decision within 48 hours.

M4 Clinical education placements
Students have considerable control over the sequence of required clerkships and elective courses in their M4 year. The preceptors to whom they are assigned for a particular rotation are largely determined by their schedule. Some rotations may have alternative assignment options in a given block (e.g., internal medicine sub-internship), but others may not. M4 students may request a change in preceptor or clinical learning site in the M4 clinical education program for extenuating circumstances. The clerkship director, in conjunction with the M4 director and the assistant dean for phase 2, will review the request and make the change, if appropriate and available, within 48 hours. If there is no alternative preceptor or site during that block, the student may have to schedule the rotation at a different time during the year. If an alternative site/preceptor is available, but the change request is denied, the assistant dean for phase 2 will meet with the student to explain the rationale for not making the change. The student may appeal the decision to the associate dean for medical education, who will review the case and make the final decision within 48 hours.

Student Mistreatment Policy

PURPOSE: To establish procedural guidelines for CMSRU faculty and students in the event of alleged mistreatment in the course of the teacher-learner relationship.

POLICY: CMSRU is committed to promoting student success in an atmosphere dependent upon mutual respect, collegiality, fairness and trust within its respective community. CMSRU student mistreatment, abuse, or harassment will not be tolerated. If a student alleges mistreatment or becomes aware of an incident of mistreatment by a member of the CMSRU community, they are encouraged to follow this policy.

SCOPE: This policy applies to all CMSRU medical students and those who serve as teacher and/or mentor to them in all years and areas of the educational experience.

DEFINITIONS: Inappropriate behavior or situations the student deems unacceptable include:

- Unwelcome physical contact, including any physical mistreatment or assaults such as hitting, slapping, kicking, or threats of the same nature;
- Verbal abuse (attack in words, to speak insinuatingly, harshly, and unjustly);
- Inappropriate or unprofessional criticism to belittle, embarrass, or humiliate a student;
- Requiring a student to perform menial tasks intended to humiliate, control, or intimidate the student;
- Unreasonable requests for a student to perform personal service
- Grading or assigning tasks used to punish a student rather than to evaluate or improve performance;
- Sexual assault (refer to Sexual Assault Policy);
- Sexual harassment (refer to Sexual Harassment Policy);
- Discrimination based on race, religion, ethnicity, sex, age, sexual orientation, and physical disabilities or any other protected class.

PROCEDURE: Allegations of student mistreatment should be reported to the assistant dean for student affairs or the CMSRU ombudsperson at any time. The assistant dean for student affairs or the CMSRU
ombudsman may discuss the allegation with the consent of the accuser, among all involved parties in an attempt to reach a resolution. The mediation of the matter may involve contacting the chairperson of the relevant department, administrator, course director, clerkship director or residency/fellowship program director. If the allegation is in the form of a letter, the individual receiving the complaint will provide e-mail or written confirmation of receipt of the complaint and provide a copy of the complaint procedure.

**Student Complaint Procedure**

I. Departmental Level

   a. The student and faculty/professional staff member will meet to attempt resolution of the complaint.
   b. If the matter is not resolved, the student and the faculty/professional staff member will then meet with the departmental chairperson/supervisor, who will act as a facilitator, to determine if resolution is possible.
   c. If the faculty/professional staff member is not accessible for any reason (e.g., prolonged illness, on leave, refuses to meet with student), or if the student fears reprisal, the student may initiate the process by first meeting with the departmental chairperson/supervisor.
   d. In any case, if the matter is not resolved, the student must notify (in writing) the faculty/professional staff member or departmental chairperson/supervisor within twenty (20) calendar days from the date the student knew or should reasonably have known about the matter.
   e. If the above-named people are not available or cannot be contacted, the student must submit in writing his/her intention to pursue the process at the departmental level. The written statement must be sent to the departmental chairperson/supervisor within the same twenty (20) days noted above.
   f. If the student wishes to pursue the matter immediately, the departmental chairperson/supervisor must schedule a meeting between the faculty/professional staff member and the aggrieved student within ten (10) working days after being contacted by the student and it must be held within fifteen (15) days of such contact. The student and faculty/professional staff member will be informed in writing by the departmental chairperson/supervisor of the outcome of the meeting.
   g. If the student wishes to delay pursuing the matter until the course/clerkship is over, the departmental chairperson/supervisor must schedule a meeting between the faculty/professional staff member and the aggrieved student within twenty (20) working days of the conclusion of the course. The student and faculty/professional staff member will be informed in writing by the departmental chairperson/supervisor of the outcome of the meeting.
   h. If the grievance is against the departmental chairperson/supervisor, the student may begin the complaint process at the medical school level.

II. Medical School Level

If the issue is not resolved at the departmental level, within fifteen (15) working days of the departmental level meeting, the student will schedule a meeting with the assistant dean for student affairs and will provide, in writing, the rationale for the complaint.

The assistant dean for student affairs will convene a meeting to attempt to effect reconciliation between the two parties within fifteen (15) calendar days of receiving the student's written rationale for the grievance. Pertinent documentation provided by the faculty/professional staff member and/or the student shall form the basis of discussion at this stage. The faculty/professional staff member and the student may be assisted in the meeting by advisors. The advisors must be from within the medical school community and cannot speak for the faculty/professional staff.
member or the student. The advisors can only advise the parties they represent.

The assistant dean for student affairs will render a written decision within fifteen (15) working days of the medical school level meeting.

Notes:

1. This process does not apply to the students' personal preferences regarding the faculty/professional staff members' physical appearance, personal values, sexual orientation, or the right to academic freedom or the freedom of expression.
2. In all grievance matters, to the extent possible, the student will be responsible for documentation of his/her allegations.
3. To ensure the protection of the parties' privacy, the process and all documentation will be completely confidential.
4. The faculty/professional staff member being complained about is expected to attend all meetings set up to resolve the complaint.
5. All students, faculty, professional staff, department chairs, supervisors, and Deans are expected to follow the steps in this policy.
6. If a departmental chair/supervisor, Dean/division head, the provost, or the president of the university receives a letter of complaint about a faculty or professional staff member from a student, he/she will forward the letter to the individual being complained about and inform the student that the complaint process must begin with an attempt to resolve the problem with the faculty/professional staff member, and that the above complaint procedure must be followed.

Student Mistreatment Reporting Form

Note: Please refer to the Student Sexual Misconduct and Harassment Policy

Student Sexual Misconduct and Harassment Policy

This link provides the most recent policy:

https://confluence.rowan.edu/display/POLICY/Student+Sexual+Misconduct+and+Harassment+Policy

Student Supervision Policy

POLICY: Medical student supervision during required clinical activities

SCOPE: Candidates for the Doctor of Medicine Degree (M.D.)

PURPOSE:
In its efforts to ensure excellent medical education and to guard patient and student safety, CMSRU has developed the following policy with the goal of providing guidance for faculty physicians when supervising
medical students during clinical activities. The following policy defines the supervision of medical students during clinical activities.

**RESPONSIBILITY:**
It is the responsibility of the supervising faculty member to ensure policy standards are followed for all students participating in clinical activities.

Medical students participating in patient care must be supervised at all times. The primary supervising physician is an attending physician employed by Cooper University Health Care, or a volunteer physician with a CMSRU faculty appointment, practicing within the scope of his/her discipline as delineated by the credentialing body of the health system.

When resident physicians, clinical post-doctoral fellows or other healthcare professionals are actively involved in medical student supervision during clinical activities, it is the responsibility of the supervising faculty physician to ensure all those personnel are appropriately prepared for their roles for supervision of medical students, and are acting within the scope of their practice. When the attending physician is not physically present in the clinical area, the responsibility for supervising CMSRU medical students will be delegated to the appropriately-prepared resident physician or clinical post-doctoral fellow at the discretion of the primary attending physician. Students are provided with rapid, reliable systems for communicating with faculty and resident physicians.

Clinical supervision is designed to foster progressive responsibility as students progress through the curriculum. The intensity of medical student supervision in any given situation will depend on the medical student’s level of education and experience, demonstrated competence, and the learning objectives of the clinical experience. Course/clerkship directors will provide specific faculty members and other preceptors with guidance for each clinical experience, including the students’ level of responsibility and scope of approved activities and procedures during the rotation. Clinical faculty preceptors will be knowledgeable about CMSRU Institutional Educational Objectives, clerkship-specific objectives, supervisory recommendations, and access to educational resources, including assessment instruments. Relevant resources will be emailed to faculty prior to the start of the medical student’s clinical experience, and reviewed with them by the clerkship director. They will also be available remotely on Blackboard® and One-45®. First- and second-year medical students will be directly supervised, with the supervising physician present or immediately available, and prepared to take over the care of the patient if needed. Under the direct supervision of the supervising physician, first- and second-year students may participate in history taking, physical examinations and critical data analysis, and may have access to the medical record.

Third- and fourth-year medical students will be directly supervised, with the supervising physician available to provide direct supervision. Students may participate in the care and management of patients, including performing procedures, under the direct supervision of the supervising physician at all times, with patient permission. Clinical interventions are never to be executed by medical students without a supervising physician’s awareness and permission. Medical student participation in invasive procedures requires direct supervision by the supervising attending physician or credentialed resident physician at all times during the procedure. The supervising physician must have the credentials to perform the procedure being supervised. A student may assist in procedures only when the supervising attending physician agrees that the student has achieved the required level of competence, maturity, and responsibility to perform the procedure.

Supervising physicians and other preceptors are expected to provide opportunities for students to demonstrate responsibility for patient care. These opportunities may be in the form of history-taking; physical examination; reporting and entering findings in the patient’s medical record with the explicit
approval of the patient’s supervising attending physician. In all patient care contacts the patient shall be
made aware that the individual providing the care and/or performing the procedure is a student. Patients
have the right to decline to have a student participate in their care.

The supervising physician will be responsible for reviewing student chart documentation and providing
constructive feedback. Medical student findings entered in the medical record of the patient will be for
educational and student evaluation purposes only and cannot be used in lieu of any required attending staff
or house staff documentation. Students must clearly sign all entries in the medical record, along with the
designation that they are medical students. Supervising attending physicians or graduate medical trainees
must review student notes. Fourth-year students may enter orders in the electronic medical record but those
orders cannot, by virtue of an electronic “hard stop,” be executed until they are countersigned by the
supervising attending physician or senior resident.

Note: For billing purposes, the teaching physician must personally verify and redocument the history of
present illness (HPI) and personally perform and redocument the physical examination and medical decision-
making activities of the service. The teaching physician may refer to the student’s documentation only with
respect to Review of Systems and Fast/Family/Social History. (See Cooper Health System Policy 1.220
Teaching Physician Billing Policy.

Supervising faculty physicians or residents must provide medical students with regular, timely, and specific
feedback based on their supervision. Supervising faculty will notify the clerkship or course director if there
is concern for any potential academic and/or professional gaps in student performance. Should students
have any concern regarding clinical, administrative, professional, educational, or safety issues during their
rotation, they will be encouraged to immediately contact the supervising physician, clerkship/course
director, or the associate dean for student affairs.

A CMSRU faculty physician who provides medical and/or psychiatric care, psychological counseling, or
other sensitive health services to a medical student, or who has a close personal relationship with a medical
student, must recuse himself/herself from the supervisory role. In such cases, the faculty physician must
have no involvement in assessing or evaluating the medical student’s academic performance, or
participating in decisions regarding his/her promotion and/or graduation. The faculty physician and the
medical student are advised to immediately contact the appropriate clerkship/course director and/or assistant
dean for student affairs should the potential for these conflicts of interest arise.

Teacher-Learner Interaction Policy

PURPOSE: To establish guidelines for interactions between medical students and CMSRU faculty and
instructors.

POLICY: CMSRU acknowledges that the profession of medicine is a moral enterprise in which practicing
physicians engender the development of virtues, integrity, sense of duty, and ethical framework in medical
students. CMSRU faculty, residents, fellows, teaching staff and students will abide by the following
compact which serves both as a pledge and as a reminder to teachers and learners that their conduct in
fulfilling their mutual obligations is the medium through which the profession inculcates its ethical values.

SCOPE: Candidates for the Doctor of Medicine Degree and all those who act in the role of teacher for
these students at CMSRU.
DEFINITIONS: **Teacher** - any individual serving in a capacity as teacher or mentor that a student will interact with in a classroom, small group or clinical setting over all four years.

**GUIDING PRINCIPLES:** (AAMC’s *Compact Between Teachers and Learners of Medicine*)

**Duty** - Medical educators have a duty, not only to convey the knowledge and skills required for delivering the profession's contemporary standard of care, but also to inculcate the values and attitudes required for preserving the medical profession's social contract across generations.

**Integrity** - The learning environments conducive to conveying professional values must be suffused with integrity. Students learn enduring lessons of professionalism by observing and emulating role models who epitomize authentic professional values and attitudes.

**Respect** - Fundamental to the ethic of medicine is respect for every individual. Mutual respect between learners, as novice members of the medical profession, and their teachers, as experienced and esteemed professionals, is essential for nurturing that ethic. Given the inherently hierarchical nature of the teacher/learner relationship, teachers have a special obligation to ensure that students and residents are always treated respectfully.

**Commitments of Faculty**

- “We pledge our utmost effort to ensure that all components of the educational program for students and residents are of high quality.
- As mentors for our student and resident colleagues, we maintain high professional standards in all of our interactions with patients, colleagues, and staff.
- We respect all students and residents as individuals, without regard to gender, race, national origin, religion, or sexual orientation; we will not tolerate anyone who manifests disrespect or who expresses biased attitudes towards any student or resident.
- We pledge that students and residents will have sufficient time to fulfill personal and family obligations, to enjoy recreational activities, and to obtain adequate rest; we monitor and, when necessary, reduce the time required to fulfill educational objectives, including time required for "call" on clinical rotations, to ensure students' and residents' wellbeing.
- In nurturing both the intellectual and the personal development of students and residents, we celebrate expressions of professional attitudes and behaviors, as well as achievement of academic excellence. We do not tolerate any abuse or exploitation of students or residents.
- We encourage any student or resident who experiences mistreatment or who witnesses unprofessional behavior to report the facts immediately to appropriate faculty or staff; we treat all such reports as confidential and do not tolerate reprisals or retaliations of any kind.”

**Commitments of Students and Residents**

- “We pledge our utmost effort to acquire the knowledge, skills, attitudes, and behaviors required to fulfill all educational objectives established by the faculty.
- We cherish the professional virtues of honesty, compassion, integrity, fidelity, and dependability.
- We pledge to respect all faculty members and all students and residents as individuals, without regard to gender, race, national origin, religion, or sexual orientation.
- As physicians in training, we embrace the highest standards of the medical profession and pledge to conduct ourselves accordingly in all of our interactions with patients, colleagues, and staff.
In fulfilling our own obligations as professionals, we pledge to assist our fellow students and residents in meeting their professional obligations, as well.”

Technical Standards Policy

PURPOSE: Graduates must have the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care. Candidates for the Medical Degree must have observation, communication, motor, conceptual, integrative, quantitative, behavioral and social abilities, ethics and professionalism skills, which are essential to complete the educational program.

POLICY: Applicants accepted to Cooper Medical School of Rowan University must be able to complete all requirements inherent in and leading to the Doctor of Medicine degree. CMSRU provides an equal opportunity for individuals with disabilities to participate in the application process and be considered for enrollment.

SCOPE: This policy applies to all applicants and medical students at CMSRU.

DEFINITIONS: Discrimination includes adversely limiting, segregating, or classifying an applicant or student because of a disability; utilizing standards, criteria, or methods of administration that result in discrimination on the basis of disability. CMSRU is committed to diversity and to attracting and educating students who will make the population of health care professionals representative of the national population. CMSRU actively collaborates with students to develop innovative ways to ensure accessibility and creates a respectful and accountable culture through our confidential and specialized disability support.

PROCEDURE: CMSRU is committed to making reasonable accommodations for its students with disabilities who are capable of completing all requirements and fulfilling all responsibilities leading to a medical degree. CMSRU will comply with the Americans with Disabilities Act (ADA), the Rehabilitation Act of 1973, and will adhere to AAMC Technical Standards. All students that are invited to complete a secondary application will be sent a copy of the CMSRU technical standards for review. Upon receipt of an offer of acceptance, each successful applicant will be required to complete an affidavit with CMSRU that attests to their ability to meet these standards with or without reasonable accommodation.

A. Technical Standards
   1. Summary:
      Essential abilities and characteristics required for completion of the MD degree consist of certain minimum physical and cognitive abilities and emotional characteristics to assure candidates for admission, promotion, and graduation are able to complete the medical education program and participate fully in all aspects of medical training with or without reasonable accommodation.

      A candidate for the MD degree must have abilities and skills of six varieties, including: observation; communication; motor; intellectual-conceptual, integrative and quantitative; behavioral and social; and ethics and professionalism.

      2. Required Abilities and Skills
         I. Observation: The candidate must be able to observe demonstrations and experiments in the basic sciences. Students must also be able to observe patients accurately and completely, both at a distance and directly. This requires functional vision, hearing, and sensation.
II. Communication: A candidate should be able to communicate with patients in order to elicit both verbal and non-verbal information. The candidate must be able to communicate effectively and sensitively in oral and written form with the patient, the patient’s family, and all members of the health care team.

III. Motor: Candidates should have sufficient motor function to perform a physical examination and other diagnostic maneuvers. A candidate should be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Such actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision.

IV. Intellectual-Conceptual, Integrative and Quantitative Abilities: These abilities include measurement, calculation, reasoning, analysis and synthesis. Problem-solving, the critical skill demanded of physicians, requires all of these intellectual abilities. In addition, the candidate should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.

V. Behavioral and Social Attributes: A candidate must possess the physical and emotional health required for full utilization of his/her intellectual abilities; the exercise of good judgment; the prompt completion of all responsibilities attendant to the diagnosis and care of patients; and the development of mature, sensitive and effective relationships with patients. Candidates must be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, ability to work within a team, interest, and motivation are all personal qualities that are assessed during the admissions and education process.

VI. Ethics and Professionalism: Students should maintain and display ethical and moral behaviors commensurate with the role of a physician in all interactions with patients, faculty, staff, students, and the public. The student is expected to understand the legal and ethical aspects of the practice and function within the law and ethical standards of the medical profession.

B. Accommodation Requests

Requests for accommodations by individuals with a disability as defined by the Rehabilitation Act of 1973 or the Americans with Disabilities Act will be considered on the basis of their abilities and the extent to which reasonable accommodations, if required, can be provided. A newly accepted or current student may request an accommodation with the Office of Student Affairs by completing a Disability Resources Registration form available on the CMSRU website. The Office of Student Affairs facilitates an ongoing, interactive process with each student requesting an accommodation.
REFERENCES:

Americans with Disabilities Act of 1990 [ADA], including changes made by the ADA Amendments Act of 2008 (P.L. 110-325)

Section 504 of the Rehabilitative Act of 1973 (PL 93-112)
Attestation

Please click on the web link below to acknowledge that you have read, understand, and agree to comply with the policies in the Compendium of Student Policies for Faculty, Residents, and Staff.

CMSRU Appointed Faculty e-sign here: http://www.rowan.edu/coopermed/faculty/esign/

Fellows/Residents e-sign here: http://www.rowan.edu/coopermed/faculty/esign2/

CMSRU Staff Members e-sign here: http://www.rowan.edu/coopermed/faculty/esign3/