

CMSRU
Compendium of Student
Policies for Faculty,
Residents, and Staff

March 2016

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CMSRU Competencies and Medical Education Program Objectives

(Reviewed by the CMSRU Curriculum Committee October 21, 2015)

General Competency	Medical Education Program Objective(s)	Outcome Measure(s)
Medical Knowledge: Students will demonstrate knowledge of existing and evolving scientific information and its application to patient care	Demonstrate a strong basic science foundation in the understanding of health and disease	Formative Quizzes, TBL scores (IRAT/GRAT), Faculty Developed Examination Questions, NBME Customized Examination Questions, NBME Subject Examinations, Practical Examinations, Weekly ALG Student Assessments
	Perform a complete history & physical examination	Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 & 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
	Recognize the various determinants of health, including genetic background, culture, nutrition, age, gender and societal issues	Foundations of Medical Practice Clinical Skills Examinations, Scholar's Workshop Examinations in M1 & M2 related to Societal Health Care Issues, Ambulatory Clerkship Behavior Checklist Assessments, Ambulatory Clerkship Service Learning Reflective Essays, Life Stages TWA Assessment
	Access and critically evaluate current medical information and scientific evidence, and apply this knowledge to clinical problem-solving	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
	Apply current knowledge of public health to patient care	Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment

General Competency	Medical Education Program Objective(s)	Outcome Measure(s)
Patient Care: Students will demonstrate an ability to provide patient care for common health problems across disciplines that is considerate, compassionate, and culturally competent	Display appropriate clinical skills, critical thinking, medical decision-making and problem-solving skills in the delivery of care	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
	Use and interpret diagnostic studies appropriately	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
	Demonstrate relevant procedural and clinical skills, recognizing the indications, contraindications and complications, while respecting patient needs and preferences	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
	Implement and promote plans of disease prevention, management and treatment using evidence-based medicine	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

General Competency	Medical Education Program Objective(s)	Outcome Measure(s)
<p>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</p>	<p>Demonstrate compassion and respect for others</p>	<p>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</p>
	<p>Respect patient confidentiality and autonomy</p>	<p>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</p>
	<p>Show responsiveness and personal accountability to patients, society and the practice of medicine</p>	<p>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</p>
	<p>Put patients' interests ahead of their own</p>	<p>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</p>

General Competency	Medical Education Program Objective(s)	Outcome Measure(s)
	Recognize personal limitations and biases, knowing when and how to ask for help	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
	Effectively advocate for the health and needs of the patient	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
	Incorporate the principles of medical ethics into their care of patients	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
	Recognize and address disparities in health care	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

General Competency	Medical Education Program Objective(s)	Outcome Measure(s)
<p>Interpersonal & Communication Skills: Students will demonstrate an ability to effectively communicate and collaborate with patients, families and healthcare professionals</p>	<p>Demonstrate effective interpersonal and communication skills with patients about their care, including ethical and personal issues</p>	<p>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</p>
	<p>Demonstrate effective interpersonal and communication skills with patient's family, friends, and other members of the patient's community, as appropriate</p>	<p>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</p>
	<p>Demonstrate effective interpersonal and communication skills with all members of the healthcare team and relevant agencies and institutions</p>	<p>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</p>
	<p>Maintain a professional demeanor of integrity and transparency in all communications</p>	<p>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</p>

General Competency	Medical Education Program Objective(s)	Outcome Measure(s)
<p>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</p>	<p>Assess their own strengths, deficiencies and limits of knowledge and engage in effective ongoing learning to address these</p>	<p>Foundations of Medical Practice Individualized Education Plan, M3/M4/Student Self-Assessment of Program Objectives M1 & M2 ALG and Scholar’s Workshop Peer & Self Assessments, Ambulatory Clerkship Service Learning Group Assessment, Ambulatory Clerkship Service Learning Reflective Essay, and Service Learning Roundtable Discussion Assessment.</p>
	<p>Effectively engage in medical school, hospital and community projects that benefit patients, society and the practice of medicine</p>	<p>Ambulatory Clerkship Service Learning Reflective Essays</p>
	<p>Identify, appraise and assimilate evidence from scientific studies using information technology</p>	<p>Scholar’s Workshop Critical Appraisal Group Project, Scholar’s Workshop Independent Capstone Project, , M3 Mid-Year and End-of-Year Preceptor Assessments</p>
	<p>Recognize and empower other members of the healthcare team in the interests of improving patient care</p>	<p>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</p>
	<p>Apply the principles and practices of patient safety and process improvement</p>	<p>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</p>
<p>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</p>	<p>Work effectively to coordinate patient care within the social context of healthcare</p>	<p>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</p>

General Competency	Medical Education Program Objective(s)	Outcome Measure(s)
	Incorporate risk-benefit analysis into care delivery	Ambulatory Clerkship Behavior Checklist, Assessment, M4 End of Clerkship/Elective Assessment
	Advocate for high-quality patient care	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
	Work in inter-professional teams to enhance patient safety and quality	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
	Demonstrate an appreciation for and understanding of the methodologies used to reduce errors in care	Scholar's Workshop Projects
	Recognize the value, limitations and use of information technology in the delivery of care	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
	Apply an understanding of the financing and economics of care delivery regionally, nationally, and globally to optimize the care of patients	Scholar's Workshop Written M2 Examination
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	Demonstrate investigatory and analytical skills to seek and apply the best evidence in making patient care decisions	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,
	Design and execute studies to answer well-structured research questions	Scholar's Workshop Capstone Project
	Conduct research according to good clinical practices and strict ethical guidelines	Scholar's Workshop Capstone Project, Scholar's Workshop M1 and M2 Written Examinations

General Competency	Medical Education Program Objective(s)	Outcome Measure(s)
	Adhere to the principles of academic integrity in research and scholarship	Scholar's Workshop Critical Appraisal Group Project, Scholar's Workshop Independent Capstone Project, , M3 Mid-Year and End-of-Year Preceptor Assessments
	Demonstrate skills that foster lifelong learning	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
<p>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</p>	Recognize the social determinants of health	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
	Describe the health care needs of patients from diverse populations and develop appropriately tailored care delivery strategies	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
	Develop the skills and attitude to work in partnership with members of the community to promote health, disease prevention, and chronic care management	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
	Appraise the impact of the social and economic contexts on healthcare delivery	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

General Competency	Medical Education Program Objective(s)	Outcome Measure(s)
<p>Learning & Working in Teams: Students will learn to work as a member of a team in the coordinated, inter-professional model of care delivery</p>	<p>Apply basic principles of inter-professional and multidisciplinary care</p>	<p>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</p>
	<p>Develop the skills to organize an effective health care team, valuing individuals' skills and efforts</p>	<p>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</p>
	<p>Work with professionals from other disciplines or professions to foster an environment of mutual respect and shared values</p>	<p>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</p>
	<p>Perform effectively in different team roles to plan and deliver patient and population-centered care</p>	<p>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</p>

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, Student Affairs dean or local police. Incident reports should be completed. Forms are available from Security and the Office of Student Affairs, Counseling and Psychological Services Center and the Student Health Center. If any imminent physical threat or danger exists, students should contact Security, or dial the emergency number 911. The university 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.

The 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.

Please refer to the Student Code of Conduct of Rowan University:

<http://www.rowan.edu/provost/policies/documents/StudentCodeofConduct2006.pdf>

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: <http://www.rowan.edu/toolbox/documentation/>, and refer to Digital Millennium Copyright Act, Privacy standards, network use, and computer lab resources.

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 the CMSRU. In all cases where this policy is more restrictive than other CMSRU 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 intends to conduct educational events in conjunction with Cooper University Hospital as they have ACCME accreditation and abide by those standards. All agreements for Industry support must be negotiated through and executed by the CUH 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). CMSRU facilities may not be rented by or used for Industry funded and/or directed programs, unless there is a CE agreement for Industry support that complies with the policies of the Department of CE.

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.

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 may participate in or attend Industry-sponsored meetings or other off-campus meetings where Industry support is provided, only if:

- a. The activity is designed to promote evidence-based clinical care and/or advance scientific research
- b. The financial support of Industry is prominently disclosed
- c. Industry does not pay attendees' travel and expenses
- d. Attendees do not receive gifts or other compensation for attendance
- e. Meals provided are modest (value comparable to Standard Meal Allowance as specified by IRS)
- f. If participating as a speaker, all lecture content is determined by the speaker and reflects a balanced assessment of the current science and treatment options, and the speaker makes clear that the views expressed are the views of the speaker and not of CMSRU
- g. Compensation is 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.

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. All such arrangements between individuals or units and outside commercial interests must be reviewed and approved by the vice dean prior to initiation in accordance with appropriate CMSRU policies. Consulting relationships with Industry may be entered into only with the prior permission of the vice dean, departmental chair or administrator. 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. Policy Enforcement:

CMSRU faculty and staff will disclose all ties to industry on an annual basis using the CMSRU Conflict of Interest disclosure form. This information will be included on the faculty information pages on the CMSRU website.

Faculty and Staff: Any violations of this policy should be reported to the Office on Conflict of Interest where it will be directed to appropriate supervisory personnel and department deans. The Conflict of Interest committee will be notified of proposed violations to this policy or to other relevant policies. 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

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) 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.

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, acceptances 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

FERPA: Student Records

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 possession 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;
5. if required by a state law requiring disclosure that was adopted before November 19, 1974;
6. to organizations conducting certain studies for or on behalf of CMSRU;
7. to accrediting organizations to carry out their functions;
8. at the discretion of CMSRU officials, to parents of an eligible student who claim the student as a dependent for income tax purposes;
9. 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;
10. to appropriate parties in a health or safety emergency;
11. 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;
12. 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;
13. 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;
14. 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:

Family Policy Compliance Office
U.S. Department of Education
600 Independence Avenue, SW
Washington, DC 20202-4605

REFERENCES:

Notice to Students Regarding Provisions of the Family Educational Rights and Privacy Act of 1974

<http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

<http://www.rowan.edu/provost/registrar/ferpa.html>

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. Faculty and staff member granted access to the Banner Student Information System must complete FERPA training before given access and assumes 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>



Cooper Medical School of Rowan University

POLICIES AND PROCEDURES

SECTION: Medical Students

SUBJECT: Grading, Promotions, and Appeals

ISSUE OR REVISION DATE: February 15, 2016

INITIATED BY: Office of Medical Education

APPROVED BY:

A handwritten signature in blue ink that reads "Paul Katz".

Paul Katz, M.D., Dean

POLICY: 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.

Remediate: A defined process created by a course or clerkship director to assure that a student who fails a course or clerkship has gained the knowledge and skills required. The process is tailored to the student and consists of activities to improve competency followed by a reexamination.

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 associate dean for student affairs and admissions and the vice dean.

3. Academic Standing Committee

The Academic Standing Committee, a standing committee of the School, in part appointed by the dean and in part elected by the faculty, makes recommendations to the dean about student promotions, and about students' appeals and grievances regarding academic issues.

II. COURSE REQUIREMENTS AND SEQUENCING

The curriculum of the School is divided into four distinct curricular years that must be satisfied in the prescribed sequence. All required courses of all four years, including the required number of approved elective courses in the fourth year, must be completed satisfactorily before a student can be recommended 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 completion of dual degree programs (e.g., MD/PhD) may extend the degree completion limit from six distinct academic years to ten distinct academic years upon approval of the vice dean. Any requests to extend the academic program beyond the time limits noted above and for any reason, must be approved by the vice dean.

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 and for 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 **U** (unsatisfactory), the director for 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 three levels of non-credit (Unsatisfactory [**U**], 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 three levels of non-credit (Unsatisfactory [**U**], 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 period and subsequent examination following an unsatisfactory course grade.

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

- When an unsatisfactory performance (**U**) has been remedied through some method other than a repeat of a curricular year, the only possible grade of credit shall be remediated pass (**RP**).
- When a student remediates a course/clerkship as part of the requirement to repeat 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**).

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** or **U**, Phase 2 = **H, HP, P** 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 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) and Unsatisfactory (U), except in the case of one and two week electives which are graded as Pass (P) and Unsatisfactory (U) There are no restrictions on the number of students who can attain the grade of Honors or High Pass in the M4 courses and clerkships where those grades are possible.

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 with the associate dean for student affairs and admissions and 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, 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.

i. Mid-course and Mid-Clerkship Assessment

Interim formative evaluative comments from the ALG and SW facilitators and 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, in writing, 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 the academic year in Phase 1 of the curriculum, ALG facilitators, and Ambulatory Clerkship preceptors 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 four weeks of the conclusion of a clerkship 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 Vice Dean for issues of professionalism. The vice dean 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 based upon their academic performance:

1. In good academic standing

The student:

- has completed satisfactorily the requirements of all courses/clerkships of all previous years, and
- has passed any USMLE examinations required to be taken to complete a curricular phase.

2. Not in good academic standing (on academic probation)

The student:

- has not fulfilled the requirements of one or more courses/clerkships of a previous year, or
- has not passed U.S. Medical Licensure Examination (USMLE) Step 1, Step 2CK or Step 2CS examinations by the second attempt.

IV. THE PROMOTIONAL SYSTEM

A. Phase 1

Students are required to achieve grades of Pass or Remediated Pass in addition to an approved narrative review in all Phase 1 courses/clerkships in order to be promoted to the next academic year. All first and second year courses/clerkships are graded as Pass, Remediated Pass, or Unsatisfactory.

- A student who fails up to 2 courses in an academic year in Phase I will be permitted to remediate the failing grades before being placed on academic probation, however 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 they have not successfully remediated the courses and are choosing to repeat them.
 - Special circumstances related to the M1 Fundamentals course:
 - 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 or above to pass the course.
 - Students can have a failing block score in two block modules in this course and have the ability to remediate the course at the end of the academic year if the student's overall course average is below a 70.
 - If a student fails three of the course blocks, they 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.
- A student who fails to remediate a failing grade in 1 course/clerkship will be placed on academic probation and must repeat the course/clerkship in the subsequent year. Students will not be permitted to advance to the next academic year until the course/clerkship has been successfully completed. Students may register for an Independent Study during this time but are 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 fails 3 courses/clerkships will be dismissed.
- A student with an identified area of concern in their course narratives may be referred to the Vice Dean for review and action.

B. Phase 2

- Students are required to pass all clerkships and the Scholar's Workshop course in Year 3 to be promoted to Year 4.
- In the M3 year, a student must successfully complete all assessment components of their clerkship requirements. For the three blocks in the Fall term of M3, students must remediate a failed assessment component during the December examination week. Students who need to remediate a failed assessment component in the Spring term blocks will do so during the study week or the examination week in June. Students who need to remediate assessment components for courses or clerkships with assessment components during the M3 examination weeks in June, must do so within 21 calendar days of the last examination. Examinations held

after the M3 year will delay entry in the M4 year. Students who need 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.

- Students failing a single clerkship must remediate that clerkship prior to proceeding to the next academic year, or graduating, respectively.
- Students failing two clerkships or one clerkship and the Scholar's Workshop course must repeat the entire academic year, and will be placed on academic probation.
- Students failing 3 or more clerkships or 2 clerkships and the Scholar's Workshop course will be dismissed.
- 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 clerkships and electives in Year 4, and complete their Scholar's Workshop capstone project to be eligible for graduation.
- A student with an identified area of concern in their clerkship narrative assessments may be referred to the Vice Dean for review and action.

C. USMLE Examinations:

- All students studying for the MD degree at CMSRU are required to pass Step 1 and Step 2CK and Step 2CS 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.
 - Step 2 CK (Clinical Knowledge) and Step 2 CS (Clinical Skills) shall be taken no later than November 30th of the calendar year in which medical students are enrolled in Year 4 of the medical school curriculum.
 - Passing Step 1, Step 2 CK and Step 2 CS are required for candidates to sit for the Step 3 examination, which is usually taken during the first residency year after graduation from medical school.
- A student who fails to pass Step 1 on the initial attempt shall:
 - Complete the first block of the M3 year. A final grade is awarded in this block.
 - Be assigned Step 1 remediation time and prepare a remediation plan that is approved by the Associate Dean for Medical Education to 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.
 - Resume the third year program following the remediation time by entering block 3 in the M3 curriculum.
 - 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
 - At their request, students may choose to take a leave of absence for the remainder of the M3 year and begin the M3 year with the subsequent class. Any blocks that have been completed up to this time do not have to be repeated unless the student has received a grade of unsatisfactory that has not been remediated.
- A student who fails to pass Step 1 on his/her second attempt shall:
 - Stop all activities in the M3 year.
 - Be automatically registered in an independent study program (enabling him/her to continue to be considered a full-time student). This 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 shall enter the third year with the subsequent academic class. Any blocks that have been completed up to this time do not have to be repeated unless the student has received a grade of unsatisfactory that has not been remediated.
 - If a student fails the Step 1 examination a third time, she/he shall be dismissed.
- When all requirements of the Year 3 program have been met, the student shall begin his/ her Year 4 program. The student will then have the option of completing the Year 4 curriculum, or be placed on leave of absence and re-enter the Year 4 program with the subsequent class.
 - All M3 clerkships that have been successfully completed prior to the required independent study program will not have to be repeated.
 - A student who does not take Step 2 CK and CS by November 30th of the fourth year shall not be permitted to continue clinical rotations until the student takes the Step 2 examination.
 - A student who fails to pass Step 2 CK or 2 CS shall:
 - Take Step 2 CK or 2 CS again, no later than March 15th 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 shall:
 - Take Step 2 CK or 2 CS for the third time, no later than July 31st. The student shall be automatically registered into an independent study program for the following semester, with a potential May graduation date of the next year.
 - If a student fails the Step 2 CK or 2 CS examination three times, she/he shall be dismissed from the school.
 - 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.

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, and will refer the student to the associate dean for student affairs and admissions 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 vice dean by the associate dean for medical education. The student is entitled to a meeting with the vice dean prior to his/her rendering a decision. The vice dean determines if the case should be referred to the Academic Standing Committee for review and possible promotional decision.

Remedying a Failing Performance

Phase 1 Remediation:

All remediation in all M1 and M2 courses/ clerkships is done after the academic year is concluded and all grades for that year have been submitted. Only one attempt is permitted to remedy by reexamination or other course assessment a U grade in any course/clerkship. The remediation examination or other assessment will be conducted within 21 calendar days of the last day of classes in the M1 or M2 academic year. Students who fail remediation must repeat the course or clerkship. 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 year is timed to the closest possible remediation period which is the Examination Week in December or the 21 calendar day period following end of the M3 year. Students can begin the remediation process for failed assessment components in the Spring semester as soon as the M3 Examination period ends and grades are available. This will allow students to matriculate into the M4 year as soon as possible. Only one attempt is permitted to remedy by reexamination or other course assessment a U grade in any assessment component in the M3 year. The highest grade a student can earn with successful remediation in any M3 course or clerkship is a remediated/pass (RP).

Remediation Process:

Students will follow a plan developed for course/clerkship remediation by the course director(s)/clerkship director(s). The plan will be developed within fourteen (14) days of student notification of unsuccessful performance in a course/clerkship, except in the last course 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 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 faculty, as necessary, to discuss the student's learning needs and plan remedial experiences
3. Work with the Phase 1 or Phase 2 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 also be involved. For students in Year 4, the M4 Director will also be involved. In either situation, their signature is required with the others on the remediation plan.
5. Meet with the student within one week of the original meeting to review the plan.
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 U 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 maintained as a U and the student is referred to the Academic Standing Committee.

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 is required to repeat a course /clerkship due to unsatisfactory academic performance;
- when a student is repeating an academic year; or
- when a student returns from a leave of absence which was entered with the student “not in good academic standing.”

If a student successfully attains a Pass in all courses/clerkships in a repeated program year, s/he will be removed from academic probation.

B. Non-Academic

Professionalism is a core competency of the CMSRU curriculum. All matters related to professionalism within the curriculum are reviewed by the vice dean. 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 vice dean may, after discussion with the faculty, and/or course/clerkship director, and/or the Associate Dean for Medical Education, and or the Associate Dean for Student Affairs and Admissions, 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 conditions for removal from non-academic probation to the vice dean. The vice dean will notify the student of their status and will state in writing the specific duration and conditions of the probationary status. The vice dean is responsible for monitoring the student’s adherence to the conditions of the probation. The vice dean 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 may be dismissed by the Academic Standing Committee.

VI. APPEALS

An appeal may be made only on the basis of: **Procedural Irregularity** - documented error in, or divergence from, the prescribed or customary process of evaluating and grading students; or **Extenuating Circumstances** - 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. Appeals will be acted upon favorably only when real, clear and convincing evidence is presented to suggest that application of the policy is inappropriate in particular circumstances.

A. Appealing a Course or Clerkship Grade

1. Appeal to the Course/Clerkship Director

A student who believes that a course/clerkship grade is unfair and unjustified must first appeal his/her grade to the course/clerkship director within three working days of having been notified of the grade. The student submits the Grade Appeal Form to the course/clerkship director with a copy to the Director of Curriculum and Student Development. The Director of Curriculum and Student Development monitors and documents the process so that all steps in the appeal process are

followed correctly. The course/clerkship director, in consultation with the course/clerkship teaching faculty, will review the grade and notify the student and the Director of Curriculum and Student Development of the decision within seven working days of the appeal.

2. Appeal to the associate dean for medical education

If the student is dissatisfied with the decision reached by the course/clerkship director, s/he may appeal that decision, in writing, to the associate dean for medical education. The written appeal must be made within three working days of receiving notice of upholding the original grade from the course/clerkship director. The Director for Curriculum and Student Development monitors and documents this process. The associate dean for medical education reviews the appeal and offers a decision within seven working days. If the associate dean for medical education upholds the grade as recorded by the faculty, the student may then appeal the grade to the Academic Standing Committee. The student will be encouraged to begin the remediation process (if applicable) outlined by the course/clerkship director. If the student does not begin the remediation process (if applicable), they will be referred to the Academic Standing Committee.

3. Appeal to the Academic Standing Committee

If the student is dissatisfied with the decision reached by the associate dean for medical education, s/he may appeal that decision, in writing, to the Academic Standing Committee. The written appeal must be made within three working days of receiving notice of upholding the original grade and is monitored and documented by the Director of Curriculum and Student Development. The Academic Standing Committee reviews the appeal and offers a decision within ten working days. The decision of the Academic Standing Committee is final. The decision is communicated to the student, the course/clerkship directors, and the associate dean for medical education. The course/clerkship directors implement the decision of the Academic Standing Committee.

B. 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.

1. Appealing Decisions of the Academic Standing Committee based on academic performance promotional decisions to the Ad Hoc Committee for Student Appeals

Process of Appeal

- A student may appeal the decision of the Academic Standing Committee by requesting that the Vice Dean convene an Ad Hoc Committee for Student Appeals. The appeal is made through the Associate Dean for Medical Education. The process is monitored and documented by the Director of Curriculum and Student Development.
- The Vice Dean convenes an Ad Hoc Committee for Student Appeals that shall be comprised of five members of the faculty who are not members of 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 committee's hearing.

- At the discretion of the student making the appeal, one individual may accompany him/her at 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 Vice Dean and will be final. The Vice Dean shall communicate this final decision to the student.

2. Appealing Decisions of the Academic Standing Committee based on non-academic performance promotional decisions 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 decision of the Academic Standing Committee by requesting that the Vice Dean convene an Ad Hoc Committee for Student Appeals. The appeal is made through the Associate Dean for Medical Education. The process is monitored and documented by the Director of Curriculum and Student Development.
- The Vice Dean convenes an Ad Hoc Committee for Student Appeals that shall be comprised of five members of the faculty who are not members of 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 committee's hearing.
- At the discretion of the student making the appeal, one individual may accompany him/her at 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 Vice Dean and will be final. The Vice Dean shall communicate this final decision to the student.

Honor Code

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. Impaired Student Process

Student Health & Safety – 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 associate dean for student affairs and admissions after meeting with the associate dean for medical education and the vice dean and/or a designee from their offices based on an 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 designees 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 associate dean for student affairs and admissions, 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 associate dean for student affairs and admissions, the associate dean for medical education and the vice dean and/or a 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 associate dean for student affairs and admissions 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 associate dean for student affairs and admissions 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 associate dean for student affairs and admissions and/or a designee from that office should document the student's refusal. Upon academic suspension, the associate dean for student affairs and admissions after meeting with the associate dean for medical education and the vice dean 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 associate dean for student affairs and admissions 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 associate dean for student affairs and admissions and/or a designee from that office must document the means and the time by which the student left the premises and/or 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 associate dean for student affairs and admissions and/or a designee from that office should meet with the student to discuss their return to academic responsibilities. The associate dean for student affairs and admissions 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 associate dean for student affairs and admissions 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 associate dean for student affairs and admissions 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 associate dean for student affairs and admissions 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; 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. All students will maintain accident, medical, and disability insurance.

SCOPE: This policy applies to all CMSRU medical students.

PROCEDURE:

The Director of Student Health (housed in the primary care facility in Suite 104, 3 Cooper Plaza in Camden weekdays 8:30 a.m.-4:30 p.m.) oversees all health services offered to students. The Director of Student Health may also be designated by a student as her/his health insurance primary physician. At all times students have emergency and after-hour medical coverage by the Department of Emergency Medicine facility in Cooper University Hospital's Emergency Department. 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.

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:
 - (1) Primary care, including preventive care, general medical services such as episodic and chronic care screening and monitoring
 - (2) Immunization review and updating
 - (3) Health education
- c. Annual PPD testing and appropriate follow-up care will be through Worknet yearly starting in the M2 year. Results will be captured in the EMR at Student Health.
- d. Annual influenza vaccination will be through Worknet and recorded in each student's EMR via the Student Health Center.
- e. Record keeping and periodic reports to the Associate Dean for Student Affairs and Admissions office regarding immunizations will be provided as required as needed.
- f. 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.

The students of CMSRU will be able to access a physician 24 hours a day, 7 days a week, through the hospital operators.

Co-pays and deductibles are the responsibility of the student. Students are allowed to select a physician outside of the Student Health Center.

CMSRU students can contact the reception area at 856-342-2439 for routine appointments, and the nursing area at 856-342-2439 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. All students will identify themselves when calling the Student Health Center.

It is necessary to make a nurse visit appointment if students need to copy any health records, or get a

needed immunization.

Students are responsible also for laboratory, radiology, or specialty referrals and treatments.

Record keeping and periodic reports to the Office of Student Affairs regarding immunizations will be provided as required. Any student having absent or low titers will receive the appropriate vaccine. Hepatitis B immunization as required will also be administered. The cost of vaccinations, other than the influenza vaccine, are the responsibility of the student.

* See separate policy on Needle Stick and Bodily Fluid Exposures

Student Health Providers

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. All students will maintain accident, medical, and disability insurance.

SCOPE: This policy applies to all CMSRU medical students.

PROCEDURE:

The Director of Student Health (housed in the primary care facility in Suite 104, 3 Cooper Plaza in Camden weekdays 8:30 a.m.-4:30 p.m.) oversees all health services offered to students. The Director of Student Health may also be designated by a student as her/his health insurance primary physician. At all times students have emergency and after-hour medical coverage by the Department of Emergency Medicine facility in Cooper University Hospital's Emergency Department. **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.**

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- a. History, physical and laboratory examination
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- f. 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.

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Students are responsible also for laboratory, radiology, or specialty referrals and treatments.

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* See separate policy on Needle Stick and Bodily Fluid Exposures

Professional Appearance

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

I. POLICY:

A. 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:

A. 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. 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. Footwear must be clean and neat. Individual directors can approve clogs and sneakers, depending on the setting and interactions.
6. Hair, beards, and mustaches must be neat and well groomed. For purposes of safety, infection control, and 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. Every effort should be made to cover or conceal tattoos. Tattoos or markings that are offensive or portray violent/threatening images must be covered. Tattoos or markings that extend beyond the edge of one's neckline or collar, or the sleeve of one's shirt are not permitted to be exposed and must be concealed. Likewise any tattoos or markings that are visible on an individual's face, neck, palm, fingers or back of the hand are not permitted to be exposed and must be concealed in a manner that does not interfere with patient safety, infection control or equipment operation.
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. Pierced jewelry and rings are not permitted on any other visible body part (including, but not limited to, eyebrows, nose, 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.
11. 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.
12. Fragrances, perfumes, colognes, hair sprays, etc. should be kept to a minimum and may be prohibited if they pose a health concern to others.
13. Hats and caps are not permitted unless they are part of a uniform. Permission may be requested and granted for a medical or religious reason.
14. Sunglasses may not be worn indoors unless medically necessary.
15. 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
 - 16. 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. Employees who give direct, hands-on patient care may not wear artificial fingernails. 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
 - 3. Sleeveless shirts, blouses, and dresses are not permitted unless covered by a jacket or sweater.
 - 4. Stockings or socks must be worn.
 - 5. The length of pants/trousers must extend to the ankle.
 - 6. 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 –
 - a. 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. Casual Business Attire (Dress Down Day)
 - a. A more casual or relaxed dress code will be permitted during the summer and on Fridays. Casual business attire must still follow the guidelines

outlined above and must be appropriate for a work environment. Casual business attire must be neat and professional. Casual business attire includes such clothing as colored polo shirts, oxford shirts, blouses, sweaters/cardigans, blazers/sport coats, casual slacks (no jeans), khaki pants, pants to mid-calf, dresses and shirts, casual skirts, loafers, sandals, and boots.

3. Uniforms

- a. 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

[8.604a Attachment - Employee Scrubs Program](#)

V. RELATED POLICIES

[8.609 Employee Relations - Identification Badges](#)

[8.702 Discipline Termination of Employment - Health System Rules](#)

Professional Conduct

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 our students. It is also expected to be 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.

Hearing Body for Student Rights

Hearing Body for Student Rights, a standing committee of the School, consists of six members and three alternates. 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 all matters of dispute regarding student behavior and professionalism.

Professionalism Intervention Report

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

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.

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 the Statement on Fitness for Professional Responsibility that relate to a course or clerkship are managed as per the Grading, Promotions and Appeals Policy.
- Issues related to the Statement on Fitness for Professional Responsibility that occur outside of the curriculum, including the filing of a Professionalism Intervention Report, will be managed as follows:
 - All matters are reported to the associate dean for student affairs and admissions (ADSAA)
 - In the absence of the ADSAA reports will be given to the vice dean
 - The student will be notified and a meeting arranged
 - The ADSAA may deal with the issue directly or involve the assistance of other resources
 - The ADSAA may decide to refer the matter to the vice dean
 - Note: The ADSAA or the vice dean can place a student on immediate leave for an issue related to professional behavior pending further investigation.
 - The vice dean may deal with the issue directly or refer the issue to the Hearing Body for Student Rights for review and decision

Request for Review:

- A student wishing to file a request for review of a decision made by the Hearing Body for Student Rights must submit a written request for review to the ADSAA within 14 calendar days of notification of the action.
- The ADSAA will refer the request for review in writing to the ad hoc committee of the faculty for review.
- The ad hoc committee will review the matter formally within 7 calendar days of receiving the written request for review.

- The student may elect to have one representative present for the formal review. This person will not be permitted to speak at the meeting.
- The ad hoc committee will submit a written decision to the vice dean within 7 calendar days of the formal review.
- The decision of the ad hoc committee will be communicated to the student in writing by the vice dean within 7 calendar days and is final.

Religious Observances

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 faculty and the associate dean for student affairs and admissions.

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 fees of any kind shall be charged by the CMSRU for making available an opportunity to make up an examination or assignment.

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 associate dean of student affairs.

Student Sexual Misconduct and Harassment Policy

This link provides the most recent policy:

http://www.rowan.edu/equity/titleix/documents/StudentSexualPolicy7-25-12_002.pdf

Standards for the Learning Environment

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 offerings 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 individually. 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.
- An 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 associate dean for student affairs and admissions 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 associate dean for student affairs and admissions will receive any report issued by any student surrounding learning environment issues.
- The associate dean for student affairs and admissions, the associate dean for medical education and the vice dean will meet regularly to review these reports and monitor follow-up actions within the departments where the events occurred. To preserve anonymity to the fullest extent 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 associate dean for student affairs and admissions 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:
 - The Center for Student Wellness

- The Student Assistance Program
- The Committee for a Positive Learning Environment
- The CMSRU Ombudsperson
- Other resources as needed
- The vice dean 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 and the associate dean for student affairs and admissions 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 Mistreatment

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 insultingly, 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 services;
- 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 associate dean for student affairs and admissions or the CMSRU ombudsperson at any time. The associate dean for student affairs and admissions 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 associate dean for student affairs and admissions and will provide, in writing, the rationale for the complaint.

The associate dean for student affairs and admissions 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 associate dean for student affairs and admissions 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.

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

Social Networking

PURPOSE: 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.

POLICY: Social Network Policy

SCOPE: Candidates for the Doctor of Medicine degree

DEFINITIONS: Social Network: A social network service is an online service, platform, or site that focuses on building and reflecting on social networks or 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, Twitter, Google+, blogging sites, and many others.

PROCEDURE:

Social networks are ubiquitous, easily accessed, and potentially very valuable resources for students - for sharing experiences, support, and for educating and participating in the broader community and society. However, the immediacy, accessibility, and permanence of digital media poses risks and challenges to all users, with unique and important issues for healthcare providers, having access to private and sensitive patient information.

While we encourage and support the use of social media for the many benefits it can provide, the below guidelines are provided to protect first and foremost patients, as well as CMSRU's students, faculty, and staff, and the institution itself.

All students must observe the following rules when accessing or posting to social network sites:

- Assume that any information or photos that you post are permanently accessible to anyone, including current and future patients, colleagues, and employers. Deleted posts may still be available through search engines and other methods.
- Post respectfully. Avoid posting comments or materials that may be seen as demeaning, threatening, or abusive. HIPAA regulations always apply to any information related to patients, therefore posting of any patient protected health information (PHI) is strictly prohibited
- Beyond the current 18 PHI identifiers, students should consider any patient-related posting (including photos of patients) to have the potential to be identifiable by third parties, and should limit postings to generic and/or broad disease- or diagnosis-related discussions, rather than individual patient-focused topics. Even casual references, e.g., that one is a specific patient's medical student, is a HIPAA violation as it acknowledges that the individual was or is hospitalized. These rules apply even if the patient was specially profiled on (or if the patient directly posted a comment on) a social network or other public site.

- If you have a personal blog or social networking profile, make it clear to readers that you are not speaking in any official capacity for CMSRU. Realize however, that your postings will likely reflect on CMSRU, and that readers may form an opinion about CMSRU based on the postings of its students
- Use a personal e-mail address (not your CMSRU address) as your primary means of registering for entry into social media platforms.
- Don't be afraid to ask for guidance regarding social networking from peers, faculty, and medical school administration. Think before you post.

The following actions are strictly forbidden:

- Access of these sites is not permitted during class time
- Posting of personal health information (PHI) of other individuals is prohibited. Removal of an individual's name does not constitute proper de-identification of protected health information. 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 a medical outreach trips) may still allow the reader to recognize the identity of a specific individual.
- Posting of private (protected) academic information of another student or trainee is prohibited. Such information might include, but is not limited to: course or clerkship grades, narrative evaluations, examination scores, or adverse academic actions.
- Representing yourself as another person, real or fictitious, or otherwise attempt to obscure your identity as a means to circumvent the prohibitions listed herein.
- Accessing websites and/or applications in a manner that interferes with official 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 access to the computer for patient-related matters. Moreover, do not delay completion of assigned clinical responsibilities in order to engage in social networking.
- Display of vulgar language or potentially offensive language is not permitted.
- Display of language or photographs that imply disrespect for any individual or group because of age, race, gender, ethnicity, or sexual orientation is not permitted.
- Posting personal photographs or photographs of others that may reasonably be interpreted as condoning irresponsible use of alcohol, substance abuse, or sexual promiscuity is prohibited.
- Posting of potentially inflammatory or unflattering material on another individual's website, e.g. on the "wall" of that individual's Facebook site is prohibited.

Additional Guidance for Use of Social Networks

- Privacy settings should be reviewed routinely, and visibility of information should be clearly understood. Understand that even if you limit the number of people who can see your personal information, others who have access to this information may share it more broadly
- Sharing of location information (e.g., "checking in" while out of town) lets the public know that you may have an empty house or apartment and may increase the risk for burglary. Posting of vacation photos while still on vacation provides the same information.
- Assume that digital media is permanent, and that materials posted today can be seen by future friends, colleagues, patients, and employers. Consider whether or not the materials that you post reflect the image that you may want to project now and in the future.
- Posting anonymously is generally discouraged, as the assumed cloak of anonymity is not sustainable, and frequently encourages individuals to post information or in ways that they would not do so publicly.
- "Friending" or otherwise connecting directly with patients on social networking sites is generally discouraged.

- Post photos of others only with their permission. Consider whether they may be harmed by what you have posted.

Note: The associate dean for student affairs and admissions or the associate dean for medical education can place a student on immediate leave for an issue related to professional behavior. A breach of this policy will be considered such an issue. Such a breach will be reviewed by the Hearing Body for Student Rights.

Student Attendance

PURPOSE: This policy outlines what constitutes an excused absence and how CMSRU will work with each student to assure that information and testing is not missed when a student is unable to be present.

PURPOSE: A student will have events occur during the course of their medical education that are unpredictable. CMSRU puts the health and welfare of each student paramount. This policy outlines the importance of in-person, active engagement among students and faculty. It is important to provide unambiguous expectations for active student participation in the educational program in a manner that is respectful of and adaptable to unexpected events, and allows students to plan their schedules responsibly.

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

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

PROCEDURE:

Responsibilities of the student:

Note: Students will be excused for all matters related to addressing personal health issues, and will be expected to notify the appropriate party as listed below.

Students are expected to be present at every interactive session required by course directors and all clinical activities. These will be detailed on all course and clerkship syllabi. Students are responsible for knowing the course director’s syllabus. Students are expected to be prepared, and to be on time for all activities. The only approved vacation periods are those published as part of the academic calendar.

The student must inform the associate dean for student affairs and admissions with official or written documentation before the fact in cases of religious observances, or presentation at a state or national conference, as soon as possible for health reasons, death of a family member or loved one, or rare and compelling circumstances, and inclement weather (see policy) to document a request for an excused absence from a required course or clerkship activity. Students should consult with the Office of Student Affairs and Admissions to discuss their absence and to determine if it can be approved. Students should provide acceptable documentation whenever possible. If the absence is approved, the student will be permitted to be absent from class for the specific period; however, the student still remains responsible for the content provided during the absence. It is the student’s responsibility to discuss the implications of the approved excused absence with their course directors and facilitators so that they are clear on their responsibilities regarding missed course activities. Any “make up” activities from the absence will be coordinated with the associate dean for medical education and the assistant deans for Phase 1

or Phase 2 as applicable. Unexcused absences will be noted by the course directors and/or facilitators and will be reported to the associate dean for student affairs and admissions.

Responsibilities of the Faculty:

Attendance requirements must be part of the syllabus provided to students. Faculty must make reasonable accommodation to provide students with absences for the above reasons the opportunity to make up their work, tests, or other assignments at the earliest possible convenient time.

Faculty are under no obligation to make special provisions for students that are absent for reasons other than those listed above and approved by the Office of Student Affairs and Admissions. .

If a student develops a pattern of excessive and/or unexplained absences, the faculty should advise the student to request assistance from the associate dean for student affairs and admissions. All unexcused absences will be reported to the Office of Student Affairs and Admissions.

Phase 1

All activities associated with each of the courses in Year 1 and Year 2 are valuable components of the medical school learning experience. Students should read the syllabus for every course and clerkship for more specific requirements regarding required attendance and expected participation.

Phase 2

Students are expected to participate in all clerkship activities. Students must obtain prior approval from the clerkship director for all absences from clerkship activities, and clerkship directors will report absences to the associate dean for student affairs and admissions where the absences will be recorded.

Tardiness: Being on time for scheduled activities in either phase of the curriculum is part of professionalism. Being on time for all course or clerkship activities is expected. Recurrent lateness will be considered a breach in professionalism, and such will be noted in the course narratives. If the behavior persists after being noted, a Professionalism Intervention Report will be issued. Please see the Grading, Promotions and Appeal Policy for matters related to issues involving professionalism.

Process:

- It is the responsibility of course faculty to monitor attendance at required sessions and record those who do not attend or are late.
- These reports need to be delivered to the education coordinator for the course immediately after the session who will record them and pass them on to the course director and the assistant dean for the curricular phase. All unexcused absences will be sent to the associate dean for student affairs and admissions.
- Any student who wishes to have an excused absence must do so through the associate dean of student affairs and admissions in advance of a session.
 - Such an excused absence must be based upon factors noted above.
- The associate dean of student affairs and admissions will notify the assistant dean of the curricular phase for that student if the absence is excused.
- The assistant dean will notify the course director and the educational coordinator involved.
- Monthly absence and tardiness reports will be submitted by the medical education department to the associate dean for student affairs and admissions.

Excused Absence: A Guide

The following are considered excused absences:

- Acute personal illness
- A physicians appointment for personal care that could not be scheduled at any other time
- Acute event such as a car breaking down – *these will be case by case*
- Family Crisis
 - Death of parent, child, spouse or sibling (*other than this will not definitely be excused*)
 - Acute major illness or accident involving the above
- Religious Observance: Please see the full policy in the Handbook that includes the following: *“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 the associate dean for student affairs and admissions.”* This does not mean that all such days are excused, only that the decision is yours to make.
- Attending a Conference: these will be excused if you are presenting, doing a poster, or have been asked to go by administration to represent our school (Ex: OSR)
- Wedding –Please note that there are times in the schedule that work best for any event that can be scheduled in advance. Wedding dates are usually known long in advance. *These will be addressed on a case by case basis but not usually excused.*

It is not possible to include all possibilities on a list. The above are a guide. Each request will be considered, but because each day of medical school involves a large amount of material absences are discouraged overall.

If you have a request denied, that means the faculty are under no obligation to make an effort to get you materials and tests will not be postponed. It is your decision to miss school.

In the M3 year each unexcused absence day will be counted towards the 5 personal days allowed during the year. All requests for excused absences in the M3 year will first be made known to Richard O’Neal who may consult with others as needed. In the event that a student exceeds the 5 personal days, this will be referred to the Vice Dean as it involves professionalism.

In Phase 1, all requests for excused absences are to made using the Blackboard system:
http://cmsruapp2.rowan.edu/coopermed/attendance/admin/admin_index.php.

In the M3 year all requests are to go through Richard O’Neal. He will consult with Dr. McGeehan and others as appropriate. All third year requests must be made using the absence request system:
http://cmsruapp2.rowan.edu/coopermed/attendance/admin/admin_index.php

M4 INTERVIEW AND VACATION PERIOD

Students have 9 four week blocks to complete their required clerkships and electives in their M4 year. That leaves 1 four (4) week block open for interviews and personal time (vacation, illness).

In addition, students are permitted five (5) additional days of personal time (vacation, illness) in the M4 year that can be taken outside of the four (4) weeks already given for interviews and personal time.

Personal time can only be taken off during electives. The maximum is 2 days of personal time for a 4 week elective, 1 day for a 2 week elective. You must contact the elective director and coordinator as far in advance as possible if you know that you will be taking personal time off. Personal time is not permitted

during the mandatory M4 clerkships: Emergency Medicine, Chronic Care, Sub-Internship, Medical/Surgical Intensive Care.

Please make sure to contact your elective director and coordinator as early as possible about interviews. You will be responsible for any material missed during an elective for an interview.

All students are expected to be at CMSRU for Match Week. Students cannot take personal time during Match Week.

Student Clinical Assignment

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.

I. 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.

1. 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.

2. 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.

3. 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 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 Associate Dean for Student Affairs should the potential for these conflicts of interest arise.

Preclinical Academic Workload

Name of Policy: Academic Workload Policy for Pre-Clinical Years

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 insure 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 vice dean 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 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.
- 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 vice dean.
- 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 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 vice dean.
- PDs and the DIO address issues of non-compliance. If non-compliance persists, the vice dean addresses it with the departmental chair.
- PDs are responsible for arranging the schedule of their trainees to accommodate their participation in live aspects of the PRIME program.
- 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 vice dean to the director of GME for dissemination to the trainees.
- Compliance with review of the Compendium of Student Policies is monitored by the vice dean.
- 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.

Teacher-Learner Interaction

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' well-being.
- 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

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 and skills which are essential to complete the educational program.

POLICY: Qualified and accepted applicants 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 will not discriminate against individuals with disabilities, and shall provide reasonable accommodation and support to qualified disabled individuals. Technological compensation can be made for some handicaps in certain areas but a candidate must be able to perform in a reasonably independent manner. CMSRU will attempt to maximize the opportunity for success of every applicant and student while maintaining the integrity of the educational program and the ability of the program to accommodate the individual’s particular disability

and/or handicap. CMSRU will provide an equal opportunity for an individual with a disability who attests that they meet our technical standards for the MD degree to participate in the application process and be considered for enrollment.

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

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 the Medical Degree. CMSRU will comply with the Americans with Disabilities Act (ADA) and the Rehabilitation Act of 1973 and will adhere to AAMC Technical Standards. All students that request a secondary application will attest that they have read and meet our technical standards for the admission of applicants before being sent a secondary application or charged an application fee.

A. Technical Standards

1. Summary

The Association of American Medical College's Advisory Panel on Technical Standards notes candidates for the MD degree must have the functional use of the senses of vision and hearing. Candidates' diagnostic skills will be lessened without the functional use of the senses of equilibrium and smell. Candidates must have sufficient exteroceptive sense (touch, pain and temperature), and sufficient motor functions to permit them to carry out the activities described in the sections that follow. They must be able to integrate consistently, quickly and accurately all information received by whatever sense(s) employed, and they must have the intellectual ability to learn, integrate, analyze and synthesize data.

A candidate for the MD degree must have abilities and skills including: observation; communication; motor; intellectual-conceptual, integrative and quantitative; and behavioral and social. Technological compensation can be made for some handicaps in certain of these areas but a candidate should be able to perform in a reasonably independent manner. The use, of a trained intermediary, means that a candidate's judgment must be mediated by someone else's powers of selection and observation, and is not acceptable.

2. Required Abilities and Skills

I. Observation: The candidate must be able to observe demonstrations and experiments in the basic sciences, including but not limited to physiologic and pharmacologic demonstrations, microbiologic cultures, and microscopic studies of micro-organisms and tissues in normal and pathologic states. A candidate must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision. It is enhanced by the functional use of the sense of smell.

II. Communication: A candidate should be able to speak, to hear with or without traditional amplification devices and to observe patients in order to elicit both verbal and non-verbal information, and must be able to communicate effectively and sensitively with and about patients. Communication therefore includes speech, reading and writing. The candidate must be able to communicate effectively and efficiently 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 carry out basic laboratory techniques and to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. Candidates must be able to perform anatomical dissections. They must have sufficient motor ability to use a microscope. A candidate should have the motor

skills which will allow him/her to do basic laboratory tests (urinalysis, gram stain, preparation of a blood smear. etc.), carry out diagnostic procedures (proctoscopy, paracentesis, etc.), perform and read EKGs and read x-rays. A candidate should be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Examples of emergency treatment reasonably required of physicians are cardiopulmonary resuscitation, the administration of intravenous medication, the application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds, and the performance of simple, general gynecologic procedures. 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 admission and education process.

B. Accommodation Requests

Any applicant or student who believes that he/she has a disability or handicap which requires a reasonable accommodation with respect to his/her duties and responsibilities should make a request for an accommodation with the Office of Student Affairs by completing a Verification of Medical Documentation for Disability Services form. Requests for accommodations from accepted students will be considered by the Student Needs Committee, in accordance with the Americans with Disabilities Act, prior to the applicant's matriculation into the class, or as a visiting student enrolling in an elective at CMSRU. Applicants or admitted students may be required to submit to a medical examination regarding the request and/or fitness for duty. An individual must at all times be able to perform the essential functions. A request for an accommodation must not, in the opinion of the Office of Student Affairs and/or Clerkship or Course Director, fundamentally alter the academic program involved.

Additionally, should the student have or acquire an infectious disease or other condition that could put patients or the public at risk through exposure to the student's blood or other bodily fluids (e.g. hepatitis, syphilis, tuberculosis, HIV), he or she should notify the Office of Student Affairs immediately.

REFERENCES:

Recommendations of the AAMC Special Advisory Panel on Technical Standards for Medical School Admission (Memorandum #79-4), approved by the AAMC Executive Council on January 18, 1979
Americans with Disabilities Act of 1990 [ADA], including changes made by the ADA Amendments Act of 2008 (P.L. 110-325), and the ADA Amendments Act of 2008 (Public Law 110-325, ADA AAA)
Section 504 of the Rehabilitative Act of 1973 (PL 93-112)

Duty Hours

PURPOSE:

The faculty and academic administrators of CMSRU recognize their responsibility to maximize the fair and equitable treatment of CMSRU students during their clinical clerkship education. Therefore, they have established this policy to guide themselves and medical student colleagues in creating an environment that supports the education of medical students while defining the time limitations students must adhere to during clinical duty.

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

DEFINITIONS:

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

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."

I. RESPONSIBILITY

CMSRU Duty Hours: A medical student shall not exceed duty requirements of 16 hours within a 24 hour period. Duty includes didactic educational sessions, patient care, transition, and call periods. Medical students must have 8 hours off duty within this 24 hour cycle. Furthermore, students must have one 24 hour period free from duty per week. Medical students must adhere to an 80-hour maximum weekly limit averaged over 4 weeks.

Implementation

1. Office of Medical Education and the Office of Student Affairs and Admissions

The Office of Medical Education will monitor duty hours of medical students on a scheduled basis that corresponds to the M3 and M4 block schedule. M3 students will complete a self-reported duty-hour exception report at the end of their inpatient blocks which will detail reasons why the student was not in compliance with the duty hours policy on any specific day in that block cycle. M4 students will complete their mid-block and end-of-block duty hour exceptions reports. The associate dean for student affairs and admissions monitors the duty hours policy with the support of the associate dean for medical education and the vice dean.

2. Students

Students are responsible to comply with duty hour policies, regulations and procedures.

- If during a course or clerkship sponsored by CMSRU or approved for an away elective at another sponsoring institution, students are not in compliance with CMSRU established duty hours, students will receive a warning from the associate dean for student affairs.
- If the student continues to be not in compliance with CMSRU established duty hours after the warning from the associate dean for student affairs, they may be referred to the Academic Standing Committee.

3. Faculty

Faculty members are responsible for implementing duty hour policies, regulations, and procedures. For the courses or clerkships for which they are responsible, faculty members:

- Agree to abide by the duty hours for CMSRU medical students as defined by CMSRU and the ACGME.
- If faculty require students to be out of compliance with the established CMSRU duty hours, faculty members will have a warning issued by the vice dean's office to ensure that students make every effort to comply with established CMSRU duty hours.
- If, after a warning to comply with established CMSRU duty hours for medical students, faculty members continue to require students to be out of compliance with the defined duty hours of CMSRU, they will have their faculty appointments revoked.

Drug-Free Environment

PURPOSE: To establish the guidelines for identifying and addressing drug and alcohol use by the CMSRU student body.

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*), CMSRU will ensure that alcohol or drug abuse, use of illegal drugs, illegal possession, distribution, or sale of drugs will not be tolerated. CMSRU Counseling Center Staff will present and distribute drug and alcohol abuse information each semester.

SCOPE: This policy affects all students of CMSRU and commits CMSRU to providing support through the Counseling and Psychological Services Center. 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 student's productivity and ability to perform duties or which potentially affects their own safety and/or the safety and well-being of their 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 their 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 his/her duties safely, productively and efficiently.
- A student should notify his/her advisor/instructor when his/her 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 his/her observed physical or mental condition or performance of duties and responsibilities are expected to immediately notify their advisor/instructor and the associate dean for student affairs and admissions. 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 5 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 SAP. In case of an emergency, students will have 24-hour a-day access to crisis counseling.

CMSRU Resources:

CMSRU 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 the policy to students within the student handbook.

Drug Testing

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.
- A. 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.
- B. 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.

- C. 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.

Inclement Weather

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 and 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 (<http://www.rowan.edu/coopermed/>)
- Email
- Voicemail

Decision for closure will be made by 6 a.m.

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.

Faculty e-sign here: <http://www.rowan.edu/coopermed/faculty/esign/>

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