Student Handbook

This Handbook contains current policies and regulations of the Cooper Medical School of Rowan University. The School reserves the right to change these policies; in such case the changed policy will be applicable at the nearest appropriate time. While every effort has been made to ensure the accuracy of the information in this Handbook, the School also reserves the right to make changes in response to unforeseen or uncontrollable circumstances.

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Mission Statement

Cooper Medical School of Rowan University is committed to providing humanistic education in the art and science of medicine within a scientific and scholarly community in which inclusivity, excellence in patient care, innovative teaching, research, and service to our community are valued.

Our core values include a commitment to: diversity, personal mentorship, equity, professionalism, collaboration and mutual respect, civic responsibility, patient advocacy, and life-long learning.

Vision

Cooper Medical School of Rowan University will distinguish itself as an innovative leader in medical education and related research with emphasis on developing and validating comprehensive systems of healthcare for underserved populations as a model to address the challenges of accountable patient care in 21st century and beyond.
Goals

**Educational:**

- Produce students who will be exemplary physicians.
- Prepare students with professional and personal skills to competently acquire knowledge, collect accurate information, be good listeners and observers, communicate well, and become lifelong learners.
- Provide an innovative curriculum taking advantage of the strengths of CUH and RU, with early exposure to simulation and clinical care.
- Prepare students for Graduate Medical Education.
- Provide more affordable medical education.
- Enhance diversity.

**Research:**

- Create a focus of research on the science of healthcare delivery.
- Create an environment in which medical and other students, graduate students, residents, and fellows can participate as teams in research projects.

**Community:**

- Help to build a healthier community through education and medical care of its members.
A Message from Interim Dean Reboli

**Educate. Innovate. Lead. Serve.**

These four principles are the foundation of the Doctor of Medicine program at Cooper Medical School of Rowan University (CMSRU). Reflected in CMSRU’s mission and vision, they provide a roadmap for our students, our deans, our faculty and our staff. We believe that by weaving these four values into every aspect of our school, we are ensuring that our graduates will be the physician leaders of tomorrow – the men and women who you will want to provide medical care to you and to your loved ones.

Officially launched in 2012, CMSRU was the first new medical school in New Jersey in 35 years. Being a new school afforded us with the unique opportunities to create a culture centered on teamwork, professionalism and empathy. We’ve had the advantage of being able to develop a curriculum that offers dynamic teaching methods that support learning, including a focus on active learning, simulation and early and frequent exposure to patient care.

In 2016, CMSRU celebrated a number of milestones. We participated in our first ever Match Day, where we learned that 100 percent of our charter class were offered residency positions at some of the top programs across the country. We bid farewell to those pioneering students during our Inaugural Commencement event in May. Deans, faculty, staff and dignitaries from across New Jersey joined with the graduates and their loved ones to mark this historical event in Camden. And in June, we received Full Accreditation for the maximum period of five years by the Liaison Committee on Medical Education, the accrediting body for U.S. medical schools.

Please explore the pages of our website and learn about who we are, what we do, and what makes CMSRU different. And if you are a potential student, we hope you will find that our mission resonates with you and that you will discover your new home with us in Camden.

With warmest regards,
Annette C. Reboli, MD
Interim Dean
Milestones

In June 2016, CMSRU received full accreditation for the maximum period of five years from the Liaison Committee on Medical Education, the nation’s accrediting body for MD-granting medical schools.

In March 2016, the Charter Class celebrated its first residency Match Day, with 100 percent of graduating students being offered residency positions. More than one-third of the class will remain in the Delaware Valley region to complete their training, including eight students who matched at Cooper University Hospital in emergency medicine, general surgery, internal medicine, and vascular surgery programs. Students also matched at the Hospital of the University of Pennsylvania, Children’s Hospital of Philadelphia, St. Christopher’s Hospital for Children, Temple University Hospital, Thomas Jefferson University Hospital, and DuPont Children’s Hospital. Nationally, students matched at a range of esteemed programs, including: Children’s National Medical Center in Washington, D.C., Columbia-Presbyterian Hospital, Dartmouth-Hitchcock Medical Center, Boston University Medical Center, University of Southern California, UCLA, and Rhode Island Hospital/Brown University.

In May 2016, many of the same dignitaries who gathered for the school’s groundbreaking and grand opening events gathered once again – this time to celebrate CMSRU’s Inaugural Commencement event.
The Origins of Cooper Medical School of Rowan University

Cooper Medical School of Rowan University (CMSRU) was conceptually created by the executive order of Governor Jon Corzine, on June 25, 2009. This act was the culmination of a more than 30-year effort by Cooper University Hospital to become the hospital partner of a four-year allopathic medical school in southern New Jersey. The Cooper Medical School of Rowan University linked two institutions that continue to experience a meteoric rise in prestige in the Delaware valley. Rowan University and the Cooper Health System both share a commitment to education and research and to enriching the lives if the citizens of our region.

A formal affiliation agreement between CHS and Rowan University (RU) was entered into on September 21, 2010, to support a program of classroom, laboratory, and clinical education meeting the highest academic standards of the Liaison Committee on Medical Education (LCME).

About Rowan University

Rowan University evolved from humble beginnings as a normal school with a mission to train teachers to a comprehensive university with a regional reputation. In July 1992, industrialist Henry Rowan donated $100 million to the institution, then the largest gift ever given to a public college or university. In the 1990s, the school added the Colleges of Engineering and Communication and established the first doctorate program. The college achieved university status in 1997 and changed its name to Rowan University.

Rowan is in the midst of an aggressive 10-year plan that has given the university a reputation for excellence and innovation and has made it the public university of choice in the region. Rowan’s more than 11,000 students pursue degrees in 80 undergraduate majors, including two accelerated bachelor's to master’s programs, 55 majors leading to master's degrees, seven professional certification programs, 25 graduate certification study programs, six teacher certification programs and a doctoral program in Educational Leadership. Rowan includes seven colleges (Business, Communication, Education, Engineering, Fine and Performing Arts, and Liberal Arts and Sciences, and the College of Graduate and Professional Education). Several of the colleges that will have direct ties to the medical school boast an emphasis on research and multidisciplinary collaborations on projects for outside organizations both on the main campus and at the nearby South Jersey Technology Park at Rowan University. These and other efforts have caught the attention of national organizations that evaluate colleges and universities. U.S. News & World Report ranks Rowan University in the “Top Tier” of Northern Regional Universities. Kaplan included the University in “The Unofficial, Biased Insider’s Guide to the 320 Most Interesting Colleges.” Kiplinger’s named Rowan University one of the “100 Best Buys
in Public Colleges and Universities,” and the Princeton Review included Rowan in the latest edition of “The Best Northeastern Colleges.” In its most recent college-ranking publication, U.S. News & World Report ranked Rowan’s College of Engineering 15th among undergraduate/master’s programs and placed three of its four programs in the top 10 (with Chemical Engineering second in the nation).

About the Cooper Health System

Since its founding in 1887, Cooper University Hospital has served as a cornerstone of Camden and for nearly 125 years has faithfully responded to the changing needs of the community. Cooper has served as a site for educating medical students, initially from Jefferson Medical College, and to a lesser extent from the University of Pennsylvania, and then, for the last 30 years, from the Robert Wood Johnson Medical School (RWJMS) of the University of Medicine and Dentistry of New Jersey (UMDNJ).

An academic faculty of over 500 employed physicians was developed that has compiled a strong record of scholarly achievements, clinical research, and pedagogy. The full-time faculty now admits more than 90% of the hospitalized patients. A $220 million, 312,000 square foot, 10 story patient care pavilion with 60 private patient rooms, 30 state-of-the-art critical care beds, an expanded emergency department, 12 operating room suites, and a modernized, automated laboratory facility was erected in 2008. Cooper has 600 licensed beds, making it the largest hospital in southern New Jersey. It has a strong regional presence with 80 ambulatory sites. With its mission to care for the indigent of Southern New Jersey, it is a designated “safety net” hospital. It has a Level I trauma center and internationally recognized program in critical care. Attesting to the success as a teaching institution, medical students training here have performed well on their National Board and USMLE examinations over many years and graduating students place well when seeking graduate medical education (GME) positions. Prior graduates also expressed great satisfaction with the Camden faculty on the annual Association of American Medical College’s (AAMC) Medical Student Graduation Questionnaire and in one survey it was called the “gem of the system” because of its excellent clinical teaching. The Cooper faculty’s track record with residency and fellowship trainees is likewise very strong. At present, Cooper is educating nearly 300 postgraduate trainees annually, in 30 separate programs. The board pass rate for this group is high and most residency and fellowship programs have received five-year accreditation. Cooper’s most recent Accreditation Council for Graduate Medical Education (ACGME) Institutional Accreditation was granted in 2009, with the maximum five years of accreditation awarded.

The longstanding tradition of serving Camden’s poor continues in the modern era. All patients continue to receive the highest quality care, irrespective of insurance and financial status. Cooper’s Institute for Urban Health strives to develop new model programs for the delivery of healthcare in the inner city and Cooper’s Camden-based medical students continue a long tradition of serving the indigent in student-run clinics.
Leadership Team

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Our Locations

Medical Education Building

**Address:** Cooper Medical School of Rowan University
401 South Broadway
Camden, NJ 08103

The CMSRU Medical Education Building is located at South Broadway and Benson Streets in Camden, NJ. This 200,000 square-foot, six-story building house contains state-of-the art educational and research space, as well as student support services and medical school administration.

Cooper University Hospital
1 Cooper Plaza Camden, NJ
(856)342-2000

Cooper University Hospital (CUH) is the main teaching hospital for CMSRU. The facility includes a new state-of-the-art 312,000 square foot, 10 story patient care center with 60 private patient rooms, 30 state-of-the-art critical care beds, an expanded emergency department and 12 operating suites. Cooper now has 660 licensed beds. It is the home of the only South Jersey Level 1 Trauma Center and is well known for its innovative programs in cardiology, cancer, critical care, orthopedics and neurosciences.

Camden Campus Map:
The Glassboro Campus of Rowan University

Rowan University is located in the southern New Jersey town of Glassboro, 18 miles southeast of Philadelphia. The campus is easily reached from the N.J. Turnpike, the Atlantic City Expressway or any of the Delaware River Bridges. The Welcome Gate is located at 257 Mullica Hill Road, Glassboro, NJ 08028.

Student Life

On-Campus Dining

In the CMSRU Medical Education Building, food service is available in the STAT Café adjacent to the Learning Commons on the first floor. This café offers soups, sandwiches, snacks and beverages throughout the day.

The Cooper Hospital Cafeteria is located in the Kelemen Building on the second floor. It offers both hot and cold meal options, including a salad bar. Full service dining is available at the Oasis Restaurant located on the first floor of the Pavilion building. The Pavilion also houses a small cafe which offers specialty coffee, salads, pre-made sandwiches and more. A large vending area is also available on the first floor for after-hours food selection.

ID/Access Cards

Students will be issued identification badges during orientation week. These badges must be worn at all times when on school or hospital property. The badges will provide access to hospital and medical school buildings and entrance to and privileges at the library facilities, as well as access to reserved educational spaces. For security purposes, individuals without proper identification should be reported to the Security Office.

Medical Supplies

Stethoscopes and sphygmomanometers will be used starting in the first year. It is recommended that students have these early in the first year since you will begin seeing patients after the White Coat Ceremony. There is no medical supply store on campus.

Dissection kits will be provided by CMSRU. These items are extremely expensive and should never be left unattended. When not in use, they should be kept in secured lockers. Dissection kits should be returned after completion of anatomy studies.

Lockers

All students will be issued lockers; students should bring their own combination or keyed locks. It is recommended that the locker be kept secured at all times. The school is not responsible for lost or stolen items.
Gym

CMSRU has become an external community partner with Rutgers University, Camden, NJ, which allows students to utilize the Rutgers Gym for a fee. The cost for joining the Rutgers Gym in Camden has been $240 annually, July 1-June 30.

The Rutgers Gym brochures and a membership application can be accessed at http://recreation.camden.rutgers.edu/memberships. Please, when completing the application, be certain to check the External Community Partnerships category and write CMSRU within the Organization Name field. The Rutgers Fitness Center website is located here: http://recreation.camden.rutgers.edu/. It provides gym hours and policies/procedures. CMSRU students must have a valid Cooper Medical School of Rowan University Student ID on hand when purchasing the membership AND when accessing the Fitness Center each day.

A full range of equipment and amenities are available daily. According to Ms. Freed, Rutgers Asst. Director of Athletics and Recreational Services, the specific courts (basketball, racquetball, etc.) are scheduled on a daily basis and you can either check in person or call prior to arrival to check on their availability, and also request to schedule a court as well. Additionally, she states “External members are able to use all of the amenities of the gym. They just can’t participate in Rutgers intramurals or clubs.”

Meter Parking ONLY-City Meters 15 minutes for $0.25, 12 hour max (Meters indicate hours enforced) Camden County Deck 856-968-1393 (Behind the University Bookstore). However, if there is no parking available you can contact parking services to receive a parking pass Rutgers University Police Department: 409 N. 4th Street, Camden NJ, 08102, (856) 225-6137-Monday-Friday 8:30am - 12:30pm & 1:30pm - 4:00pm.

Please contact Karen Freed if you have any questions regarding the Rutgers Gym Facility:

Karen Freed, Assistant Director of Athletics & Recreational Services/SWA, Rutgers University - Camden, 301 Linden Street, Camden, NJ 08102, ph: 856.225.6200, fax: 856.225.6024, karen.freed@camden.rutgers.edu

Wellness at CMSRU

The CMSRU Wellness Committee has been active for more than three years and is comprised of students who are committed to the health and well-being of the CMSRU community. The CMSRU Wellness Committee Mission: CMSRU is committed to providing tools to encourage all dimensions of well-being of our students, faculty and staff fostering principles of ‘self-care’

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translating to improved education, research and clinical care for patients and for our community. **The CMSRU Wellness Committee Vision:** CMSRU will distinguish itself as a premier medical school fostering health and well-being through curriculum, research and community outreach in an environment where there is a shared and accepted commitment to all dimensions of personal well-being.

Aligning with the establishment of a culture of wellness at CMSRU, a fitness studio and meditation rooms were retrofitted on the 4th floor of the CMSRU Medical Education Building in April 2014. The 1,690 square foot Wellness studio is used for instructor-led and/or video recorded fitness sessions. Some small equipment is available such as fitness balls, yoga mats, free weights (up to 10 lbs.), weighted bars, jump ropes, resistance bands, medicine balls, and a punching bag. The Yoga/Meditation Room is for small yoga or fitness classes (4-8 capacity) or for group meditation or prayer. The Private Meditation Room is intended for brief (15-20 minute) individual meditation/relaxation time. It also serves as a quiet retreat for prayer or nursing infants.

Students are encouraged to get involved on any of the following Wellness sub-committees: Gym & Fitness; Food & Nutrition; Community Outreach; Communications; and Mental Health & Life Balance. For more information about CMSRU Wellness, please contact Brittany Gottsch Gottsch@rowan.edu

**Public Safety**

Rowan’s Department of Public Safety operates 365 days a year and is available 24 hours a day. Administrative offices are located on the Glassboro Campus, phone number 856-256-4922, and on the CMSRU campus at 856-361-2880. Rowan security officers patrol the inside of the Medical Education Building throughout the day and night, and are available to take students to the parking garage, to public transportation, and to service learning and clinical sites as requested.

On the Camden Campus, the Camden Police Department and EMS services are part of the 911 system. In an emergency, dial 911 from any in-house phone.

**Student Selection**

Cooper Medical School of Rowan University seeks students who resonate with our mission, are academically excellent and who possess the special personal attributes required of physicians. We are committed to selecting students who possess personal and professional integrity, the potential for professional medical competence, the ability to deliver compassionate care, a passion for lifelong learning, intellectual curiosity, educational excellence, ethical conduct, an understanding that medicine is both an art and a science, open-mindedness and tolerance, and a service orientation to the community. Student selection is not influenced by political or financial factors. To be eligible for admission, applicants must be U.S. citizens or permanent residents of the U.S.

**Requirements**

Applicants must be US citizens or permanent residents, and are required to complete a bachelor’s degree **at an accredited U.S. or Canadian institution** prior to enrollment in the
MD Program. Specific required and recommended course work is shown below. An AMCAS application is required, and MCAT scores must be submitted through AMCAS. Test scores should be no more than 3 years old. Only the highest composite MCAT score will be considered. The Admissions Committee will not compile a new “composite” by considering highest individual sections of the exam.

**Suggested Course Work**

Applicants to CMSRU should take the following courses from an accredited college or university in the United States. Advanced Placement (AP) credit courses will not be accepted for these courses. If an applicant does have AP, community college or online credits, it is acceptable to substitute upper level laboratory courses in the same subject area.

**Required Courses**

- Biology or Zoology (with lab) 2 semesters/8 credits
- General (Inorganic) Chemistry (with lab) 2 semesters/8 credits
- English or Composition 1 semester/3 credits

**Recommended Courses**

- Physics (with lab) 2 semesters/8 credits
- Organic Chemistry (with lab) 2 semesters/8 credits
- Behavioral Science 1 semester/3 credits Ethics 1 semester/3 credits
- Biostatistics 1 semester/3 credits
- Humanities 2 semesters/6 credits
- Biochemistry 1 semester/3 credits
- Spanish 2 semesters/6 credits

We encourage students to take a broad array of courses as undergraduates. CMSRU is seeking a diverse student body that will add value to our school and to the education of one another. This may include groups underrepresented in medicine, first generation college graduates, students raised in Camden, individuals with unique service experiences, and those who may be financially disadvantaged.

The criteria used to determine who will be invited for an interview include, but are not limited to the following:

- **State of residence:** Applicants from all states will be considered but New Jersey residents will be given special consideration.

- **GPA:** The strength of course work, academic performance, trends in GPA, and any performance in post-baccalaureate and graduate courses will be reviewed carefully.

- **Work/life experiences:** CMSRU will be reviewing applications to search for the applicant who has shown activities that demonstrate initiative, leadership, the ability to multi-task, and resonance with our mission.

- **MCAT:** MCAT scores will be considered in the context of the totality of the application.

We have designed our application process to assure that individuals who desire to learn medicine at CMSRU will have a fair, exhaustive, and holistic review of all materials submitted.
The Admission Process

AMCAS: Applicants are required to complete an application through the online American Medical College Application Service (AMCAS) at www.aamc.org. Applicants are required to complete this application, submit an application fee and follow-up with submitting all requested documentation to AMCAS. This initial process requires letters of recommendation/evaluation be submitted via the candidate’s AMCAS application. Letters of recommendation may be 1) PreMedical Committee Letters (preferred); or 2) Individual letters from faculty and supervisors who know the applicant well. At least two of the letters must be from academic faculty. Additional information about this service can be found on the AAMC website (www.aamc.org/students/amcas/faq/amcasletters.htm). CMSRU will not consider an incomplete AMCAS application and only students with verified AMCAS applications will be invited to submit the Secondary Supplemental Application. No transcripts or supplementary materials should be forwarded to CMSRU; admission decisions are based only on the AMCAS file.

Secondary Application: Upon receipt of the verified AMCAS applications, the Admissions Office will email a notification inviting applicants to complete the CMSRU Secondary Application. The secondary application will request basic demographic information, the applicant’s AMCAS ID number, and includes short answer essay questions to help determine a candidate’s match with the CMSRU mission and community. The secondary application fee is $75, which may be waived upon submission of the AMCAS Fee Assistance Program (FAP) waiver documents.

Screening: After the completed application materials are received, CMSRU will review the application to determine whether to invite the candidate for an interview. An application is considered complete once the entire AMCAS application, letters of recommendation, application fee and secondary application are on file in the Office of Admissions. The secondary application packet will include written responses related to the student’s personal experiences and motivation to enter the medical field, focusing on specific information that would help to identify the applicant who resonates with the school’s mission.

Selection for Interview: Completed applications will be screened by the director of admissions and trained screeners. The performance on the MCAT exam will be weighed using evidence presented by the AAMC and recent publications regarding value as a predictive tool. The student’s GPA will be weighed in terms of the course load, the undergraduate, post-baccalaureate, and graduate institutions. The match with our mission will be a key component in the holistic review process. These criteria are not absolute, but are reflected through the applicant’s engagement with the community and personal reflection about the role of service in his or her life. The school plans to dedicate considerable resources to attract a strong and diverse group of students and will be based on admission requirements, as well as the remaining content of the applicant’s profile. Factors contributing to the evaluation process include, but are not limited to, academic success, work/life experiences, letters of recommendation, and cultural background. The potential match to the mission of CMSRU will be highly valued. An applicant’s
personal statement and history of involvement with community-based efforts will weigh heavily in the consideration of students, and students who show evidence of potential to contribute in a valuable way to the CMSRU environment and the medical profession, and who meet the academic admission criteria, will be invited to interview.

**Interview:** The likelihood of being invited to interview depends on the overall size and qualifications of the applicant pool. Once the application deadline has been reached, applicants not meeting the above criteria will be notified of the decision not to interview (rejection). Interviewed candidates will schedule their own interview days, but must receive authorization from the admissions office to reschedule a date. Interview day consists of informational sessions; a traditional interviews with an Admissions Committee member and an interviewer “blinded” to the AMCAS application; and standardized patient encounters. The Admissions Committee member will present the evaluated candidate to the committee, and a decision will be made based on a majority vote. The Chair of the Admissions Committee will only vote in situations where the vote is a tie. The decision of the Committee is final.

**Acceptance and Deposit:** Admitted students must submit an acceptance deposit postmarked within two weeks of the admission offer. The deposit will be applied to first semester tuition and is refundable prior to May 15th should the applicant withdraw; otherwise deposits are forfeited. Deposit requirements may be waived in cases of extreme financial disadvantage.
Diversity

Diversity Statement

Cooper Medical School of Rowan University (CMSRU) is committed to providing an academic and work environment that respects the contributions, talents, and diverse experiences of our students, faculty, and staff. Our core values include a commitment to diversity, collaboration, and mutual respect. We embrace the philosophy that excellence in medical education, research, and clinical practice is best achieved through promoting diversity in its broadest definition and maintaining an academic and work environment free of discrimination. We pledge to build and sustain a learning community where diversity is celebrated, and to foster access to medical education to learners from all segments of society. We consider inclusivity to be a responsibility of everyone in our learning environment.

It is the goal of CMSRU to increase the number of students and faculty members from those groups underrepresented in medicine (URM), as well as in women in positions of leadership and in the higher academic ranks. It is also our goal to create an academic environment that is welcoming and respectful of diversity of all.

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.

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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

Updated 9/26/2017
The Medical Education Program

The educational program at CMSRU was designed to provide each student with a solid foundation in the science of medicine while providing an early and continuous clinical experience. Courses were created to meet CMSRU’s mission and to allow our students to develop skills necessary to practice medicine in the 21st century. This section of the handbook presents an overview of years one and two, known as Phase 1: “Foundation and Integration” and years three and four, known as Phase 2 – the “Application, Exploration and Advancement” of the curriculum.

All courses are built to provide the student with the knowledge and skills needed to become a competent physician and scientist. We have developed nine Institutional Learning Objectives that serve to focus our curriculum and form the basis upon which our system of assessment is built.

This section of the handbook will:

- Show the complete list of Institutional Learning Objectives
- Present the curriculum as an overview
- Give a brief overview of each course in Phase 1 and Phase 2

Note:
This handbook is not intended to present a complete description of each course. The course directors provide complete syllabi prior to the start of each class that includes specific learning objectives, expectations and assessment tools.
### Medical Knowledge: Students will demonstrate knowledge of existing and evolving scientific information and its application to patient care

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<thead>
<tr>
<th>General Competency</th>
<th>Medical Education Program Objective(s)</th>
<th>Outcome Measure(s)</th>
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</thead>
<tbody>
<tr>
<td><strong>Medical Knowledge:</strong> Students will demonstrate knowledge of existing and evolving scientific information and its application to patient care</td>
<td>Demonstrate a strong basic science foundation in the understanding of health and disease</td>
<td>Formative Quizzes, TBL scores (IRAT/GRAT), Faculty Developed Examination Questions, NBME Customized Examination Questions, NBME Subject Examinations, Practical Examinations, Weekly ALG Student Assessments</td>
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<tr>
<td></td>
<td>Perform a complete history and physical examination</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 and M4 Mini-CEX Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessment; OSCEs, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td></td>
<td>Recognize the various determinants of health, including genetic background, culture, nutrition, age, gender and social issues</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Scholar’s Workshop Examinations in M1 and M2 related to Societal Health Care Issues, Ambulatory Clerkship Behavior Checklist Assessments, Ambulatory Clerkship Service Learning Reflective Essays, Life Stages TWA Assessment</td>
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<tr>
<td></td>
<td>Access and critically evaluate current medical information and scientific evidence, and apply this knowledge to clinical problem-solving</td>
<td>Scholar’s Workshop Projects, Scholar’s Workshop Group Critical Appraisal Project, M3 Mid-Year and End-of-Year Preceptor Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td></td>
<td>Apply current knowledge of public health to patient care</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment</td>
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<tr>
<td><strong>Patient Care:</strong> Students will demonstrate an ability to provide patient care for common health problems across disciplines that is considerate, compassionate, and culturally competent</td>
<td>Display appropriate clinical skills, critical thinking, medical decision-making and problem-solving skills in the delivery of care</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessments, OSCEs, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td></td>
<td>Use and interpret diagnostic studies appropriately</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td></td>
<td>Demonstrate relevant procedural and clinical skills, recognizing the indications, contraindications and complications, while respecting patient needs and preferences</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessment, OSCEs, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td></td>
<td>Implement and promote plans of disease prevention, management and treatment using evidence-based medicine</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<th>General Competency</th>
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<tbody>
<tr>
<td><strong>Professionalism:</strong> Students will demonstrate a commitment and an ability to perform their responsibilities with respect, compassion and integrity, unconditionally in the best interest of patients</td>
<td>Demonstrate compassion and respect for others</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td>Respect patient confidentiality and autonomy</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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</tr>
<tr>
<td>Show responsiveness and personal accountability to patients, society and the practice of medicine</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td>Put patients’ interests ahead of their own</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td>Recognize personal limitations and biases, knowing when and how to ask for help</td>
<td></td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td>Effectively advocate for the health and needs of the patient</td>
<td></td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td>Incorporate the principles of medical ethics into their care of patients</td>
<td></td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
</tr>
<tr>
<td>Recognize and address disparities in health care</td>
<td></td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td><strong>Interpersonal &amp; Communication Skills:</strong> Students will demonstrate an ability to effectively communicate and collaborate with patients, families and healthcare professionals</td>
<td>Demonstrate effective interpersonal and communication skills with patients about their care, including ethical and personal issues</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td></td>
<td>Demonstrate effective interpersonal and communication skills with patient’s family, friends, and other members of the patient’s community, as appropriate</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Summative Inpatient Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td></td>
<td>Demonstrate effective interpersonal and communication skills with all members of the healthcare team and relevant agencies and institutions</td>
<td>Ambulatory Clerkship Behavior Checklist, Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Summative Inpatient Assessments M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td></td>
<td>Maintain a professional demeanor of integrity and transparency in all communications</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td><strong>Practice-Based Learning &amp; Improvement:</strong> 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</td>
<td>Assess their own strengths, deficiencies and limits of knowledge and engage in effective ongoing learning to address these</td>
<td>Foundations of Medical Practice Individualized Education Plan, M3/M4/Student Self-Assessment of Program Objectives M1 &amp; M2 ALG and Scholar’s Workshop Peer &amp; Self Assessments, Ambulatory Clerkship Service Learning Group Assessment, Ambulatory Clerkship Service Learning Reflective Essay, and Service Learning Roundtable Discussion Assessment.</td>
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<td></td>
<td>Effectively engage in medical school, hospital and community projects that benefit patients, society and the practice of medicine</td>
<td>Ambulatory Clerkship Service Learning Reflective Essays</td>
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<td></td>
<td>Identify, appraise and assimilate evidence from scientific studies using information technology</td>
<td>Scholar’s Workshop Critical Appraisal Group Project, Scholar’s Workshop Independent Capstone Project, , M3 Mid-Year and End-of-Year Preceptor Assessments</td>
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<td></td>
<td>Recognize and empower other members of the healthcare team in the interests of improving patient care</td>
<td>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</td>
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<td></td>
<td>Apply the principles and practices of patient safety and process improvement</td>
<td>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</td>
</tr>
<tr>
<td><strong>Systems-Based Practice:</strong> 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</td>
<td>Work effectively to coordinate patient care within the social context of healthcare</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Summative Inpatient Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td>Incorporate risk-benefit analysis into care delivery</td>
<td>Advocate for high-quality patient care</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td>Work in inter-professional teams to enhance patient safety and quality</td>
<td>Demonstrate an appreciation for and understanding of the methodologies used to reduce errors in care</td>
<td>Scholar’s Workshop Projects</td>
</tr>
<tr>
<td>Recognize the value, limitations and use of information technology in the delivery of care</td>
<td>Apply an understanding of the financing and economics of care delivery regionally, nationally, and globally to optimize the care of patients</td>
<td>Scholar’s Workshop Written M2 Examination</td>
</tr>
<tr>
<td>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</td>
<td>Demonstrate investigatory and analytical skills to seek and apply the best evidence in making patient care decisions</td>
<td>Scholar’s Workshop Written Examination, Scholars Workshop Capstone Project, Scholars Workshop Critical Appraisal Topic Presentation, M3 CLIC Trans disciplinary Examination, M3 CLIC Trans disciplinary Presentation Rubric, Foundations of Medical Practice Written Examination, Foundations of Medical Practice Clinical Skills Examinations,</td>
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<tr>
<td>Design and execute studies to answer well-structured research questions</td>
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<td>Scholar’s Workshop Capstone Project</td>
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<tr>
<td>Conduct research according to good clinical practices and strict ethical guidelines</td>
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<td>Scholar’s Workshop Capstone Project, Scholar’s Workshop M1 and M2 Written Examinations</td>
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<tr>
<td>Adhere to the principles of academic integrity in research and scholarship</td>
<td>Scholar’s Workshop Critical Appraisal Group Project, Scholar’s Workshop Independent Capstone Project, , M3 Mid-Year and End-of-Year Preceptor Assessments</td>
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<tr>
<td>Demonstrate skills that foster lifelong learning</td>
<td>Weekly ALG Student Assessments, Foundations of Medical Practice Individualized Education Plan, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td><strong>Health Partnership:</strong> 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</td>
<td>Recognize the social determinants of health</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td>Describe the health care needs of patients from diverse populations and develop appropriately tailored care delivery strategies</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td>Develop the skills and attitude to work in partnership with members of the community to promote health, disease prevention, and chronic care management</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td>Appraise the impact of the social and economic contexts on healthcare delivery</td>
<td>Scholar’s Workshop Projects, Ambulatory Clerkship Service Learning Reflective Essays, Ambulatory Clerkship Behavior Checklist Assessments, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td>Learning &amp; Working in Teams: Students will learn to work as a member of a team in the coordinated, inter-professional model of care delivery</td>
<td>Apply basic principles of inter-professional and multidisciplinary care</td>
<td>Weekly ALG Student Assessments, Ambulatory Clerkship Behavior Checklist Assessments, M3 Inpatient Summative Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td></td>
<td>Develop the skills to organize an effective health care team, valuing individuals’ skills and efforts</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Inpatient Summative Assessment M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td>Work with professionals from other disciplines or professions to foster an environment of mutual respect and shared values</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Inpatient Summative Assessment M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td></td>
<td>Perform effectively in different team roles to plan and deliver patient and population-centered care</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Inpatient Summative Assessment M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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Curriculum Overview

At CMSRU, we believe that medical education should be a seamless continuum over four years, integrating knowledge of basic scientific concepts, early clinical experience and patient care, self-directed learning, teamwork, and medical and non-medical activities for the greater community’s benefit. The curriculum reflects the mission and vision of CMSRU, preparing students to be physicians, educators, and positive contributors to society.

Over the four years, students are exposed to various cases and clinical settings designed to connect clinical practice with basic science knowledge – beginning within the first few weeks of school, and continuing throughout the four years. Similarly, basic science knowledge is reinforced in the clinical clerkships. In order to establish these critical linkages, clinical faculty participate early in the medical school curriculum, working closely with basic science educators to tie basic tenets of scientific study to actual clinical scenarios.

Coursework is divided into two phases: the “Foundation and Integration” (Phase 1) that would then allow for “Application, Exploration and Advancement” (Phase 2). Phase 1 consists of two years in which students develop the scientific background, knowledge, skills, and behaviors to immediately begin integrating that information into clinical practice. Phase 2 consists of the third and fourth years of the curriculum, during which students are supported in the advancement of knowledge and the application to the clinical, social, and ethical aspects of care.

Phases of the Curriculum

Phase 1/Foundation and Integration – Years 1 and 2

Year 1

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<tr>
<th>1 Week</th>
<th>8 Weeks</th>
<th>2 Weeks</th>
<th>8 Weeks</th>
<th>4 Weeks</th>
<th>4 Weeks</th>
<th>5 Weeks</th>
<th>8 Weeks</th>
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<td>Orientation</td>
<td>Fundamentals</td>
<td>Week on the Wards (WOW 1)</td>
<td>Fundamentals</td>
<td>LifeStages</td>
<td>Infectious Diseases</td>
<td>Hematology Oncology</td>
<td>Skin and Musculoskeletal</td>
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Ambulatory Clerkship

Scholar’s Workshop

Foundations of Medical Practice

Selectives

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Year 2

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<th>5 Weeks</th>
<th>4 Weeks</th>
<th>3 Weeks</th>
<th>4 Weeks</th>
<th>5 Weeks</th>
<th>1 Week</th>
<th>4 Weeks</th>
<th>4 Weeks</th>
<th>6 Weeks</th>
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<td>Cardiovascular</td>
<td>Pulmonary</td>
<td>Endocrine</td>
<td>Gastroenterology</td>
<td>Uro-Renal</td>
<td>Week on the Wards (WOW 2)</td>
<td>Women's Health</td>
<td>ENT/Allergy</td>
<td>Neuro-Psych</td>
</tr>
</tbody>
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Ambulatory Clerkship

Scholar's Workshop

Foundations of Medical Practice

Selectives

Selectives

Phase 2/Application, Exploration and Advancement – Years 3 and 4

Year 3

Courses in the M3 Year: Scholar's Workshop, Ambulatory Clerkship, Cooper Longitudinal Integrated Clerkship (CLIC), Healer's Art, M3 Electives

Block Courses in the M3 Year: Internal Medicine, Family Medicine, Surgery, Pediatrics, Obstetrics/Gynecology, Neurology, Psychiatry

Sample-M3 Year with discipline based blocks and CLIC continuity:
Detail of the core discipline blocks with details of how the six block weeks are distributed between the inpatient setting (H) and CLIC (C):

<table>
<thead>
<tr>
<th>wks</th>
<th>6</th>
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<th>6</th>
<th>6</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medicine</td>
<td>Surgery</td>
<td>Ob/Gyn</td>
<td>Psych</td>
<td>Med/FM</td>
<td>Neurology</td>
</tr>
</tbody>
</table>

Note: Students are divided into three cohorts at the beginning of the academic year. Assignments are varied so that all students experience CLIC at different times in the block.

Students complete seven inpatient blocks over the course of the M3 year. Each inpatient block is six weeks in duration. Four of the six weeks are in the inpatient setting within traditional disciplines (Internal medicine, Surgery, Obstetrics/Gynecology, Pediatrics, Neurology, and Psychiatry). The seventh block is comprised of a two week dedicated family medicine ambulatory rotation followed by an additional two weeks in internal medicine. Two weeks in every block are dedicated to the ambulatory Cooper Longitudinal Integrated Clerkship (CLIC). Students are scheduled in cohorts and matriculate through their blocks and CLIC over the course of the academic year. A didactic curriculum is required as part of each inpatient block, supplemented with a Friday afternoon series of transdisciplinary sessions devoted to topics that cross core clerkships such as military medicine, LGBT patient needs and others that are addressed through student case presentations. There are two longitudinal courses in the M3 year that continue from the preclinical curriculum: Scholar’s Workshop and Ambulatory Clerkship. Scholar’s Workshop maintains some didactic sessions in the transdisciplinary sessions and students spend the majority of their time with their mentors completing their capstone research projects. Ambulatory Clerkship requires students to spend one day per month in the CRC, where they provide leadership for M1 and M2 students as they work in interprofessional
teams with students from the PharmD program at the University of the Sciences. Lastly, students continue their commitment to service learning via service learning projects connected to the ambulatory clerkship. Students spend at least 40 hours per year in service learning activities during the M3 year. All students participate in Healer’s Art during the fall semester of the M3 year and have opportunities for additional reflection sessions in the spring semester. In addition, students take three one-week electives to support career decision making and their personal interests. Study weeks, examination weeks, and winter break are built into the schedule for each cohort.

An example CLIC week:

The 35% CLIC ambulatory component of each block permits students to see patients in each core discipline over the course of the clerkship year, providing continuity of care for patients, greater exposure to seasonal conditions, and continuity of experience with attending preceptors. This results in fourteen CLIC weeks over the course of the M3 year. Weekly CLIC schedules for each student includes clinic time in each of the core disciplines, a half day in the operating room with their surgery preceptor, and time for Ambulatory Clerkship, Scholar’s Workshop, service learning, weekly transdisciplinary plenary sessions, and self-directed learning (SDL) time. SDL may be used to follow patients to subspecialist appointments or procedures, exploration of career interests, or other learning activities specific to each student.

A full diagram of all components in the M3 year is provided below:
Year 4

<table>
<thead>
<tr>
<th>Sub-Internship</th>
<th>Interprofessional Care of Patients with Chronic Conditions</th>
<th>Critical Care Clerkship</th>
<th>Emergency Medicine Clerkship</th>
<th>Leadership Community Health</th>
<th>Electives</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Weeks</td>
<td>4 Weeks</td>
<td>4 Weeks</td>
<td>1 Week</td>
<td>20 Weeks</td>
<td></td>
</tr>
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</table>

Note: Sub-Internships are available in:
- Internal Medicine
- Family Medicine
- Obstetrics/Gynecology
- Pediatrics
- Psychiatry
- Surgery
- Vascular Surgery

Phase 1 Course Overview

Courses Spanning Multiple Curricular Years

*The Scholar's Workshop*

The Scholar’s Workshop is a continuous course, spanning all four years of the medical school curriculum. The design of the course is based on the recognition that, in order to thrive in 21st Century medicine, two attributes are necessary: the skills of critical thinking and proficiency with an enduring set of tools. The tools help students interact with information and systems. The Scholar’s Workshop kit are the tools of:
- evidence-based medicine;
- data collection and analysis;
- epidemiology;
- systems theory / engineering;
- quality improvement / patient safety;
- management and leadership;
- the scientific method, including the ethics of scientific inquiry.
- Healthcare financing and delivery systems
The curriculum of The Scholar’s Workshop is designed to help students develop habits of critical thinking. Faculty guide students – working in teams – though a series of projects aimed at developing their proficiency with the toolkit, as well as their team-building, teamwork, management and leadership skills. The projects are designed to correlate temporally and substantively with the remainder of the school curriculum. Through the Scholar’s Workshop, we endow students with the skills and mindset to lay the foundation for high quality practice in a vast sea of information and ever-changing systems of care.

Ambulatory Clerkship

The Ambulatory Clerkship is a 3 year progressive and continual course that provides students with supervised clinical experiences in various outpatient settings (physician practices, student-run clinic, patient-centered medical home) and allows them to assume increased patient care responsibility as their medical education advances. The course incorporates all 9 student competencies that are at the core of the CMSRU educational mission. The course has been designed around four competency domains: a) humanistic patient–centered care, b) learning about health disparities in real time, c) the science of delivery of care, and d) interprofessional collaborative practice. The course provides the foundation for the practice of medicine, in any specialty or subspecialty.

The central elements of the Ambulatory Clerkship is the student run clinic. The clinic is designed to provide healthcare for members of the community through a coordinated, interprofessional team delivery system. This clinic is overseen, organized and staffed by the students, closely supervised by physician educators. It allows the students to become increasingly proficient with the team based model of primary care delivery. First-, second- and third-year students, along with pharmacy students (from the University of the Sciences) work in teams to care for patients in continuity. In addition to providing care at the clinic, the students coordinate the care of their patients, accompanying them to consultant appointments, the inpatient setting, or appointments.

Foundations of Medical Practice

*Foundations of Medical Practice (FMP)* is a two-year course that assists students in attaining the knowledge, skills, and attributes necessary to serve as health care professionals, who will provide compassionate, high-quality care for individuals with acute and chronic diseases. Core components of the course include: Clinical Communication and Interpersonal Skills, Ethical Issues in Health Care, Professionalism and Humanism in Medical Profession, the Student as a Teacher and Learner, and Clinical Practice: Excellence in Clinical Care.
The course meets twice per week throughout the entire Phase 1 curriculum. It is integrated longitudinally and horizontally with other concurrently running medical school courses. The course is taught via a combination of seminars, small group discussions and standardized patient learning. Upon completion of this course, it is expected that students will be able to communicate effectively with patients, families and other health care professionals, make appropriate clinical judgments, and provide care that is safe, effective and comprehensive. Another primary goal of Foundations of Medical Practice is to inculcate in students the principle that learning and maintaining medical competence are lifelong processes.

**Week on the Wards 1 and 2 (WOW 1 and WOW 2)**

*Week on the Wards 1 and 2 (WOW 1 and WOW 2)* consists of two one-week clinical experiences intended to provide students with an early exposure to the practice of medicine as it occurs in the hospital setting. It complements the students’ prior exposure to the ambulatory patient (Ambulatory clerkship) and allows observation of various inpatient clinical areas. The experience provides students with an early exposure to medical specialties, an additional context setting for the practice of medicine, an understanding of the concept of the team approach to care in various hospital based settings, and a reflective exchange of ideas about their experiences.

In addition, *WOW 1* contains a second week of Lean/Six Sigma Yellow Belt training, which is designed to provide students with an understanding the process improvement tools that can be applied in patient safety and quality control measures in the health care environment. Students learn how to identify key issues in clinical venues and operations, managing the important aspects of the initiative, measuring and maximizing the financial impact, and sustaining change over time. Upon successful completion, students will receive Lean/Six Sigma Yellow Belt certification.

The *Week on the Wards* experiences occur at the midway point of the *Fundamentals* course (year 1) and following the *Urology-Renal* course (year 2) and allow for direct clinical application of basic science knowledge learned to date. The first-year rotations consist of experiences on the following four inpatient services: Medicine, Surgery/Perioperative care, Emergency Room/Trauma/Intensive Care Unit, and Pediatrics/Obstetrics and Gynecology. The second-year rotation consists of a weeklong immersion experience in a medical specialty or subspecialty, which is selected by students based on areas of interest.

*Selectives*

*Selectives* consists of semester-long experiences, in which students are able to explore various course offerings related to medical humanities. Individual *Selectives* courses meet six times per semester and sessions are designed to be interactive in nature. Students are required to take two *Selectives* courses during Phase 1. Current individual *Selectives* courses include “The Social Mission of Medical Schools”, “Applied Medical Ethics”, “Medical Cineforum”, “Observational
Year 1 Block Courses

**Fundamentals**

*Fundamentals* is a 16-week integrated course that provides the students with a foundation in the traditional basic science disciplines: anatomy, physiology, biochemistry/cell biology, genetics, immunology. The course focuses on the normal structure, function and development of the human body, ranging from the cellular/sub cellular level through tissues/organ systems to the body as a whole. Discussion of cellular mechanisms of disease, including comparison of normal versus abnormal structure and function, infectious causes of disease, and basic therapeutic intervention is provided by introduction of concepts in pathology, microbiology and pharmacology/therapeutics, respectively. The goal of *Fundamentals* is to provide a comprehensive framework upon which advanced knowledge can be added during the remainder of the student’s medical school experience and subsequent clinical practice.

The course focuses on the clinical relevance of basic scientific knowledge and is presented in a multidisciplinary format to foster integration. Diverse educational modalities are used throughout the course, including lectures, small-group sessions, tutorials/self-assessment sessions, student presentations and clinical case discussions, as well as practical learning with laboratory experiences in the related core sciences. Student presentations provide an opportunity to develop communication skills. Student small-group learning experiences develop skills in self-directed and lifelong learning and encourage professional behavior and teamwork in a context that promotes use of resources such as the library and information technology. Patient case discussions provide an opportunity for students to apply the information learned and gain clinical perspective.
**Life Stages**

*Life Stages* is a four-week course designed to provide a clinical context to the basic aspects of human development and aging. The course targets specific health issues and describes the associated challenges related to these issues for the various stages of life (pediatric, adolescent, adulthood, and geriatric). The curriculum includes topics such as: Growth and Aging, Cognitive and Emotional Development, Sexuality and Hormonal Changes, Reaction to Stresses, Injuries and Safety, Ethical and Moral Issues, Domestic and Institutional Abuse, and Suffering and End of Life. The psychological, economic and socio-cultural dimensions of these life stages and their impact on health are discussed. Since people function in complex and dynamic social units, the course emphasizes the relationships between the life stages.

*Life Stages* is presented through a variety of formats, including lectures, case studies, active learning groups, laboratory exercises, and self-directed learning. Case vignettes introduce the student to the medical fields of pediatrics, adolescent medicine, internal medicine and geriatrics.

**Infectious Diseases**

*Infectious Diseases (ID)* is a four-week course that allows students to develop a broad-based understanding of microbiological agents and infectious disease processes. The course advances the general principles of microbiology, immunology, and pharmacology that were previously introduced in the *Fundamentals* course. The *Infectious Diseases* course introduces techniques of diagnostic testing for infectious diseases, advanced study of anti-infective therapy, multi-system infectious processes (such as HIV and Tuberculosis), and infections in special populations and circumstances. Organ system-specific infectious diseases are integrated within each subsequent organ system block to demonstrate the role various infections play in the disruption of the normal anatomy and physiology of that system. The major concepts of infection prevention in local and global systems is developed within the public health modules of *Foundations of Medical Practice* and *Scholar’s Workshop*.

*Infectious Diseases* is presented through a variety of formats, including lectures, case studies, active learning groups, laboratory exercises, simulation, clinical experiences, and self-directed learning.
**Hematology and Oncology**

*Hematology and Oncology* is a five-week course designed to provide comprehensive and multidisciplinary instruction to medical students in the disciplines of Hematology and Oncology. Initially, there is an introduction of the normal structure and function (anatomy and physiology) of the hematopoietic and lymphoreticular systems with advancement of basic concepts previously presented in the *Fundamentals* course. Building on this foundation, students learn about the clinical manifestations and pathophysiology of hematologic disorders that may develop secondary to genetic, metabolic, infectious/inflammatory, idiopathic, or neoplastic etiologies. Application of basic science knowledge and correlation with the clinical presentation of hematologic disorders allows students to solve patient case studies and formulate appropriate treatment regimens. The Oncology component of the module similarly advances basic concepts related to neoplasia previously introduced in the *Fundamentals* course. Discussion of the pathophysiology, clinical manifestations, and treatment of specific types of neoplasia are integrated into the subsequent organ system courses, to which they correspond.

*Hematology and Oncology* is delivered through a variety of formats, including lectures, case studies, active learning groups, laboratory exercises, simulation, clinical experiences, and self-directed learning. This course introduces the student to the humanistic approach to patients with chronic debilitating or life-threatening diseases, emphasizing empathy, respect, and a code of medical ethics as it relates to clinical research trials.

**Skin and Musculoskeletal System**

*Skin and Musculoskeletal System (SMS)* is an eight-week course designed to provide comprehensive and multidisciplinary instruction to medical students related to the integumentary and musculoskeletal systems. Initially, there is an introduction of the normal structure and function (anatomy and physiology) of these systems with integration of basic science concepts of embryology, genetics and cell/molecular biology. Building on this foundation, students learn about basic repair mechanisms and the clinical manifestations and pathophysiology of common dermatologic and orthopedic problems that may develop secondary to degenerative, metabolic, infectious, traumatic, inflammatory, or neoplastic etiologies. Application of basic science knowledge and correlation with the clinical presentation of dermatologic and musculoskeletal disorders allows students to solve patient case studies and formulate appropriate treatment regimens.

The *Skin and Musculoskeletal System* course is multidisciplinary and includes faculty participation from the departments of Biomedical Sciences, Orthopedic Surgery, Rheumatology, Physical Medicine and Rehabilitation, and Dermatology. The subject material is presented through a variety of formats, including lectures, case studies, active learning groups, laboratory exercises, simulation, clinical experiences, and self-directed learning. Students begin instruction in the gross anatomy laboratory during the SMS course.
Year 2 Block Courses

Cardiovascular System

The Cardiovascular System course is a five-week course that allows students to develop an understanding of normal and abnormal structure and function of the Cardiovascular system. Students learn normal anatomy, histology, embryology, genetics, physiology, and biochemistry related to the Cardiovascular system. With this foundation, they explore the pathology and pathophysiology of a variety of system diseases in children and adults, using a case-based approach. Students understand the applicability of, and gain proficiency with, a variety of diagnostic methods, including imaging studies, invasive and non-invasive testing, and blood tests. Students learn relevant therapeutics, including pharmacology.

Learning formats include lectures, laboratory exercises, simulation, active-learning group discussion and self-directed learning using print and electronic texts, and other electronic and internet-based resources.

Pulmonary System

The Pulmonary System course is a four-week course that allows students to develop an understanding of normal and abnormal structure and function of the Pulmonary system. Students learn normal anatomy, histology, embryology, genetics, physiology, and biochemistry related to the respiratory system. With this foundation, they explore the pathology and pathophysiology of a variety of system diseases in children and adults, using a case-based approach. Students understand the applicability of, and gain proficiency with, a variety of diagnostic methods, including imaging studies, invasive and non-invasive testing, and blood tests. Students learn relevant therapeutics, including pharmacology.

Learning formats include lectures, laboratory exercises, simulation, active-learning group discussion and self-directed learning using print and electronic texts, and other electronic and internet-based resources.

Endocrine System

The Endocrine System course is a three-week course and involves reinforcement and advancement of relevant content from the Fundamentals course, particularly metabolism, receptor biochemistry and physiology, and principles of homeostasis. The remainder of the module focuses on the pathophysiology, clinical manifestations, diagnosis and management of patients with endocrine disorders. Particular emphasis is given to diabetes mellitus.

Learning formats include lectures, laboratory exercises, simulation, case-based active-learning group discussion and self-directed learning using print and electronic texts, and other electronic and internet-based resources.
Gastroenterology (GI)

The Gastroenterology (GI) course is a four-week course. The approach for instruction in this course is to understand the progression from the normal development, structure and function of the cell/tissue/organ to the pathology and pathophysiology of the system diseases. The pathophysiology is related to the clinical manifestations which, in turn, informs the diagnostic approach. Students become familiar with the relevant therapeutics, including pharmacology, interventional endoscopy and transplantation.

Learning formats include lectures, laboratory exercises, simulation, case-based active-learning group discussion and self-directed learning using print and electronic texts, and other electronic and internet-based resources.

Urology and Renal Systems

Urology and Renal Systems (Uro-Renal) is a five-week course designed to introduce students to the normal structure and function, and dysfunction, of these related systems. In a variety of instructional formats, students' knowledge is reinforced and advanced in the relevant concepts of anatomy, histology, embryology, immunology, genetics, physiology, and biochemistry introduced in the Fundamentals course. With that as a foundation, students come to understand the role of the kidney in maintaining the homeostasis of the internal environment, by exploring its role in water and electrolyte metabolism, acid-base regulation, bone and mineral metabolism, blood pressure regulation and hematopoiesis.

Students discover, through carefully designed cases, the pathology and pathophysiology of a variety of important renal diseases, both renal-limited and those associated with systemic conditions. Similarly, they become familiar with the pathology and pathophysiology of disorders of the lower urinary and genital tract, and the impact of those disorders on excretory and sexual function. They have an opportunity to discuss and explore the psychosocial and economic impact of urologic and renal disorders. Students develop an understanding of the applicability and interpretation of the variety of relevant diagnostic methods, including blood and urine biochemistry and microscopy, biopsy, endoscopic procedures and imaging modalities. They become familiar with the range of specific therapeutic options, including medications, surgery, dialysis, transplantation, prosthetic devices, among others.

Learning formats include lectures, laboratory exercises, simulation, case-based active-learning group discussion and self-directed learning using print and electronic texts, and other electronic and internet-based resources.
**Women’s Health**

*Women’s Health* is a four-week course that allows medical students to explore the care of the female patient utilizing a multidisciplinary approach. The objective is to provide a variety of outpatient, hands on and observational experiences in the diagnosis, evaluation and management of common women’s health issues. With the conclusion of this 4 week curriculum, the student is able to manage common women’s health issues with minimal supervision, and understand the appropriate need for the interaction of multiple disciplines to achieve these goals.

The early part of the course is devoted to reinforcement and advancement of relevant content in anatomy, histology, embryology, immunology, genetics, physiology, and biochemistry introduced in the *Fundamentals* course. Particular emphasis is placed on normal sexual development and reproduction. Students become familiar with the range of relevant diagnostic and therapeutic modalities.

Learning formats include lectures, laboratory exercises, simulation, case-based active-learning group discussion and self-directed learning using print and electronic texts, and other electronic and internet-based resources.

**Allergy and Otolaryngology (ENT)**

The *Allergy-ENT course* is a four-week course. The course has two main goals: to ensure that all medical school graduates have a sound understanding of basic principles related to otolaryngology; and the allergy module focuses on reinforcing and advancing the basic science taught in *Fundamentals* by placing this information in clinical context. Students become familiar with the skills of history taking and examination of patients as they relate to the specialties of ENT and Allergy. Students learn the indications for, and interpretation of, various relevant diagnostic methods, including blood tests, skin testing, laryngoscopy, tympanometry and audiometry. They become familiar with relevant therapeutics, including pharmacology.

Learning formats include lectures, simulation, case-based active-learning group discussion and self-directed learning using print and electronic texts, and other electronic and internet-based resources.
Neurology-Psychiatry

The neurology-Psychiatry course is a six-week course, which provides students with an introduction to the interrelated fields of Neurology and Psychiatry. The student gain knowledge of neurological and psychiatric disorders and how they impact patients and their support system. This course introduces the student to the humanistic approach to patients with chronic debilitating or life-threatening diseases, emphasizing empathy, respect and a code of medical ethics.

The foundation is set for exploration of these fields by reinforcing and advancing the relevant anatomy, histology, embryology, immunology, genetics, physiology, and biochemistry introduced in the Fundamentals course. Students learn the pathology and pathophysiology of the spectrum of neurologic and psychiatric diseases, and their clinical manifestations. They have an opportunity to become familiar with the range of applicable diagnostic methods – including specific history-taking and physical exam skills and imaging modalities – and therapeutics. Students learn to formulate a thorough biopsychosocial diagnostic and treatment plan.

Emphasis in the Neurology module is on identification, functional significance and connectivity within the neural system to develop a thorough understanding of the complex functioning of the nervous system. This is used as a platform to examine the variety of pathology found in the nervous system and reason for its resulting impairment.

Learning formats include lectures, laboratory exercises, simulation, case-based active-learning group discussion and self-directed learning using print and electronic texts, and other electronic and internet-based resources.
Sample Phase 1 Curriculum Week

Below is a sample week of our first year curriculum, highlighting the integration of basic scientific principles, professionalism, and clinical care.

<table>
<thead>
<tr>
<th>Module 2 Fundamentals</th>
<th>Monday (9/14)</th>
<th>Tuesday (9/15)</th>
<th>Wednesday (9/16)</th>
<th>Thursday (9/17)</th>
<th>Friday (9/18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 AM</td>
<td>ALG Case 5</td>
<td>Foundations of Medical Practice (NR) Physical Exam Mannequin (ALG Rooms)</td>
<td>ALG Case 5</td>
<td>Foundations of Medical Practice (NR) Physical Exam with Standardized Patients (ALG Rooms)</td>
<td>ALG Case 6</td>
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<tr>
<td>9:00 AM</td>
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<tr>
<td>10:00 AM</td>
<td>Lecture 23 Lipids I (Williams) (AUD) (R)</td>
<td>Scholars Workshop: Measure of Central Tendency (MPA) (R)</td>
<td>Lecture 25 Lipids III (Williams) (AUD) (R)</td>
<td>Service Learning</td>
<td>Lecture 27 Carbs II (Phadare) (AUD) (R)</td>
</tr>
<tr>
<td>11:00 AM</td>
<td>Lecture 24 Lipids II (Williams) (AUD) (R)</td>
<td>Lecture 26 Carbs I (Phadare) (AUD) (R)</td>
<td>Lunch and Wellness Activities</td>
<td>Lunch and Wellness Activities</td>
<td>Lunch and Wellness Activities</td>
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<tr>
<td>12:00 PM</td>
<td>Lunch and Wellness Activities</td>
<td>Lunch and Wellness Activities</td>
<td>Lunch and Wellness Activities</td>
<td>Lunch and Wellness Activities</td>
<td>Lunch and Wellness Activities</td>
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<tr>
<td>1:00 PM</td>
<td>App Session 5A: Anatomy Terminology and Body Plane (UG) (MPA) (R)</td>
<td>App Session 5B: Imaging I Radiology-X Ray/CT/Ultrasound (HR) (MPA) (R)</td>
<td>App Session 5C: Imaging II MRI/CT/ECG (HR) (MPA) (R)</td>
<td>Self-Directed Learning</td>
<td>Self-Directed Learning</td>
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<tr>
<td>2:00 PM</td>
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<tr>
<td>3:00 PM</td>
<td>Self-Directed Learning or Ambulatory Clerkship</td>
<td>Self-Directed Learning or Ambulatory Clerkship</td>
<td>Stem for Case 6 Opens at 1pm</td>
<td>Self-Directed Learning or Ambulatory Clerkship</td>
<td>Self-Directed Learning</td>
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<tr>
<td>4:00 PM</td>
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Phase 2 Course Overview

Year 3

Year 3 of medical school has traditionally consisted of a sequence of individual core clerkships, largely inpatient, within different departments. In designing the M3 curriculum for CMSRU, the Curriculum Committee determined that our curriculum needed to prepare students for the team-based, heavily outpatient practice of health care delivery of the 21st century. The CMSRU M3 curriculum emphasizes continuity of care, continuity of supervision and integration of content across disciplines.

In our M3 year there is a balance between inpatient block rotations in each of the major clinical disciplines (internal medicine, neurology, obstetrics-gynecology, surgery, pediatrics, and
psychiatry) and a fully integrated, year-long, outpatient experience: the Cooper Longitudinal Integrated Clerkship (CLIC). In the CLIC, students are paired with a faculty preceptor in each discipline (adult primary care, neurology, obstetrics-gynecology, surgery, pediatrics, and psychiatry). During each six week block, students spend two weeks in CLIC, establishing a cohort of patients they will care for in continuity. Students maintain an electronic log of their patient encounters and procedures from both the inpatient and outpatient settings to meet their required patient encounters and procedural experiences. In addition, all students rotate through a concentrated 2-week outpatient block of Family Medicine during the M3 year.

Students follow their CLIC patients to consultations with specialists, in-patient admissions for acute care, surgical procedures, deliveries and acute and subacute rehabilitation services. During the inpatient rotations, each student admits acutely-ill patients to the hospital. Students follow these patients during their hospitalization and into the ambulatory setting after discharge. Inpatient teaching rounds are incorporated that include medical imaging and pathology.

The didactic curriculum in each discipline is delivered in in the block rotations. These are supplemented by Transdisciplinary Plenary Sessions every Friday afternoon in which each M3 student presents a patient they have cared for and leads a discussion with selected faculty experts (one from a clinical department and one from Biomedical Sciences) on issues germane to the case. This experience reinforces the relevance of the biomedical sciences to the clinical realm and helps students develop skills of clinical reasoning.

Core clinical faculty, preceptors and clerkship directors provide students with regular formative feedback throughout the year. Learners complete a mid-year formative Objective Structured Clinical Examination (OSCE) to help them develop their clinical skills, and an end-year summative OSCE to evaluate those skills. CLIC preceptors review each student’s patient encounter and procedure logs on a regular basis throughout the year, and provide guidance on fulfilling the requirements. A mid-year formative preceptor assessment provides the student with key information for improvement. NBME subject examinations are administered at the end of each block to assess the medical knowledge attained in each discipline. (Exceptions are the internal medicine and family medicine exams, which students take at the end of the M3 year.) Summative assessments of each inpatient clerkship incorporate students’ work with their preceptor and their subject examination score. CLIC summative assessments are based on students’ work with their CLIC preceptors, their score on the Comprehensive Clinical Science Examination (CCSE) and their examinations related to the plenary seminars. Both the CLIC and the inpatient block rotations prepare students well for their USMLE Step 2 CS and CK examinations.

Healer’s Art

Healer’s Art is a five-session course, based on an internationally renowned medical school curriculum designed by Rachel Naomi Remen, MD, Director of the Institute for the Study of Health and Illness at Commonweal, and Professor of Family and Community Medicine at UCSF School of Medicine. It is designed to provide support for third year medical students by enabling students to appreciate and preserve the human dimension of health care. It permits and encourages students and faculty to experience a collegial relationship that is non-judgmental and non-competitive and offers a unique professional support and healing community. Faculty participants equally benefit from the shared experiences. Topics for individual sessions include: Learning to Remember Our Wholeness, Sharing Grief and Healing

Updated 9/26/2017
Year 4

Sub-internship

Students are required to have an experience as sub-interns in the discipline of their choice: internal medicine, surgery, vascular surgery, pediatrics, psychiatry, obstetrics and gynecology, neurology or family medicine. In sub-internships, students serve in the role of a first-year resident, providing patient care under the direct supervision of senior residents and faculty physicians. The curricula are established internally and are consistent with standards established by the Clerkship Directors in Internal Medicine (CDIM) Subinternship Task Force and their 2009 curriculum and competencies developed by the Society of Hospital Medicine.

The sub-internships are four weeks long. They include the following learning objectives:

- Gain sufficient understanding of the evaluation and management of patients [specialty-specific] diseases to enable comprehensive primary management of these conditions.
- Delineate relevant findings in obtaining the history and physical examination of patients with [specialty-specific] disease.
- Deliver relevant, accurate, and succinct oral case presentations.
- Prepare organized, timely, and accurate patient progress notes including results and interpretation of diagnostic studies.
- Articulate an appropriate differential diagnosis for patients with acute and chronic [specialty-specific] conditions.

Emergency Medicine Clerkship

Emergency Medicine is a required Phase II clerkship spanning four weeks. The students’ clinical encounters are in the emergency department (ED) at CUH, where they see patients presenting with conditions such as abdominal pain, altered mental status, chest pain, dyspnea and headache. Among the objectives for the clerkship are the following:

1. Demonstrate skill in completing an appropriately tailored, chief complaint driven history and physical exam in the emergent setting
2. Demonstrate the ability to synthesize an appropriate differential diagnosis for some of the most common emergency department complaints (chest pain, shortness of breath, abdominal pain, blunt trauma, atraumatic back pain, laceration repair, and altered mental status)
3. Presenting cases in a clear and concise fashion

Updated 9/26/2017
4. Demonstrate an understanding of the use and interpretation of commonly ordered diagnostic studies
5. Develop and assisting with the implementation of appropriate case management plans
6. Demonstrate a basic understanding of the role of emergency ultrasonography in patient care
7. Use ED patient care experiences along with appropriate educational resources to improve understanding of emergency medicine
8. Work in at team based setting with different providers to provide timely, efficient, and safe care to patients

Clerkship in Critical Care Medicine or Surgery

This required clerkship is a four-week experience. It introduces the student to the systematic resuscitation, evaluation and management of the critically-ill patient. Students must take either the Clerkship in Critical Care Medicine or the Clerkship in Critical Care Surgery.

The clerkship provides the student with the opportunity to apply the knowledge gained in the third year to the clinical management of acutely ill patients in a critical care environment. The student is a member of a critical care team in either a surgical or medical unit working with faculty and other care providers. The educational experience includes supervised clinical encounters, didactic lectures, case based learning and self-study. This curriculum has been established internally and is consistent with standards established by the Society of Critical Care Medicine (SCCM).

Interprofessional Care of Patients with Chronic Conditions

Research has shown that the typical medical student graduates without understanding the needs of the patients with chronic conditions. In order for CMSRU graduates to provide high-quality, compassionate care to individuals with chronic diseases, we developed this 4-week required clerkship. Through this clerkship, students identify the common essential elements of high-quality care of patients with chronic conditions. Of particular importance in this regard is an appreciation for the multidisciplinary, interprofessional nature of high-quality care in a variety of settings.

The students spend time in one of four settings: geriatrics, palliative care, physical medicine and rehabilitation, or urban/chronic care. Students participate in weekly “Listen and Learn” sessions, in which they share their insights into processes of care common to all the settings. Some of the overarching goals of this clerkship are:

- Acquire knowledge about the types and cultural context of chronic illness, the cultural factors affecting world view and health care system factors.
- Acquire knowledge and articulate the roles of the interprofessional team members in these evaluation and management processes.
- Acquire the technical skills required to provide care for patients with chronic conditions and identify/differentiate acute illness from “acute-on-chronic” exacerbation in patients.
with chronic morbidity.

- Act as an interprofessional health care team member for patients, reviewing the care plan with the patient, and identifying appropriate resources in their follow up care plan.
- Develop the attitudes and values that will foster and support well-coordinated, compassionate, inter-professional, patient centered care;
- Obtain the foundation for high quality interprofessional care of chronic conditions for advanced study during post-graduate training.

**Leadership in Community Health**

Leadership in Community Health is a required course that may be taken as either a week-long intensive or year-long course during the M4 year. This course will build on the foundations of experiential learning via the Ambulatory Clerkship (service learning + the ambulatory clinic) of the M1 to M3 years. It will give attention to the recognition and analysis of social qualities and characteristics of individual and community environments that can affect health status, health maintenance, treatment, and healing. Students are expected to continue to engage in community based service as their fieldwork practicum. This service will heighten understanding of community need, broaden awareness of the impact of social complexities on patient care, and encourage students to practice solution-based care to help patients address these issues within the context of their acute or chronic care needs. Analysis in this course should consider the student’s cumulative experience across clinical disciplines and settings, patient populations, geography, and health systems. Community based service experience will be augmented by assigned readings and written assignments to lead students towards defined learning objectives. Additionally, for this fourth-year course, the community-based service requirement may occur outside the City of Camden.

**Electives**

All students are required to complete 20 weeks of selectives in the fourth year curriculum. There are a variety of electives and formats available at CMSRU for students to pursue their personal interests. In addition, up to sixteen weeks may be taken at “away” locations. A catalog of CMSRU offerings is available for student scheduling and all students are encouraged to apply for VSAS and other elective opportunities to broaden their educational experience.

Updated 9/26/2017
Our Medical Education Facility

It is in the spirit of and driven by the CMSRU mission that the educational facilities for undergraduate medical education have been designed and built. Completed in July of 2012, the primary Medical Education Building (MEB), is a 200,000 sf, six-story building designed to support the innovative curriculum.

There is one large auditorium with a seating capacity of 250. This will be used for lectures and panel discussions that include the entire class or, occasionally, multiple classes. There will also be a large multi-purpose room that seats 120 and can be divided into two separate smaller classrooms.

Integral to the curriculum design are twenty-five active learning rooms (ALRs) which seat ten to twelve and are the “home” for each group of eight students and two faculty facilitators for the first two years of medical education. These rooms are on the 2nd and 3rd floors of the MEB. The rooms are 563 square feet, with eight 30” x 55” desks, an exam table with adjacent sink, and a conference table that seats twelve. Each room has a large monitor, and capability for videoconferencing with other areas within the MEB and outside the building. All ALRs are on the building-wide wireless network.

There will be lockable storage space for each student assigned to the room. Several large dry erase/cork boards will be hung on the walls for notes and postings. Outside each room will be ten lockers for the students and faculty assigned to the space. These rooms will be used for formal educational sessions, small group discussion, and, when formal classes are not scheduled, for quiet individual or small group study.

In addition to the educational spaces, the MEB will house the Dean’s offices and other medical school administrative space on the 3rd floor. The 4th and 5th floors are dedicated research space, with faculty offices, core laboratory and bench research space for CMSRU researchers. Additional teaching and research support facilities are located on the 6th floor.

The Learning Commons is located on the first floor, and provides casual space for dining, collaboration, and relaxation for students, faculty, and staff. Food service will be located immediately adjacent to this area, providing beverages and food.

Updated 9/26/2017
Medical Education Building – From Benson Street

Medical Education Building – From Williams Street
Policies Related to Student Affairs

Academic and Career Counseling

PURPOSE: This policy delineates the CMSRU career guidance system. CMSRU is committed to assisting students achieve their academic, personal and career goals.

POLICY: Academic and Career Counseling

SCOPE: This policy applies to all medical students.

DEFINITIONS:
- **MSPE** – The Medical School Performance Evaluation (MSPE) is an evaluative tool indicative of a residency program applicant’s entire medical school career created by the applicant’s medical school.
- **Advisory Colleges** – The four academic and career counseling units of CMSRU made up of assigned medical students and directors
- **Advisory college directors** – A CMSRU faculty member who is neither a course director, an associate dean, nor a departmental chair.

PROCEDURE:

A. Advisory Colleges
1. Upon acceptance to CMSRU, students will be assigned to one of the four advisory colleges for their four years of school.
2. The four advisory colleges are overseen by the Office of Student Affairs.
3. The medical education and student affairs deans are able to address any and all academic and other issues; however, the advisory college system gives students several options for guidance depending on the nature of the issue.
4. Each advisory college will be assigned an approximately equal number of admitted students. Each student will have an advisory college director who is responsible for overseeing issues related to the students in that college, including:
   - General academic advisement
     - Identification of students in need of tutoring/academic counseling
     - Career counseling
   - Specialty academic advisement
     - Residency guidance
   - Mentoring
     - Peer mentors
   - Psychological Component
     - Stress management
     - Anxiety counseling/management
     - Situational counseling (grief counseling/relationship issues)
5. Students during Orientation are paired with a peer mentor (a 2nd year student) who can provide support during transition into each curriculum year; insight into career choices; and assists in stress management, time management, and overall attention to physical and mental well-being.
6. All student mentors are within the same advisory college and serve as student mentors throughout all years creating “families” within each college. In this system an M1 may have the guidance of an M4 as well.
7. Specialty mentors are assigned through the college system and the assistant dean for student affairs at a student’s request.
8. Guidance in choosing intramural and extramural electives will be given by the student’s advisory college director, and their specialty advisor.

B. Residency and Career Counseling

Multiple opportunities for students to receive counseling regarding residency and career choices will be provided by the school throughout the students’ medical school experience.

1st and 2nd year

- Through the Careers in Medicine program regular panel presentations featuring physicians of different subspecialties of medicine are made available to all students in Phase I to allow students to explore different career paths.
- Students will be introduced to the AAMC Careers in Medicine database in year one, and guided through this by the assistant dean for student affairs.

3rd and 4th year (Phase II)

- Students will work with their advisory college directors to narrow down their career interests and ensure their elective selection is appropriate for the residency they wish to pursue. If the student wishes to develop a relationship with an additional mentor in a particular specialty, the director will help to arrange that.
- Advisory college directors will also work closely with their student to ensure they have appropriate faculty resources to write recommendation letters and help with selection of residency programs to which they apply.
- The Deans for Medical Education and for Student Affairs will hold 4th year planning meetings throughout the spring term of the M3 year.
- Advisory college directors and the medical education faculty and staff will advise on the selection of residencies and guide the student in evaluating individual programs.
- The Registrar and the assistant dean for student affairs will assist in navigating the ERAS system.
- All who advise students will ensure that a sufficient number of residency programs are applied to and assist in reevaluation of that number based on interviews granted.
- The MSPE will conform to AAMC Guidelines.
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 processon 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;

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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:

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
**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.

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

I.  POLICY:
   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, and 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 cause distracting attention or reaction on the part of others will not be permitted. Only shirts/blouses with Cooper logo or approved graphics or lettering are permitted.

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

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

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

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

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

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

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

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. Sleeveless shirts, blouses, and dresses are not permitted unless covered by a jacket or sweater.
3. Stockings or socks must be worn.
4. The length of pants/trousers must extend to the ankle.
5. When clothing is soiled with blood or body fluids, the clothes must be changed as soon as possible.

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

D. Types of dress
   1. Business Attire –
      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. Business Casual Attire
      a. A more casual or relaxed dress code will be permitted during the summer and on Fridays. Business casual attire must still follow the guidelines outlined above and must be appropriate
   3. Uniforms
      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

   8.615 Employee Relations - Workplace Harassment)
   8.604a Attachment - Employee Scrubs Program

V. RELATED POLICIES

   8.609 Employee Relations - Identification Badges
   8.702 Discipline Termination of Employment - Health System Rules
Professional Conduct

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

POLICY: Professional Conduct Policy

SCOPE: Candidates for the Doctor of Medicine degree

DEFINITIONS:

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

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

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

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

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

Hearing Body for Student Rights
Hearing Body for Student Rights, a standing committee of CMSRU, consists of six members 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 matters of dispute regarding student behavior and professionalism that is unrelated to a course or clerkship.
Guidelines:
- By enrolling in CMSRU, a student accepts the professional standards of the school at all times.
- Each student must demonstrate appropriate standards of professional and ethical conduct, attitudes, and moral and personal attributes deemed necessary for the practice of medicine.
- These behavior traits include, but are not limited to: honesty; integrity; willingness to assume responsibility; strong interpersonal skills; compassion; good judgment; the absence of chemical dependency; and appropriate social, moral and personal behavior.
- Failure to meet these standards and requirements may cause CMSRU to impose sanctions that may include, but are not limited to mandatory counseling, expulsion, disciplinary dismissal, disciplinary suspension, or lesser sanctions.
- Students face disciplinary action by CMSRU if they abuse alcohol or drugs, consume illegal substances, or possess, distribute or sell illegal substances.
- Students involved in criminal matters before local, state, or federal courts may be found to be unfit for the medical profession and be expelled by CMSRU or face lesser disciplinary sanctions.
- Students are expected to comply with the laws of the United States, the State of New Jersey, county, and city ordinances and the lawful direction and orders of the officers, faculty and staff of CMSRU who are charged with the administration of institutional affairs.

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

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

- A student may appeal the decision of the Hearing Body for Student Rights by requesting that the director of professionalism convene an Ad Hoc Committee for Student Appeals. The appeal is made through the assistant dean for student affairs. The process is monitored and documented by the chief student affairs officer.
- The director of professionalism convenes an Ad Hoc Committee for Student Appeals that shall be comprised of five members of the faculty who are not members of the Hearing Body for Student Rights, the Academic Standing Committee, the Curriculum Committee, the subcommittees of the Curriculum Committee, or the Advisory College Directors. The chair will be chosen from among the Ad Hoc Committee for Student Appeals committee members.
- The Ad Hoc Committee for Student Appeals shall hear the appeal and provide a decision within ten working days of receiving written notice of intent to appeal.
- The student shall be given at least 72 hours’ notice of the time and place of the Ad Hoc committee’s hearing.
- At the discretion of the student making the appeal, one individual may accompany 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 director of professionalism or designee and will be final. The dean or designee shall communicate this final decision to the student.
- 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 director of professionalism and will be final. The dean or designee shall communicate this final decision to the student.

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 notify the course/clerkship director, preceptor, chief student affairs officer, and education coordinator as soon as possible: but not less than 7 days prior to the scheduled day of observance.

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 assistant dean of student affairs.

**Smoking**

**PURPOSE:** To establish rules which prohibit tobacco smoking in the workplace.

**POLICY:** CMSRU, in compliance with PL 1981, Chapter 320, and consistent with the policy of Rowan University, bans smoking inside and within 50 feet of all academic, residential, service and administrative buildings on campus.

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

**DEFINITIONS:** Under PL 1981, Chapter 320, smoking is the burning of a lighted cigar, cigarette, pipe, or any other matter or substance which contains tobacco.

**PROCEDURE:** New Jersey statutes state that the right of the non-smoker to breathe clean air supersedes the right of the smoker to smoke. CMSRU has adopted a policy to ban smoking inside and within 50 feet of all academic, residential, service and administrative buildings on campus.

**Social Networking**

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

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

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

DEFINITIONS:

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

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

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

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

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

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

PROCEDURE:

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

- Posting of PHI on social media by any individual within the CMSRU community is strictly prohibited under the HIPAA regulations, which apply to any information related to patients.
Never post a photograph or image of a patient to any electronic media, other than the patient’s electronic medical record. Use of cameras or cell phone cameras in the patient care setting shall be for the sole purpose of assisting in the care and treatment of the patient or for educational purposes. Any photographs taken in the patient care setting must be posted to the patient’s electronic medical record.

- Removal of an individual’s name does not constitute proper de-identification of PHI. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, or type of treatment or the use of a highly specific medical photograph (such as a before/after photograph of a patient having surgery or a photograph of a patient from medical outreach trips) may still allow the reader to recognize the identity of a specific individual.

- Never post derogatory or defamatory remarks about any patient (either current or past) to any social media, including any social media deemed to be “private.”

- Posting of any student records on social media by any individual within the CMSRU community is strictly prohibited under the FERPA regulations.

- Private (protected) academic information of another student or trainee might include, but is not limited to: course or clerkship grades, narrative evaluations, examination scores, or adverse academic actions.

- It is recommended that all individuals within the CMSRU community use their personal email address (not their CMSRU address) as their primary means of registering for entry into social media platforms.

- All individuals within the CMSRU community must take steps to ensure compliance with all federal and state laws and regulations, including HIPAA and FERPA, by ensuring that social networking sites have the appropriate privacy settings to avoid the inadvertent dissemination of private information, with the understanding that even if they limit the number of people who can see their personal information, others who have access to this information may share it more broadly.

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

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

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

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

- Never posting or storing Rowan University and/or CMSRU confidential, proprietary or otherwise privileged information on social media.
If postings by the CMSRU community have any discernable nexus to CMSRU’s legitimate pedagogical concerns or CMSRU’s academic activities, the individual must include a disclaimer that the expressed opinions belong to that individual alone, have not been reviewed or approved by Rowan University or CMSRU, and do not necessarily reflect the views of Rowan University or CMSRU.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Why this is inappropriate:** The public disclosure of negative information increases the risk of liability and is clearly unprofessional. There are legitimate and confidential mechanisms for improving quality at a medical facility.

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

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

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

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

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

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

**Best Practices:** Identify yourself; protect proprietary information.

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

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

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

### VIII. DISCIPLINE

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

### II. RESOURCES


AMA Policy: Professionalism in the Use of Social Media

AMA Guidelines for Physicians in Social Media

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

### Standards for the Learning Environment

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

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

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

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

- Student Mistreatment
• Teacher Learner Compact
• Ombudsman

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

Initiatives to Enhance the Learning Environment:

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

• Committee for a Positive Learning Environment
• Wellness Programming – regular fitness, yoga, and meditation sessions are scheduled in the dedicated wellness space. Access to recorded wellness sessions are always available. Wellness events, challenges, and communications are ongoing.
• Lunch and Learn programming – these one hour noon sessions given to M1 students weekly focus on stress management, career direction, professionalism, and self-awareness.
• The Advisory Colleges – every student is assigned to a College during Orientation. The Colleges are designed to foster mentoring and support for every student. Each student has a student mentor one year ahead of them in the curriculum. The Colleges meet regularly as groups and each Director meets with their students multiple times each year 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 assistant dean for student affairs will be available by walk-in, phone or email at all times. When a student prefers that the reporting be totally confidential:
  - A drop box is available in the hallway near the Office of Student Affairs
  - A confidential call-in phone number is available to report issues: 856-956-2777
- The assistant dean for student affairs will receive any report issued by any student surrounding learning environment issues.
- The assistant dean for student affairs, the associate dean for medical education and the vice dean or designee will meet regularly to review these reports and monitor follow-up actions within the departments where the events occurred. To preserve anonymity to the fullest extent possible reports are ‘quarantined’ until after course directors have submitted grades (in the case of Phase I courses and clerkships) or after students have matched (in the case of electives).
- The assistant dean for student affairs addresses reports of mistreatment and hostile learning environment and responds to these reports in a relevant and constructive manner.
- When the issue is one that extends beyond a single student or situation the following resources are called upon to address the issues:
  - The Center for Student Wellness
  - The Student Assistance Program
  - The Committee for a Positive Learning Environment
  - The CMSRU Ombudsman
  - Other resources as needed
  - The vice dean or designee is ultimately responsible for addressing issues of the learning environment that cross the continuum of undergraduate and graduate medical education, faculty affairs, and non-physician health care workers.

Reporting sexual misconduct

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

Committee for a Positive Learning Environment

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

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

CMSRU fully supports the **AAMC Statement on the Learning Environment:**
We believe that the learning environment for medical education shapes the patient care environment. The highest quality of safe and effective care for patients and the highest quality of effective and appropriate education are rooted in human dignity.

We embrace our responsibility to create, support, and facilitate the learning environment shared by our patients, learners, and teachers. In this environment, our patients witness, experience, and expect a pervasive sense of respect, collegiality, kindness, and cooperation among health care team members. This includes all professionals, administrators, staff, and beginning and advanced learners from all health professions. This includes research as well as patient care environments.

We affirm our responsibility to create, support, and facilitate a learning environment that fosters resilience in all participants. It is our responsibility to create an atmosphere in which our learners and teachers are willing to engage with learning processes that can be inherently uncomfortable and challenging.

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

**Student Activities Policy**

**PURPOSE:** To establish guidelines for activities that our students will engage in that are school associated but outside of the curriculum.

**POLICY:** CMSRU recognizes the importance of involvement outside of academics. Clubs, organizations and experiences outside of class will allow our students to explore interests that can help mold career as well as personal paths. These activities cannot be such that the time spent interferes with the academic success of any student.

**SCOPE:** This policy only applies to the academic year and is not meant to direct activities during vacation periods. This policy affects all present and future students of CMSRU.

**DEFINITIONS:**
- Activity: This would include physician shadowing, research, and related experiences that are generally such that one student is involved.
- Clubs/Organizations: This includes current groups organized through Rowan and Cooper University Hospital that CMSRU students may elect to become members of, as well as the development of new clubs and organizations by our students alone or in association with our faculty and/or the housestaff of Cooper University Hospital.

**PROCEDURE:**
- This policy becomes effective in November of the first year for all students.
• A student may participate in activities, clubs and organizations only if the student is in good academic standing. For the purposes of this policy that is defined as being a full time student in curricular sequence or enrolled in the Independent Study Course. Students on a Leave of Absence are not permitted to participate in student activities.

• The Office of Student Affairs and the Office of Diversity and Community Affairs will offer their resources when possible to support the development of clubs and organizations, especially those linked to national organizations.

NOTE: Activities such as physician shadowing or anything that might involve patient care or contact must be at an approved site and with a member of our faculty.

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

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

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

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

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

Notes:

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

**Student Mistreatment Reporting Form**

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

### Policies Related to Medical Education

**Active Learning Group Policy**

**PURPOSE:** To provide a policy guiding maintenance of a professional and educationally-focused atmosphere in the CMSRU Active Learning Group Rooms (ALGs).

**SCOPE:** This policy applies to all Active Learning Group Rooms in the CMSRU medical education building and users of these spaces
**PROCEDURE:** The Active Learning Group rooms (ALGs) are designed as collaborative educational spaces where students, faculty, and others can hold a variety of educationally-focused activities without outside distractions. They also serve as around-the-clock study space for many students, and are also occasionally accessed for purposes of faculty and administrative recruitment, fundraising, etc. As such, the ALGs must be maintained in a professional, clean/sanitary, safe state that neither detracts nor detracts from their intended purpose.

Note: The below statements apply specifically to “assigned” ALGs – those rooms to which a group of eight students are designated at the beginning of the academic year. All other ALGs, conference rooms, and meeting spaces are public and should not have personal items, appliances, etc., stored within them at any time. These rooms are used for a variety of purposes, and while they may be used temporarily by students as short-term study spaces, they should always be left in a neat, clean, and unmodified state.

**Appliances**

In order to augment the comfort of students studying in these spaces, a limited number of appliances are permitted in the assigned student ALG rooms. Approved appliances include equipment that does not pose a fire hazard, is unlikely to attract insects or other pests, does not detract from the overall appearance of the room, and does not consume significant energy. Appliances shall be maintained in a clean and sanitary state at all times. **Prohibited and/or unsanitary appliances will be removed immediately.**

Approved appliances:

1. Single cup coffee makers (e.g., Keurig) that do not have a continuous heating element
2. Multiple cup coffee makers with an auto-off feature
3. Small refrigerators (must fit under the counters). Refrigerators **may not** be stored on countertops, and may not be plugged into extension cords.

Prohibited appliances:

1. Toasters/toaster ovens
2. Microwave ovens
3. Hot plates
4. Coffee makers without an auto-off feature
5. Any appliance with damaged/altered cords

Students wishing to bring in appliances not included on either of these lists shall request permission from the Associate Dean for Finance, Administration, and Operations prior to installation. Requests will be reviewed weekly with CMSRU leadership and final decisions shared with all students. These lists may be altered at any time based on a number of factors, including need to limit electrical power usage, recurrent unsanitary conditions, or other factors.

**General Room Conditions**

Rooms should always be maintained in a clean condition, with specific avoidance of states that may attract insects and other pests. This includes:

1. Cleaning/removal of dirty dishes by the end of the day
2. Disposal of any food/beverages and empty food/beverage containers in an appropriate trash receptacle
3. Storage of retained food in sealed, pest-proof containers, preferably put away in cabinets or refrigerators
4. General maintenance of a professional, non-cluttered appearance to rooms

It is not the role of CMSRU custodial staff to wash dishes. **Evening shift staff members are directed to throw away any food or dirty dishes left out in the ALGs.**
Bicycles may not be stored in the ALGs or anywhere else inside the CMSRU education building. Bike racks are installed immediately outside the building within view of the security desk; all bicycles should be stored in this location.

**Student Attendance**

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

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

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

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

**PROCEDURE:**

Please note that all policies that apply to the medical education program are available in the *CMSRU Student Handbook.* [http://www.rowan.edu/coopermed/students/files/handbook.pdf](http://www.rowan.edu/coopermed/students/files/handbook.pdf)

You will be notified when there is a revision to any policy during an academic year. Please address any questions you may have about the medical education program policies to the Assistant Deans for Phase 1 or Phase 2 or the Associate Dean for Medical Education.

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

**Religious Observance:**

The Cooper Medical School of Rowan University academic calendar specifies the days on which there are no mandatory academic activities, see the Academic Calendar for a full list. Students who wish to be excused from mandatory curricular activities for religious observance must notify the Course/Clerkship Director, Preceptor, Chief Student Affairs Officer, and Education Coordinator as soon as possible; but not less than 7 days prior to the scheduled day of observance. The student must submit an absence request through ARS system, and indicate Religious Observance in the comment field. The absence will NOT be counted against the student; however missed work must be made up.

**Phase I**

**First and Second Year Students**

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

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

   - No more than two half-day absences per course, per semester.
   - For courses such as Ambulatory Clerkship, WOW I & II, and Selectives; students must consult with their course/clerkship director(s) for prior approval before submitting an absence request.
   - Any date that includes any assessment will require a doctor’s note or proper documentation within two (2) days upon the student’s return. The documentation should be sent to the Chief Student Affairs Officer.
   - Students must contact their course/clerkship director and the Director of Assessment so that they can reschedule the assessment. *A score of zero will be assigned if a doctor’s note or proper documentation is not provided for any missed assessment.*

2. For students who will be absent for more than six (6) half days during either semester:
   a. The Chief Student Affairs Officer (CSAO) will monitor greater than six (6) half day absences.
      i. The CSAO may require a meeting and/or referral to the Director of Professionalism.
   b. The CSAO will alert Office of Medical Education and the course and/or clerkship director(s).
   c. At the discretion of the course/clerkship director(s), make up of course material missed during absences can take the form of writing a report on a topic of the clerkship/course director(s) choosing, or any other educational activity that the clerkship/course director(s) chooses.
   d. For medical absences for three (3) consecutive dates (six half days total) a doctor’s note will need to be provided to the Office of Student Affairs within two (2) days upon the student’s return.

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

   - Students are excessively tardy.
   - Students sign-in or swipe-in for a session and leave.
   - Students sign-in or swipe-in for someone else.
   - Students leave early during a required session.

Logging, notification, and the absence system

   - Students must submit the absence request as soon as possible or within the first 5 hours of their scheduled course or clerkship. Not doing so may result in a Professionalism report.
   - The student MUST log all absences into the absence request system.
   - Students will be notified by email of each absence recorded in the system.
   - It is solely the student’s responsibility to ensure that their presence at required sessions is recorded.
   - It is the responsibility of the student to bring their ID in order to swipe into a mandatory session.
Phase II

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

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

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

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

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

Students who will be absent more than one (1) day during a two (2) week block or more than two (2) days during a four (4) week block, during any curriculum component, must email the Chief Student Affairs Officer for their reason for the prolonged absence. The Chief Student Affairs Officer will alert the M3 Director and the M3 Education Coordinator. Should the absence be excused, the student will be responsible to make up any missed time.

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

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

Logging and Notification of Absences by the student

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

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

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

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

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

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

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

Students who will be absent beyond the four (4) weeks must email the Chief Student Affairs Officer for their reason for the absence. The Chief Student Affairs Officer will alert the M4 Director and the M4 Education Coordinator. Should the absence be excused, the student will be responsible to make up any missed time.

Interviews
- Maximum of 4 excused days for interviews AND travel to and from your interviews in a 4 week rotation.
- Maximum of 2 excused days for interviews AND travel to and from your interviews in a 2 week rotation.
- Maximum of 1 excused day for interviews AND travel to and from your interviews in a 1 week rotation.
- Excused days for interviews don’t have to be made up, as long as they are within the limit.
- You CANNOT use excused days for interviews for any other purpose. Inappropriate use of interview days will be viewed as unprofessional behavior and will lead to a Professionalism Report and possible failure of the Clerkship/Elective Rotation. Students may be required to present documentation of their interview.

Step 2 (CK & CS)
- Excused days for Step 2 do not have to be made up.

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

Logging and Notification of Absences by the student
- The student MUST log all absences, interviews, and Step 2 testing dates into the absence request system.
In addition, the student must notify their clerkship/elective director, preceptor, and clerkship or elective coordinator of the time they will miss. The clerkship/elective director will then notify the student of the remediation for the missed time.

Students must notify their clerkship/elective director and/or preceptor as early as possible of an impending absence. In the event of an unanticipated absence, the student must notify their clerkship/elective director and/or preceptor within the first 2 hours of their scheduled shift/activity. Not doing so may result in a Professionalism report and the possibility of failing the rotation; which is at the discretion of the clerkship/elective director and/or preceptor.

All students are required to log their absences/interviews in the CMSRU on-line attendance system, failure to do so may result in a Professionalism report and the possibility of failing the rotation.

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

Computer and Electronic Device Use

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

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

Cellular Phone Policy:
The use of cell phones is prohibited during classroom instruction. All cellular phones must 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/](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.
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.

**Curricular Interruption Process**

Any student who has a period of time during which they are not participating in the scheduled curriculum for any reason has the following options:

- **Leave of Absence:** A student must formally apply for this using the **Medical Student Withdrawal/Leave of Absence Request** form and adhere to the approval process. The time period and the plan for return to the curriculum will be developed on a case by case basis.
  - During this period the student is not a student at CMSRU and will not have access to the building or the resources of the school. All possessions must be removed from the building and access cards will be inactivated.
  - The student will be subject to any rules surrounding their existing loans in place federally or locally.
Duty hours do include patient care, time spent in inpatient and outpatient care, administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

Duty Hours

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

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

DEFINITIONS:
Duty Hours: as defined by the Accreditation Council for Graduate Medical Education (ACGME) website October 24, 2013. “Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.”

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

A stint is defined as a continuous period of duty.

I. PROEDURE:

• **Maximum hours of clinical and educational work per week:**
  o Students are allowed to work no more than 80 hours per week, averaged over 4 weeks.
  o Students may be on-call in-house no more often than every third night.

• **Maximum hours of clinical work and education per stint:**
  o Students must work no more than 24 hours of continuous scheduled time (clinical plus educational) per stint.
    ▪ The student may spend up to 4 hours of additional time per stint for activities related to patient safety and/or education (maximum is 28 contiguous hours).

• **Mandatory time free of clinical work and educational activities:**
  o Students must have at least 8 hours off between stints lasting less than 24 hours.
    ▪ Students may, of their own accord, choose to shorten this interval to check on a patient, but they cannot exceed the 80 hours per week maximum.
  o Students must have at least 14 hours free of clinical work and scheduled educational activities after a 24-hour continuous stint.
  o Students must have at least one day in seven (averaged over 4 weeks) free of clinical work and scheduled educational experiences.

II. RESPONSIBILITY

Implementation

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

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

3. Faculty
Faculty members must encourage students to adhere to duty hour policies and procedures. Faculty members agree to abide by the above duty hours limitations in the design and implementation of their courses and clerkships, and in the supervision of CMSRU students.

- A faculty member who repeatedly encourages student noncompliance with the duty hour limitations will meet with the assistant dean for curriculum phase 2 for counseling.
- Faculty members responsible for a pattern of student violations of the duty hour limitations will meet with the dean, who may recommend revocation of their faculty appointment.

Electives Policy

PURPOSE: This policy outlines the approved electives for CMSRU students for the M4 year. It also includes the approval process for all electives.

APPROVED ELECTIVES: Students may select courses from four sources:
- The Cooper Medical School of Rowan University approved Electives.
- The catalog of elective courses at other LCME-accredited Medical Schools.
- Available externships at ACGME-accredited residency programs that are not affiliated with a medical school.
- Courses required during active duty service for those students with Military obligations.

SCOPE: All CMSRU students.

DEFINITIONS: This policy refers to only electives done in the fourth year of medical school and does not apply to selectives or other offerings. It does not refer to mandatory clerkships in the M4 year required as part of the CMSRU curriculum.

PROCEDURE: All students at CMSRU must get the approval for their M4 elective choices by the Office of Medical Education.
- Choices are limited to two electives within the same discipline.
- A student who wishes to take a third elective in a single discipline/specialty/subspecialty must get approval by the M4 curriculum director.

CLINICAL ELECTIVES HOURS POLICY

In order to receive credit for any medical school elective students will need to attend clinical and educational activities for a minimum of 20 eight-hour days or 160 hours for that one month rotation. To qualify as a “clinical” elective, the majority of the time or >50% is spent seeing patients in a clinical setting or related to patient care such as radiology and pathology. Examples of educational activities include but are not limited to: interaction with patients in clinic/inpatient wards; conferences; discussions; rounds; assignments online with products specified such as answers to questions or exercises, essays, short papers, or reading assignments with a graded assignment; field trips with assignments; and case discussions or reflective meetings with faculty. Students cannot be absent for any reason, either excused or unexcused, more than four (4) working days from a one-month elective, students can and should use days of educational activities or additional clinical experiences to complete adequate time.
in a clinical elective.

Students are permitted to enroll for credit in clinical electives which do not last for a duration of at least one calendar month. Students who do enroll in approved clinical electives which last for less than four weeks need to find additional electives to complete their required 20 weeks overall of electives. There are opportunities in the CMSRU M4 Elective Catalog that will meet this requirement.

**SCHEDULING OUT-OF-TOWN ELECTIVES**

It is the student's responsibility to arrange out-of-town electives. Students must keep their advisor, the registrar, and the assistant dean for phase II of the curriculum informed of the status of these electives. Year 4 students are allowed up to 16 weeks away clinical electives per academic year.

**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.

**NEW ELECTIVES**

Departments who wish to establish new electives for 4th year students must submit the proposed course goals and objectives to the Curriculum Committee and the course assessment to the Assessment Subcommittee for approval prior to a student starting the elective. All CMSRU electives must be directed by a School of Medicine faculty member. If the proposed Course Director is not a CMSRU faculty member, a faculty appointment must be obtained prior to students starting the rotation.

**POLICIES ON INSTRUCTION OF STUDENTS**

Instruction of CMSRU medical students must be performed under the supervision of CMSRU faculty. Thus, all CMSRU courses are directed by CMSRU faculty. The goals and objectives and teaching methods of all externships are approved by the sponsoring CMSRU department. Instructors in the course and clerkship do not need CMSRU faculty appointments; however, the goals, objectives and methods of such instruction are determined by the course director. Residents who supervise or teach medical students, as well as graduate students and postdoctoral fellows in the biomedical sciences who serve as teachers or teaching assistants, must be familiar with the educational objectives of the course or clerkship and be prepared for their roles in teaching and evaluation. The objectives of the educational program must be made known to all medical students and to the faculty, residents, and others with direct responsibilities for medical student education.
Grading, Promotions and Appeals

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

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

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

Remediation: A defined process created by a course or clerkship director to ensure that a student who fails a course or clerkship has subsequently gained the knowledge and skills required. The process is tailored to the student and consists of activities to improve competency through reassessment.

Appeal: A petition filed by a student challenging a course or clerkship grade, a clinical assessment in the M3 year, time in program, and promotional decisions. An action in favor of a student does not imply wrongdoing by the faculty or the administration.

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

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

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

I. RESPONSIBILITY

Implementation

1. Faculty
The faculty is responsible for implementing grading policies, regulations and procedures. For the courses or clerkships for which they are responsible, faculty members:

a. establish standards to be met for attaining course or clerkship credit and criteria for assigning specific grades, and
b. assign final grades for the course or clerkship within six weeks of the last day of the course or clerkship.

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

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

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

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

II. COURSE REQUIREMENTS AND SEQUENCING

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

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

III. ASSESSMENT AND STANDING OF STUDENTS

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

1. The CMSRU Grading System

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

M3 Courses/Clerkships:

- **Honors (H):** is a clearly superior performance that reflects comprehensive achievement of course/clerkship objectives. (Distribution: approximately 20% of the class may receive H.)
- **High Pass (HP):** a performance well beyond minimum achievement of course/clerkship requirements. (Distribution: after Honors grades have been determined, approximately 30% of the class may receive HP.)
- **Pass (P):** a satisfactory performance that meets basic course/clerkship requirements. (A minimum grade of 70.00 is required to pass all courses and clerkships.)
- **Remediated Pass (RP):** a satisfactory performance that meets basic course/clerkship requirements upon the successful completion of the remediation plan, following an unsatisfactory course grade (UR).
- **Unsatisfactory Remediable (UR):** a temporary grade for a performance below acceptable minimum standards (grade less than 70.00) which the student has been granted the opportunity to remediate. This grade can only be replaced by either an RP or a U (see below).
- **Unsatisfactory (U):** a final grade for student performance below acceptable minimum standards (grade less than 70.00).

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

**Incomplete (I):**
Grades of Incomplete are applied at the School as described below:
- A course/clerkship director, following consultation with the associate dean for medical education, may assign the grade of I to indicate that a student has been unable to complete all of the course requirements for a reason(s) beyond his/her control (e.g., death in the family, significant illness or injury, etc.).
- When the grade of I is assigned to a course/clerkship, the student must complete the course/clerkship requirement before the beginning of the next academic year unless the course/clerkship director, with the concurrence of the associate dean for medical education, shall have provided a specific alternative time period, not to exceed one year.
from the completion date of the course/clerkship unless there is a compelling reason that must be approved by the associate dean for medical education.

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

**Withdrawn (W)**

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

**M4 Courses/Clerkships:**

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

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

**2. Narrative Assessments**

**a. Competency Assessment**

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

i. Mid-course and Mid-Clerkship Assessment

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

ii. Final Written Report

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

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

B. Standing of Students

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

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

2. Not in good standing
   The status of “not in good standing” indicates that the student is not eligible to continue at CMSRU, to return to CMSRU, or to transfer elsewhere due to an academic or citizenship issue. The status of “not in good standing” is considered a serious and permanent category. It does not apply to probationary actions.

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

IV. THE PROMOTIONAL SYSTEM

A. Phase 1

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

- The passing grade for all courses in Phase 1 is 70.00 and minimal competency for all summative written and practical examinations in a course is set at a score of 60.00. Any score on a summative written or practical examination below 60.00 will result in an unsatisfactory grade (U or UR) in the course, regardless of the overall course score.
- In M1 and M2 Foundations of Medical Practice, students must pass each end-of-year OSCE domain with a score of greater than or equal to 60.00. A score below 60.00 will result in an unsatisfactory grade (U or UR), regardless of the overall course score.
- Students are required to pass all courses and clerkships in Year 1 to be promoted to Year 2.
• Students are required to pass all courses and clerkships in Year 2 to be promoted to Phase 2: Year 3.

• A student who receives an unsatisfactory grade in up to 2 courses in an academic year in Phase I will be permitted to remediate the unsatisfactory grades before being placed on academic probation.

• A student who chooses to repeat a year without having successfully completed all the academic requirements for that year will be placed on academic probation since he/she has not successfully remediated the courses and are choosing to repeat them.
  o **M1 Fundamentals special circumstances:** The M1 Fundamentals course is a 16 week course with four individual blocks. Student scores are averaged throughout the course to calculate the final grade. Given the critical nature of this course in the academic development of a CMSRU medical student, the following applies:
    ▪ A student must achieve an average grade of 70.00 or above for the four blocks to pass the course, with a minimum score of 60.00 in each of the block examinations.
    ▪ A student with an unsatisfactory block score in up to two block modules in this course may remediate the course at the end of the academic year if the student’s overall course average is below a 70.00.
    ▪ A student with an unsatisfactory grade in three of the course blocks must repeat the course the following academic year and will not be allowed to progress in the remainder of the M1 curriculum regardless of course average.

• A student who fails to remediate an unsatisfactory grade in 1 course/clerkship will be placed on academic probation and must repeat the course/clerkship in the subsequent year. A student will not be permitted to advance to the next academic year until the course/clerkship has been successfully completed. A student may register for an Independent Study during this time, but is not permitted to take courses/clerkships/electives from the next academic year’s curriculum.

• A student who fails to remediate 2 courses/clerkships must repeat the year, and will be placed on academic probation. The student must retake all courses/clerkships in the academic year and pass all to move to the next academic year in the curriculum.

• A student who receives a final grade of unsatisfactory remediable (UR) grade in 3 courses/clerkships within the same academic year will be reviewed by the Academic Standing Committee for dismissal. This is not withstanding any successful remediation of the courses or clerkships in which a UR grade was awarded.

• A student with an identified area of concern about their professionalism in their course narratives may be referred to the director of professionalism for review and action.

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

**B. Phase 2**

• Students are required to pass all courses and clerkships in Year 3 to be promoted to Year 4.
• In the M3 year, a student must successfully complete all assessment components of his/her course and clerkship requirements. A student who needs to remediate assessment components for courses or clerkships during the M3 year must do so within 21 calendar days of the close of the academic year or the awarding of the final course grade, whichever is later, unless there are extenuating circumstances. Remedial examinations held after the M3 year will delay entry in the M4 year. A student who needs to remediate any portion of an M3 course or clerkship can only receive a final grade of Remediated Pass (RP) in those courses or clerkships.

• In the M3 year, minimal competency for all clerkship NBME Subject examinations is set at 2 standard deviations below the national mean for the most recent published national means for each of the subject examinations. Any score below the posted pass score will result in an unsatisfactory grade (U or UR) in the clerkship regardless of the overall clerkship score.

• In the M3 year, minimal competency for all clerkship summative clinical assessments is set as the mean score for all competency domains at greater than or equal to 4.00 on the CMSRU Scale of 1-9. Any mean score below the 4.00 will result in an unsatisfactory grade (U or UR) in the clerkship regardless of the overall clerkship score.

• In the M3 year, minimal competency for all clerkship summative OSCEs, students must pass each OSCE domain with a score of greater than or equal to 60.00. A score below 60.00 will result in an unsatisfactory grade (U or UR) in the clerkship regardless of the overall clerkship score.

• Students failing the M3 Scholar’s Workshop course only will be promoted to Year 4 with contingency and must remediate that course during Year 4.

• Students are required to pass all clerkships and electives in Year 4 and satisfactorily 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 director of professionalism for review and action.

<table>
<thead>
<tr>
<th>Phase 2</th>
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<tbody>
<tr>
<td><strong>Event</strong></td>
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<tr>
<td>Fail 1 M3 or M4 course/elective/clerkship</td>
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<tr>
<td>Fail 2 M3 or M4 courses/electives/clerkships</td>
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<tr>
<td>Fail 3 M3 courses/electives/clerkships</td>
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<tr>
<td>Fail 4 M3 courses/electives/clerkships</td>
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<tr>
<td>Fail 3 M4 courses/electives/clerkships</td>
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<tr>
<th>Specific Fall Event</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Fail Scholar’s Workshop</td>
<td>Remediate within 21 days from grade posting (no effect on spring failures)</td>
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</table>

C. USMLE Examinations:

• All students studying for the MD degree at CMSRU are required to pass Step 1 and Step 2 CK and Step 2 CS of the U.S. Medical Licensure Examination (USMLE) as a condition of continued matriculation and of graduation.

### Step 1

- Step 1 shall be taken prior to beginning Year 3 of the medical school curriculum and no later than June 30th.
- Students are conditionally promoted to Year 3 pending the results of the Step 1 Examination.
• Step 2 CK (Clinical Knowledge) and Step 2 CS (Clinical Skills) shall be taken no later than October 15th of the calendar year in which medical students are enrolled in Year 4 of the medical school curriculum.

• A student who fails to pass Step 1 on the initial attempt will have two choices:
  1. Complete the first block of the M3 year. The student will then enter a temporary Step 1 Prolonged Absence for up to 6 weeks in Block 2 of the M3 year and develop a Step 1 remediation plan approved by the Associate Dean for Medical Education, which must be completed during block 2 of the M3 year.
    • Take Step 1 again within 40 days after completing the first block of the M3 year.
    • Resume the third year program following the remediation time by entering the next block 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.
  2. At their request, students may choose to take an Independent Study or a leave of absence for the remainder of the M3 year and begin the M3 year with the subsequent class.

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

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

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

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

• A student who fails to pass Step 2 CK or 2 CS shall:
  • Take Step 2 CK or 2 CS again, no later than January 30th of the next calendar year.
  • Complete the fourth year curriculum.
• A student who fails to pass Step 2 CK or 2 CS for the second time can continue in the M4 year and will be placed on academic probation by the Academic Standing Committee. He/she must:
  ▪ Take Step 2 CK or 2 CS for the third time, no later than July 31st. The student shall be automatically registered into an M4 independent study program for the following academic year, with a potential May graduation date of the next year.
  ▪ A student who fails the Step 2 CK or 2 CS examination three times shall be reviewed for dismissal by the Academic Standing Committee.

• 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 or UR, and will refer the student to the assistant dean for phase 1 or phase 2 for support in his/her decision-making regarding remediation and the Academic Standing Committee review process for promotional decisions.

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

Remediation of a Failing Performance

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

Phase 2 Remediation:
Remediation for courses and clerkships in the M3 or M4 year occurs within 21 days of the posting of the final grade.
  • Students will begin the remediation process for failed M3 NBME subject examination assessment components as soon as the M3 Examination period ends and scores and/or
grades are available. This will allow students to matriculate into the M4 year as soon as possible.

- Remediation in the M4 year is handled on a case-by-case basis and must be completed in time for graduation.

- Only one attempt is permitted to remediate by reexamination or other course assessment a UR grade in any assessment component in the M3 or M4 year. The highest grade a student can earn with successful remediation in any M3 or M4 course or clerkship is a remediated/pass (RP). The student is not permitted to remediate more than 1 course or clerkship in the M3 or M4 year. A student who is unsuccessful in remediation will be placed on Academic Probation and must repeat the course/clerkship as soon as possible. If the student is successful, s/he will be removed from Academic Probation and proceed in the curriculum. If unsuccessful, the student will be reviewed by the Academic Standing Committee for dismissal.

- Students who fail two courses and/or clerkships in the M3 or M4 year will be placed on Academic Probation and repeat the courses or clerkships.

  - **M3:**
    - If the M3 student is successful in their repeated course(s)/clerkship(s), s/he will be removed from Academic Probation and proceed in the curriculum. If the M3 student fails one or more of the repeated courses or clerkships, s/he will continue on Academic Probation. The student may take a Leave of Absence or Independent Study for the remainder of the academic year, and must repeat the entire M3 curricular year in the next academic year.

  - **M4:**
    - If the M4 student is successful in their repeated course(s)/clerkship(s), s/he will be removed from Academic Probation and proceed in the curriculum. The repeated course(s)/clerkship(s) may impact a student’s graduation date.
    - If the M4 student fails one or more of the repeated courses or clerkships, s/he will be reviewed by the Academic Standing Committee for dismissal.

- A student who fails three courses, electives, and/or clerkships in the M3 year will be placed on Academic Probation and must repeat the entire M3 year. If the student is successful, s/he will be removed from Academic Probation and enter the medical education program for the M4 year. If the student fails one or more courses or clerkships in the repeated year, the student will be reviewed by the Academic Standing Committee for dismissal.

- Students who fail four courses, electives, and/or clerkships in the M3 year will be reviewed by the Academic Standing Committee for dismissal.

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

**Remediation Process:**

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

1. Within seven (7) days of notification of unsuccessful performance, meet with the student to help identify his or her obstacles to achieving satisfactory performance
2. Meet with course/clerkship/elective faculty, as necessary, to discuss the student’s learning needs and plan remedial experiences

3. Work with the Phase 1 or Phase 2 assistant dean to create a written plan for remediation, including:
   a. goals
   b. method(s) of study/practice
   c. duration of the program
   d. frequency of meetings between the student and designated faculty or course/clerkship director
   e. planned assessments

4. Share the proposed program with the director of assessment and the associate dean for medical education for their review and written approval. In the event the student is in Year 3, the M3 director will be required to review and approve the plan. For students in Year 4, the M4 director will be required to review and approve the plan.

5. Review the plan with the student within one week of the original meeting.

6. Present the student with the written plan, which will be signed by the student.

7. Carry out the plan after completion of the academic year. If the student successfully remediates, the grade is changed from a UR to an RP. In the case of a clerkship needing remediation, the highest grade available for posting will be a RP.

8. If the student fails to remediate, the grade is converted to a U and the student is referred to the Academic Standing Committee for promotional review.

V. PROBATION

A. Academic

A student shall be placed on academic probation by the Academic Standing Committee:
- when the student has unsuccessfully completed the remediation process for a course/clerkship and/or is required to repeat a course/clerkship due to unsatisfactory academic performance;
- when a student has an unsatisfactory in two courses and/or clerkships in the M3 or M4 year and must repeat the courses and/or clerkships;
- when a student is repeating an academic year; or
- When a student fails a USMLE Step 1, Step 2 CK, or Step 2 CS examination for the second time.

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

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

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

**B. Non-Academic**

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

**VI. GRADE APPEALS**

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

Extenuating circumstances will not be accepted as the basis for a grade appeal. Extenuating circumstances may represent the basis for a postponement of an assessment event. Students must present evidence for extenuating circumstances related to course or clerkship assessments to the Chief Student Affairs Officer before an assessment event. Excuses will not be accepted after the assessment event and are not considered procedural irregularities associated with the course or clerkship requirements or assessment activities.

Students may begin remediation during a grade appeals process for courses or clerkships with unsatisfactory grades and not involved in the appeal. A student who receives a final grade of UR in three courses or clerkships in an academic year in Phase 1 will be reviewed by the Academic Standing Committee for dismissal. A student who receives a final grade of UR in four M3 courses or clerkships or three M4 courses or clerkships in an academic year will be reviewed by the Academic Standing Committee for dismissal. This is notwithstanding any successful remediation of the courses or clerkships in which a UR grade was awarded.
Appealing a Course or Clerkship Grade

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

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

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

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

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

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

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

Appealing an M3 Block Clerkship Clinical Assessment

1. **Appeal to the Clerkship Directors**

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

2. Appeal to the Office of Medical Education

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

3. Appeal to the Academic Standing Committee

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

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

VII. PROMOTIONAL APPEALS

Appealing Promotional Decisions

All information pertaining to a student's academic promotion and professional attributes, including that contained in departmental files, may be utilized in the appeals processes described below. Appeals may be based upon procedural irregularity or extenuating circumstances. Extenuating Circumstances are severe and documented situations which were beyond the student's control and which prevented the student from performing in a manner truly reflective of his/her knowledge and skills.

Students may begin remediation during a promotional appeals process. A student who receives a final grade of UR in three courses or clerkships in Phase 1, or four courses or clerkships in M3, or three courses or clerkships in M4 during an academic year will be reviewed by the Academic Standing Committee for dismissal. This is notwithstanding any successful remediation of the courses or clerkships in which a UR grade was awarded.
1. Academic Performance Appeals to the Ad Hoc Committee for Student Appeals

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

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

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

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

VIII. ACCELERATED THREE YEAR CURRICULUM
Since this is currently a grant funded program, a student may be transitioned back to the four year track if it is felt to be in the student’s best interest academically or professionally.

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

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

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

• Phase 2
  1. Identical to Section IV.B. with the following conditions for mandatory conversion from the three-year curriculum to the standard four-year curriculum:
     a. A student who receives an unsatisfactory grade in two or more clerkships, or one clerkship and the Scholar’s Workshop, regardless of successful remediation.
     b. A student who receives an unsatisfactory grade in the sub-internship (Block 7)
     c. A student who fails to remediate an unsatisfactory grade in one or more courses/clerkships
     d. A student who chooses to repeat the year without having successfully completed all the academic requirements for the year

• USMLE Examinations
  1. Identical to Section IV.C. with the following special conditions:
     a. Students will take USMLE Step 2 CS by the end of M3 Block 4
     b. Students will take USMLE Step 2 CK by the end of the M3 Block 5
     c. Students who fail either component of Step 2 will be allowed one other attempt before they must convert from the three-year curriculum to the standard four-year curriculum.
  2. Students must achieve a passing score in both components of Step 2 before the end of M3 Block 6 to graduate on time from the three-year program.

• PROMOTIONAL DECISIONS
  • Identical to Section IV.D.
    1. Students will begin the remediation process for a failed M3 clerkship as soon as the grade is posted, notwithstanding any ongoing appeal of the grade.
    2. Remediation must be completed before the end of the succeeding block.

• PROBATION
  • Identical to Section V.

• GRADE APPEALS
  • Identical to Section VI.

• PROMOTIONAL APPEALS
  • Identical to Section VII.
HIPAA Privacy Policy

PURPOSE: To insure that all students, faculty, and staff of CMSRU are compliant with the Health Insurance Portability and Accountability Act (HIPAA).

POLICY: HIPAA Privacy Policy

SCOPE: Candidates for the Doctor of Medicine Degree, faculty, and staff of CMSRU. This policy, while being that of Cooper Health System, will be applicable to our students regardless of the site at which they interact with patients.


PROCEDURE: Accepted students will receive HIPAA education via the Cooper Health System training self-learning module starting at the time of orientation to medical school and yearly.

Ombudsman

Position Description:

The Ombudsperson serves students, faculty, and staff of Cooper Medical School of Rowan University. The Ombudsperson does not serve as an advocate for any party to a dispute. However, an Ombudsperson does advocate for fair treatment and processes. Some typical concerns brought to the Ombudsman include work/learning environment and performance, fear of retaliation, professional misconduct, authorship, sexual harassment and discrimination. Any issue may be brought to the Ombudsperson.

The Ombudsman seeks to enhance the ability to deal more effectively with challenging situations on their own. If assistance is needed beyond individual coaching, further information can be gathered on behalf of the student, referrals can be made to those with expertise in a specific area or proper authorities at the school or affiliated institution can be contacted. When appropriate, the Ombudsperson can provide group facilitation or informal mediation services to help find a satisfactory solution.

Key Elements of Interaction:

Confidentiality: Information shared will not be disclosed without the individual’s permission except when there is an imminent threat to safety.
Neutrality: An Ombudsperson does not serve as an advocate for any party to a dispute. However, an Ombudsperson does advocate for productive communication and fair processes and their implementation. Independence: The Ombudsman is independent.

The Ombudsperson can help explore concerns about:

Work/Academic Environment
Fair Treatment

Cooper Medical School of Rowan University
Student Handbook - Policies
Updated 9/26/2017
The Ombudsman is a defined option to address issues surrounding:

- Mistreatment
- Appealing promotional decisions on matters other than grades

Preclinical Academic Workload Policy

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.

**Prolonged Absence Policy**

**PURPOSE:** To provide a policy guiding students who are not participating in the academic program for more than 10 consecutive class or clerkship days. This policy outlines the consequences in terms of promotion, participation in the curriculum, use of the buildings and associated resources, and activities associated with CMSRU outside of the curriculum.

**POLICY:** Prolonged Absence Policy

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

**PROCEDURE:**
1. **Excused Absence:** When a student does not participate in the educational program of CMSRU for ten (10) or more consecutive class/clerkship days with an official excused absence, their status will be reviewed by the associate dean for medical education in collaboration with the assistant dean...
for student affairs or designee. Each decision will be reviewed and acted upon individually, but the following guiding principles will be followed:

a. In courses that are more than 5 weeks, the impact on the associated year-long courses will be considered as well as the ALG portion of that course. Repeating the year may be a possibility.

b. In courses/clerkships that are less than 5 weeks, the student may be asked to repeat the entire year or to repeat that course the following year, and that would involve taking that course in isolation while being on an approved independent study year.

c. The financial consequences of this decision will be managed by the student through the Financial Aid Officer of CMSRU.
   i. These consequences may be based on the academic standing of the student at that time. The Grading Promotions and Appeals Policy will be followed with regard to a students’ academic standing.
   ii. The Grading, Promotions and Appeals Policy will be followed with respect to the number of years to complete each phase of the curriculum.

2. Unexcused Absence: When a student does not participate in the educational program of CMSRU for ten (10) or more consecutive class/clerkship days without being excused, the following will occur:

a. The ID cards for CMSRU and for Cooper University Hospital will be inactivated and must be returned to the Office of Student Affairs.

b. Parking wafers or hangtags (if applicable) must be returned to the Office of Student Affairs.

c. Electronic Access to Blackboard and all access to the medical library will be terminated.

d. The Tuition Policy will be adhered to with respect to any possible refunds. As per that Policy, student fees are not refundable.

e. The student may return to CMSRU to remove belongings, but will be accompanied by Security staff.

f. The student must complete a Leave of Absence/Withdrawal form and consult with the appropriate departments referenced on the form.

3. Dismissal: When a student is dismissed from Cooper Medical School of Rowan University for any reason, and pending his/her decision to appeal this decision per the Grading, Promotions, and Appeals Policy, the following will occur:

a. The ID cards for CMSRU and for Cooper University Hospital will be inactivated and must be returned to the Office of Student Affairs.

b. Parking wafers or hangtags (if applicable) must be returned to the Office of Student Affairs.

c. Electronic Access including Blackboard and all access to the medical library will be terminated.

d. The Tuition Policy will be adhered to with respect to any possible refunds. As per that Policy, student fees are not refundable.

e. The student may return to CMSRU to remove belongings but will be accompanied by Security staff.

f. The student must complete a Leave of Absence/Withdrawal form and consult with the appropriate departments referenced on the form.

4. Approved Leave of Absence: A leave of absence is an interruption in the educational curriculum due to medical or personal reasons. Each request for a leave of absence will be reviewed and acted upon individually. The following shall apply to all approved leaves of absence:
a. A leave of absence may be for either a defined or an undefined period of time, determined by the assistant dean for student affairs or designee. Except in extraordinary circumstances a student may request a leave of absence only for a period of up to one academic year. The student may request an extension to a leave of absence for extraordinary extenuating circumstances.

i. For leaves of absence taken prior to the completion of curricular year two:
   1. A two-year leave of absence shall ordinarily be the maximum allowed. At the discretion of the associate dean for medical education in collaboration with the assistant dean of student affairs or designee, such students may re-enter the curriculum at the point where their leave of absence began.
   2. Should circumstances dictate that a student be granted a leave of absence that is longer than two years, the associate dean for medical education in collaboration with the assistant dean for student affairs or designee may require that the student repeat some or all of the curriculum previously taken, even if all courses were passed. Students may be required to prove competency in previously passed courses by a method deemed appropriate by the Office of Medical Education.
   3. A leave of absence longer than three years will ordinarily require repeating the curriculum from the beginning of year one, unless the associate dean for medical education in collaboration with the assistant dean for student affairs or designee, and in consultation with executive council of deans, determines that exceptional circumstances warrant some other arrangement. The decision of the executive council of deans is final.

ii. For leaves of absence taken after the successful completion of Phase I and USMLE Step 1:
   1. Ordinarily, a two-year leave of absence shall be the maximum allowed.
   2. Students granted leaves of absence during year three may be required to re-enter the curriculum at the beginning of curricular year three.
   3. Students granted leaves of absence during year four may be required to re-enter the curriculum at the beginning of curricular year four.
   4. Students may be required to prove competency in previously passed courses by a method deemed appropriate by the Office of Medical Education.
   5. Students granted leaves of absence that are two years or longer will re-enter the curriculum at a point determined at the discretion of the associate dean for medical education in collaboration with the assistant dean for student affairs or designee, and/or the executive council of deans. The executive council of deans may determine that exceptional circumstances warrant some other arrangement. The decision of the executive council of deans is final.

b. The time that a student spends on a leave of absence shall not count towards the maximum of time permitted to complete either the first two or the last two curricular years as per the Grading, Promotions, and Appeals Policy.

c. It is the responsibility of the student to complete the Leave of Absence request form and consult with the appropriate departments referenced on the form.
d. Access to the school building and resources will be terminated during the time period of the leave of absence. The student is required to return his/her CMSRU and Cooper University Hospital ID cards to the Office of Student Affairs.

e. Parking wafers or hangtags (if applicable) must be returned to the Office of Student Affairs.

f. Electronic Access to Blackboard and all access to the medical library will be terminated.

g. The financial consequences of this decision will be managed by the Financial Aid Officer of CMSRU.

h. Protocol for Medical Leave of Absence: A leave of absence due to medical reasons must be prescribed by the student’s treating physician.

   i. It is the student’s responsibility to request a medical leave of absence and to provide all required supporting documentation.

   ii. A student may request a medical leave of absence by contacting the assistant dean of student affairs or the chief student affairs officer.

   iii. Each medical leave of absence request will be reviewed on an individual basis with the assistant dean of student affairs or designee.

   iv. A medical leave of absence may be requested for up to one year. Additional time beyond one year will require approval by the assistant dean of student affairs or designee.

   v. The following information must be provided to the Office of Student Affairs prior to the commencement of a medical leave of absence:

      1. CMSRU Leave of Absence Form-this shall be completed and signed by the student. It is the responsibility of the student to consult with all parties listed on the form.

      2. Contact information of the treating physician.

      3. A letter from the treating physician indicating the need for a medical leave with confirmation of his/her role as the physician of record during the leave of absence. This person shall serve as the contact for the Office of Student Affairs. The treating physician must furnish the letter on official letterhead and must include the physician’s original signature and date.

   vi. Release of information protected by the Health Insurance Portability and Accountability Act shall be at the discretion of the student.

   vii. A medical leave of absence will not be approved in cases where the supporting documentation is incomplete or missing. In extraordinary or catastrophic circumstances, the supporting documentation requirements may be waived at the discretion of the assistant dean for student affairs or designee.

   viii. A medical leave of absence may have financial implications. The financial consequences of this decision will be managed by the Financial Aid Officer of CMSRU.

ix. Students are required to notify the assistant dean for student affairs or designee of their anticipated return date as early as possible to ensure successful re-entry into the curriculum and meet enrollment registration deadlines. Students will be required to complete any necessary paperwork related to return from the medical leave of absence, including, but not limited to, enrollment, course registration and financial aid.
x. Clearance for return from a medical leave of absence is required from the designated treating physician and any consulting physicians where applicable. The clearance for return must include a statement from the treating physician indicating the student has sufficiently recovered from the medical event and is able to return to the curriculum with an expected reasonable chance of success. The student may be required to supply results of neuropsychiatric testing where applicable. In cases where the student’s decision-making ability may be affected by a medical condition, the clearance for return must specifically address cognitive function. The clearance for return from medical leave of absence must be signed by the treating physician on official letterhead and furnished to the assistant dean of student affairs or designee.

xi. Students returning from medical leave must be able to meet CMSRU technical standards. CMSRU reserves the right to require fitness for duty or any other relevant testing. CMSRU may require an evaluation of the student by the Director of Student Health.

xii. The student will discuss the plan for re-entry with the assistant dean of student affairs or designee and the associate dean for medical education.

i. Protocol for Personal Leave of Absence: A personal leave of absence may be requested by the student when an interruption in the educational curriculum is necessary for the student’s non-medical reasons.

   i. A student may request a personal leave of absence by contacting the assistant dean for student affairs or the chief student affairs officer.

   ii. The Leave of Absence form must be completed and signed by the student. It is the student’s responsibility to consult with all parties listed on the form.

   iii. Each personal leave of absence will be reviewed on an individual basis with the assistant dean of student affairs or designee.

   iv. A personal leave of absence may be requested for up to one year. Additional time beyond one year will require approval by the assistant dean for student affairs or designee.

   v. The conditions of the personal leave will be customized in consultation with the assistant dean for student affairs or designee and the associate dean for medical education.

   vi. The student will discuss the plan for re-entry with the assistant dean of student affairs or designee and the associate dean for medical education.

   vii. If a student has already taken one personal leave of absence and is requesting an additional personal leave of absence, the Hearing Body for Student Rights will review the student’s request and render a decision regarding granting the leave of absence.

      1. The student may appeal this decision to the Leave of Absence ad hoc committee. The ad hoc committee will be convened at the request of the assistant dean for student affairs or designee.

      2. The Leave of Absence ad hoc committee will consist of three advisory college directors (none of whom are from the student’s respective advisory college) and two representatives appointed by the Dean. A chairperson will
be chosen from among the five members to communicate with the student and the assistant dean for student affairs or designee.

3. The student should be provided with at least 72 hours advance notice regarding the time and place of the committee’s hearing.

4. 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 no later than 24 hours preceding the time scheduled for the start of the appeals hearing.

5. The chairperson will communicate the decision of the Leave of Absence ad hoc committee to the assistant dean for student affairs or designee within 10 working days.

6. The assistant dean for student affairs or designee will communicate the decision to the student and carry out the conditions set forth by the Leave of Absence ad hoc committee.

j. Disciplinary proceedings, such as academic dismissal or professionalism adjudications, will continue if the Leave of Absence was initiated during such proceedings.

k. It is the student’s responsibility to inform the Office of Student Affairs of any change in plan or status during a Leave of Absence.

5. Independent Study course: A student may choose or be required to take an Independent Study Course during his/her medical education program. The Independent Study course may be required if a student fails to pass the USMLE Step 1 or Step 2 and wants to attempt the examination for a third time. The Independent Study course may be taken to enrich the student’s educational experience during Phase 1 or Phase 2 of the CMSRU medical curriculum. An Independent Study course may be taken for up to one academic year.

a. The student will complete the Independent Study Course request form and consult with the appropriate departments referenced on the form.

b. This must be approved by both the associate dean for medical education in collaboration with the assistant dean of student affairs or designee.

c. Tuition will be billed as per tuition policy. Students are required to pay all student fees that are billed on a semester basis.

d. Enrollment in an Independent Study Course may result in significant reduction in financial aid funding. It is the responsibility of the student to consult with the CMSRU Financial Aid Office. Students in the Independent Study Course are ineligible for CMSRU Scholarship Funding.

e. The Independent Study Plan is filed within the Office of Student Affairs and the Office of Medical Education along with the Independent Study Request form.

f. The associate dean for medical education in collaboration with the Phase Deans will assign a course director.

g. Students are expected to meet with a learning specialist and respective course director and meet all milestones required by the Independent Study Plan.

h. An evaluation of the student is part of this course and there will be a grade (P/U).
i. This course will appear on the student’s academic transcript.

j. Students will not participate in patient care while enrolled in the Independent Study Course and will have access restricted on their Cooper University Hospital badge to the medical library only.

6. Student Scholar Research Experience:
   a. A student may spend one or more years doing full time research at CMSRU or another institution with the permission of the associate dean for medical education in collaboration with the assistant dean for student affairs or designee.
   b. The Student Scholar Research Experience form must be completed including the signed approval by the research sponsor.
   c. Students are not billed tuition; however, students are enrolled full time and are required to pay a maintaining matriculation fee ($25 per term or $50 for the entire academic year).
   d. Students will maintain enrollment to prevent entering loan repayment.
   e. Students can waive or accept student fees; however, students are required to pay for disability insurance and will be billed via the Rowan University Billing Office.
   f. M4 students participating in the MATCH/ERAS process during the Student Scholar Research Experience must pay student fees.
   g. If a student waives student fees, the student will not have access to the CMSRU building and the student must return his/her CMSRU and Cooper University Hospital identification badges to the Office of Student Affairs and Admissions. Students will not have access to CMSRU Blackboard or the medical library; however, students will maintain access to their Rowan email account.
   h. Students will not participate in patient care during the Student Scholar Research Experience.
   i. The Student Scholar Research Experience status will be listed on the student’s transcript as a non-credit (NC) course during the term(s) enrolled.

7. Administrative Leave of Absence: An administrative leave of absence is an administrative measure used in situations where it is deemed in the best interest of the student and/or the school that the student’s medical education be interrupted. The conditions for administrative leave will be determined by a designated CMSRU official (see list below) and may include consultation with Rowan University. The following school officials can grant and determine conditions of an administrative leave of absence:
   a. dean of CMSRU or designee
   b. associate dean for medical education or designee
   c. assistant dean for student affairs or designee

**Satisfactory Academic Progress**

**PURPOSE:** To Outline the Relationship of Financial Awards and Academic Performance

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

**DEFINITIONS:**

Satisfactory Academic Progress (SAP) is defined as the progression through our curriculum as set forth within the Grading and Promotions Policy:
C. 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
   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.

PROCEDURE:

In order to receive federal financial aid, students must demonstrate Satisfactory Academic Progress (SAP) toward the attainment of their medical degree. SAP will be reviewed at the end of every academic year.

- If a student is failing SAP at the end of the academic year, federal aid will be revoked going forward until the student is back in good academic standing. Or, the student can appeal, and if approved, the student can be placed on financial aid PROBATION for the upcoming academic year.
- The Financial Aid Committee will determine whether or not the student is granted PROBATION with another academic year of federal aid. If the student is placed on an academic plan by the Academic Standing Committee, the student can continue to receive federal aid as long as the student follows the academic plan set forth by the Academic Standing Committee. The academic plan option is determined by the Academic Standing Committee on a case by case basis.
- CMSRU Financial Aid Office must follow all SAP guidelines as set forth by federal regulations.

RESPONSIBILITY:

If a student is not in good academic standing, the Academic Standing Committee will inform the Financial Aid Office about the student’s standing.

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.

2. 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.

3. 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.

4. 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 rational 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 assistant dean for student affairs should the potential for these conflicts of interest arise.
**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.”

 Policies Related to Health and Safety

Anti-violence

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:

**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 assistant dean for student affairs. Retaliatory action is prohibited against any persons who reports, responds to, or participates in an investigation of a drug and alcohol policy violation.

- In cases where the possibly impaired individual is the person’s advisor/instructor, the student may report to the next higher-level supervisory member.
CMSRU’s responsibility:

- CMSRU will notify any federal agency from which CMSRU receives grant funds within 10 days after receiving notice from a student of a drug conviction. The student must notify CMSRU within 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.

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

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

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

**Immunization Requirements**

**PURPOSE:** CMSRU requires immunization to protect the health and well-being of all students, faculty, staff, patients, and the general public against vaccine preventable communicable diseases.

**POLICY:** Students are required to show proof of appropriate immunity or documented immunization prior to matriculation and/or the onset of actual patient contact.

**SCOPE:** All medical students

**DEFINITIONS:** Immunity- serologic presence of a given antibody (in a sufficient titer) to react with a specific antigen and prevent disease; BCG – Bacille Calmette-Guerin vaccination

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PROCEDURE:

1. All students are required to have a pre-entrance physical examination performed by the student’s physician within one year prior to enrollment. Students must complete the Medical History Form and submit this form and immunization documentation prior to the first day of class. Any student failing to submit this documentation will not be able to attend classes or clinical rotations until this information is complete.

2. In accordance with the Centers for Disease Control and Prevention (CDC) guidelines for health care workers, and the applicable State of New Jersey immunization requirements, CMSRU students are required to provide proof of immunity via adequate documentation of appropriate vaccine administration or proof of serologic immunity for the following:

   a. Rubeola, Mumps, and Rubella – All students must provide documentation of immunization. Students born after 1957 must have proof of vaccination of the two doses of live, attenuated measles and rubella vaccines. The first dose must have been given on or after the first birthday and in 1969 or later. The second dose must have been given at age 4-6 years or later, but at least 28 days after the first dose. If a student does not have appropriate documentation, serology testing may be conducted (rubella IgG, rubeola IgG, and mumps IgG) to document immunity.

   b. Varicella - Students who have a negative or uncertain history of chicken pox are required to receive the varivax vaccine. Dosages are two doses administered eight weeks apart. Exceptions to this policy, such as medical contraindications or religious belief, can be discussed on a case by case basis with Worknet. Students may also document immunity with varicella IgG titers. In the event of a local measles or varicella epidemic, these exempted students will be excluded from group activity, including classes and patient care, until it is determined safe for the students to return.

   c. Hepatitis B -Proof of immunity must be in the form of a “quantitative” Hepatitis B surface antibody titer consistent with immunity. If the student is found not to be immune to Hepatitis B, whether due to non-vaccination or to the lack of response to the vaccine, the student will be offered the vaccine series.

3. Prior to matriculation, students will also be required to show proof of last tetanus/diphtheria booster shot.

4. Prior to matriculation, students (including those with prior BCG vaccination) will be required to have screening for tuberculosis with a tuberculin skin test, also known as a PPD. PPD testing will be performed by Worknet and is required on an annual basis. If a student develops a positive PPD, appropriate evaluation and testing will be performed. This would include assessment of symptoms, as well as a chest x-ray. If indicated, appropriate therapy will be offered.

5. Students are required to be vaccinated annually for influenza unless there is a medical or religious contraindication, in which case they will be required to complete a declination form.

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

Exceptions:

Students who have a documented history of a positive TB test and proof of appropriate treatment may be exempt from further TB testing unless they develop signs or symptoms of infection. Documentation of prior treatment must be included in the student health record.

Students may also be exempt from a given vaccination if they have a medical contraindication for that particular vaccine. Students must present documentation from a physician regarding the contraindication and this must be included in the immunization record. Exemption from any given vaccination must not prevent fulfillment of the core essential curriculum.

REFERENCES:

CDC, MMWR, Recommendations and Reports, “Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC)”, December 26, 1997 / 46(RR-18):1-42
http://www.cdc.gov/mmwr/preview/mmwrhtml/00050577.htm

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 assistant dean for student affairs after meeting with the associate dean for medical education and the vice dean and/or a designee from their offices based on 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 a 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 assistant dean for student affairs, who will take appropriate action.

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

B. Responsibility in Dealing with the Acutely Impaired Student

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

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

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

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

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

   6. If a student refuses to be escorted to Worknet or the ED and/or refuses to be evaluated according to policy, no attempt should be made to force the student. Instead, the student should be suspended and the assistant dean for student affairs and/or a designee from that office should document the student’s refusal. Upon academic suspension, the assistant dean for student affairs, after meeting with the associate dean for medical education and the vice dean or designee and/or a designee from their offices will make a mandatory SAP referral and if the student does not contact SAP within 72 hours, the student will be dismissed from CMSRU.
7. The student should not be permitted to leave the premises operating a vehicle. If the student insists on driving, advise him/her that the police will be notified. If the student still drives, the police must be notified.

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

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

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

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

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

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

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

C. Returning the Student to Academic Responsibilities

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

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

3. The school must continue to monitor the student's academic performance in accordance with CMSRU standards.

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

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

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

   c. If performance problems persist and the assistant dean for student affairs, and/or a designee from that office, feels professional intervention is necessary, the following steps may be taken at any time:

      i. Refer employee to the Student Assistance Program (SAP) for free and confidential counseling. Document the referral.

      ii. Invoke disciplinary procedures.

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

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**Infectious and Environmental Hazards**

**PURPOSE:** To ensure appropriate education to prevent, prepare and protect CMSRU students from potential infectious and environmental hazard; to optimize the educational experience of CMSRU students while protecting their safety.

**POLICY:** Cooper Medical School of Rowan University is dedicated to protecting its students, workforce, and the patient community it serves. All CMSRU students will receive orientation and annual training on infectious and environmental hazard methods of prevention, procedures for care and treatment after exposure, and the effects on learning activities.

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

**DEFINITIONS:**

The Hazard Communication Program provides a comprehensive list of hazardous chemicals, labeling of containers of chemicals in the workplace, preparation and distribution of material safety data sheets, and development and implementation of training programs regarding hazards of chemicals and protective measures.

Infectious materials include anything coming from someone's body other than your own (for example, blood and bodily fluids) and all lab cultures.

**PROCEDURE:**
1. Each student is responsible for his/her own safety throughout their education at CMSRU. CMSRU will provide students with education and information about appropriate policies and procedures to follow to protect themselves during their educational experience and when they are potentially exposed to blood-borne pathogens, communicable diseases and other environmental hazards.

2. Orientation, Education and Training
   a. All students will receive orientation on infection prevention and procedures to follow in the event of an exposure.
   b. All students will receive annual Occupational Safety and Health Administration training and education regarding needle sticks, sharps, and body fluid procedures and the prevention of blood-borne pathogen transmission.
   c. Prior to their first clinical experience, students will receive instruction regarding the prevention and understanding of all infectious diseases they may encounter in a clinical setting.
   d. All students will receive annual hazard communication program training with respect to chemical hazards and appropriate protective measures.

3. Exposures
   a. In the event of exposure, students should immediately wash the affected area with soap and water, cover the area with a bandage or dressing if appropriate and possible, and then contact Worknet on weekdays from 7:30 AM to 5:00 PM and the Emergency Department at CUH at other times.
   b. Students should notify the staff and supervising resident and/or faculty member and the Office of Student Affairs.
   c. Proper testing for bloodborne pathogens, including HIV, Hepatitis B, and Hepatitis C, will be performed. Based on risk of exposure to HIV, post exposure prophylaxis may be offered at no cost to the student. In addition, appropriate testing of the source patient for bloodborne pathogens will be performed.
   d. If follow-up evaluation, monitoring, or treatment is indicated the student will arrange this via Worknet through the Office of Student Affairs.

4. Learning Environment
   a. In order to protect the health and safety of all staff and patients, students with communicable diseases or conditions will not be permitted to engage in patient contact until the condition has been resolved as documented by a physician.
   b. If a student is unsure whether he/she should participate in patient care, the student should contact the Student Health Center or his/her treating PCP or specialist. In particular, persons with the following medical conditions will not be allowed patient contact without prior medical clearance: active varicella, measles, German measles, herpes zoster, acute hepatitis and tuberculosis; oral herpes with draining lesions; Group A streptococcal disease until 24 hours of treatment received; draining of infected skin lesions; others.
   c. If exposure results 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.

REFERENCES:

29 CFR 1910 Occupational Exposure to Bloodborne Pathogens; Needlestick and Other Sharps Injuries
Needle Sticks and Bodily Fluid Exposures

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

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

SCOPE: All CMSRU students and visiting students.

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

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

- Immediately wash the affected area with soap and water and cover the area with a dressing if possible
- For an ocular exposure, flush thoroughly with water
- Inform the supervising resident or physician
- Obtain source patient information if known (name and medical record number).
- If there is an exposure Monday through Friday 7:30 AM - 5:00 PM, please call the Worknet number (856-338-0350) and identify yourself as a Cooper Medical School of Rowan University student. Their office is located at 300 Broadway, Suite #101; Camden, NJ
- If there is an exposure outside of these hours go directly to the Cooper Emergency Department.
- Always identify yourself as a medical student who has just sustained an exposure
- You will see a health care provider who is trained in assessing the risk of the exposure. You will receive post-exposure counseling and drug treatment/prophylaxis, if appropriate. If indicated, you will be given a starter pack of the prophylactic drugs which are recommended in accordance with the current guidelines of the Centers for Disease Control and Prevention.
- Base-line blood tests will be performed on you as appropriate
- The treating physician will contact the attending physician of the source patient to expedite the process of getting consent to test the source patient
- You will be given a schedule as to when to return to Worknet

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

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

**Student Sexual Misconduct and Harassment Policy**

This link provides the most recent policy:

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

**Student Healthcare Services**

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

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

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

**PROCEDURE:**

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

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

Physicians who are CMSRU faculty and who provide health care services to students will not be involved in the evaluation or promotion of any student for whom they provided services.

1). The following services are available for CMSRU students through the Student Health Center:

a. History, physical and laboratory examination

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

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

2). Each student will pay a yearly student health fee that will be used to cover the influenza vaccines, the annual PPD, and other immunizations as required by CMSRU, provided by contracted provider Worknet.

The Worknet facility is located adjacent to Cooper University Hospital, 300 Broadway, Suite #101, Camden, NJ.

The following services are available for CMSRU students through Worknet:

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

b. Annual influenza vaccination

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

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

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

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

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

* See separate policy on Needle Stick and Bodily Fluid Exposures

**Student Health Provider Policy**

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

**POLICY:** Student Health Provider Policy

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

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

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

Inclement Weather

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

Policies and Forms Related to Tuition

Student Residence and In-State Tuition Policy

PURPOSE: This policy defines the criteria for New Jersey residency to qualify students for in-state tuition at the Cooper Medical School of Rowan University (CMSRU).

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

DEFINITION:

Domicile is a legal concept defined by New Jersey Law as (in general terms) the place where a student has his or her true, fixed permanent home and principal living establishment, and to which, whenever he or she is absent, he or she has the intention of returning.

POLICY:

A. Eligibility for In-State Tuition

1. An individual from a state other than New Jersey who has enrolled at CMSRU will be presumed to be in New Jersey primarily for educational purposes and will be presumed not to have established domicile in New Jersey.

2. Proof of domicile.
   a. Students residing in New Jersey for a period of twelve (12) months before first enrolling at CMSRU are presumed to be domiciled in this State for tuition purposes. *

   b. Students providing a non-New Jersey permanent address on their applications to CMSRU, or who indicate a state other than New Jersey as their State of Legal Residence (SLR) through the common application service American Medical College Admission Service (AMCAS) are presumed not to be domiciled in New Jersey unless evidence of establishment of domicile in New Jersey is provided. In the case where both a permanent address and an SLR are provided, the SLR will determine domicile. The evidence of establishment of domicile must include all of the following**:

      i. copies of a self-supporting student’s New Jersey resident income tax return (bearing a New Jersey address) for the most recent tax year or a parent’s**
or legal guardian’s New Jersey resident income tax return (bearing a New
Jersey address) for the most recent tax year; and

ii. evidence of ownership of or a current long-term (at least one year) lease on
a permanent residence in New Jersey by the student or his/her parent(s)* or
legal guardian(s), which ownership or lease commenced no less than 12
months prior to first enrollment at CMSRU or 12 months prior to any
application for change in residence classification and

iii. electronic or hard copy of cancelled mortgage or rent check or receipt for
cash payments and

iv. sworn and notarized affidavit from the student and/or parent(s) or legal
guardian(s) setting forth domicile in New Jersey.

3. If the evidence described in Section 2.b.i. above (i.e., New Jersey resident income tax
returns) cannot be produced, then the following may be substituted (in addition to the
evidence described in Section 2.b.ii. and 2.b.iii. above, i.e., ownership or lease of a
permanent residence):

   a. i. current driver’s license from New Jersey. Driver’s licenses from other
states must be replaced by one from New Jersey; and

   ii. New Jersey vehicle registration if the student owns or leases an automobile.

   b. If the student will not be operating a vehicle in New Jersey, he or she must
submit all of the following in place of a New Jersey driver’s license and
vehicle registration:

      i. a sworn, notarized affidavit that the student will not be operating a vehicle in
New Jersey nor will be purchasing a CMSRU/Rowan University parking sticker; plus

      ii. a sworn, notarized statement from the student and/or his or her parent(s) or legal
guardian(s) declaring domicile in New Jersey; plus

   iii. if a U.S. citizen, the student’s New Jersey voter registration card
(application for voter registration card is not sufficient); or if a permanent
resident alien, a copy of the student’s permanent residency card and at least
three (3) of the following: the student’s banking documents; utility bills;
documents from the previous institution of higher education indicating that
institution’s recognition of the student’s New Jersey domicile; New Jersey
employment documents; any other documents identifying a social or economic
relationship with New Jersey.

4. Students who are U.S. military personnel on active duty and living in New Jersey, or
who are spouses of active-duty U.S. military personnel living in New Jersey must
present official documentation of active-duty military status and residence in the State
for the student or his/her spouse or parent, and documentation of the spousal/parental
relationship (e.g., marriage license, birth certificate) if applicable.

5. The University may require student to submit any additional supplementary
information that it deems necessary to support the student’s claim of domicile in New
Jersey.
Refunds

POLICY: In the event a student withdraws, takes a leave of absence, or enrolls in an independent study after the semester has begun, tuition charges may be prorated. CMSRU will determine the student’s last date of attendance.

PURPOSE: This policy delineates the schedule for refunds in the event a student is unable to complete the semester.

SCOPE: The refund policy applies when a student:
• Withdraws from school; or
• Fails to complete the period of enrollment

DEFINITIONS: N/A

PROCEDURE:

1. Students who withdraw, take an official medical or personal leave, or enroll in an independent study plan after a semester commences, may be issued a refund as outlined in the CMSRU refund schedule.

Tuition refunds will be applied as follows:

<table>
<thead>
<tr>
<th>Withdrawal during</th>
<th>Refund</th>
</tr>
</thead>
<tbody>
<tr>
<td>First five class days, including Orientation</td>
<td>100%</td>
</tr>
<tr>
<td>Day 6 through less than one third (&lt;1/3) of a semester</td>
<td>75%</td>
</tr>
<tr>
<td>More than one third (&gt;1/3) of a semester</td>
<td>No Refund</td>
</tr>
</tbody>
</table>

Students who take medical or personal leave or enroll in an independent study plan for only a portion of the semester and return to class before the last day of the semester will be charged 100% tuition and will not be entitled to a refund.

Tuition refunds will not be issued after more than one third of a semester has been completed. The date equal to one third of the semester will be calculated by CMSRU based on the academic calendar for the applicable term. The calculation of this date is final and cannot be appealed.

With the exception of military leave, CMSRU students who withdraw, take an official leave of absence, enrolled in an Independent Study Plan (ISP), or are dismissed from CMSRU during the first third of a semester, will be granted a 75% tuition refund.

* N.J.A.C. 9A:5-1.1 provides that persons residing in New Jersey for a period of 12 months before first enrolling at a public institution in the State are presumed to be domiciled in the State for tuition purposes.

** N.J.A.C. 9A:5-1.2 provides guidelines for what primary evidence an institution may require to show that a student is domiciled in New Jersey.
Students repeating one course will be assessed a 25% tuition charge. Students repeating two courses will be assessed a 50% tuition charge. Students repeating more than two courses will be charged 100% tuition per term. All enrolled students are charged student fees. Student Fees are non-refundable.

*A course is defined as one block or clerkship and one longitudinal course or clerkship.

2. All students receiving financial aid should consult with the CMSRU Office of Financial Aid to determine the manner in which your financial aid account will be affected based on your last date of enrollment. Change of status request forms, federal loan funding return to lender calculations, and exit loan counseling may need to be completed.

3. If the student’s award package included any federal funds other than Federal Work-Study and the leave of absence or withdrawal occurs in the first 60% of the semester, federal regulations require that a portion of the student’s federal aid be returned to the aid programs. The portion of aid to be returned is determined by a federally-mandated calculation based on the number of days remaining in the semester, and the refund due to the aid programs is credited in the following order:
   1. Outstanding balances on Federal Unsubsidized Stafford/Ford Loans
   2. Outstanding balances on Federal Subsidized Stafford/Ford Loans
   3. Outstanding balances on Federal Perkins Loans
   4. Outstanding balances on Federal Graduate PLUS Loans
   5. Other Title IV aid programs, if applicable
   6. Financial aid programs sponsored by the US Department of Health and Human Services

**Tuition and Fees**

**PURPOSE:** To establish the tuition and fee schedules for CMSRU students.

**SCOPE:** This policy affects all students of CMSRU, and commits CMSRU to providing support through an Office of the Bursar.

**POLICY:** Total planned **tuition and fees** for entering in-state and out-of-state students will be determined yearly, approved by the Rowan University Board of Trustees and posted on the CMSRU website as well as in printed materials that are distributed to prospective and continuing students.

A student may be viewed as a resident for tuition purposes if she/he fulfills the criteria set forth in the CMSRU Proof of New Jersey Residency Policy.

In addition to tuition each student will be responsible for CMSRU fees that include but may not be limited to:

- Activities Fee
- Technology Fee
- Student Services Fee
- Disability Insurance Fee
- Cooper SAP (counseling service) Fee
- Facilities Fee

*Health Insurance and Student Parking are optional (additional) fees.
Secondary **Application Fee** (non-refundable): $100.00

Applicants who qualify for an AMCAS fee waiver will automatically receive a waiver for CMSRU application processing fee.

**Acceptance deposit**: $100.00

Each student selected for admission is given notice of favorable action on her/his application and is allowed two weeks to decide to enroll. The acceptance deposit is credited toward tuition, but will be forfeited if the student withdraws after April 30th.

Health and Disability Insurance Fee: All students must have health and disability insurance as defined in the CMSRU Student Health and Disability Insurance Policies. It is the responsibility of the student to ensure that their particular insurance plan is appropriate for their needs. These fees will be waived with proof of equivalent insurance.

The RU sponsored health insurance plan is with United Healthcare and full benefit explanation is available online to all students at [www.firststudent.com](http://www.firststudent.com).

Tuition and fees are payable in advance each semester. There is a monthly late payment fee of $50.00. A student may arrange with the Rowan University Bursar’s Office to follow a deferred payment plan by paying a $30 enrollment fee each term. Specifics are detailed on the Bursar’s Office website.

Any student who elects to use the deferred payment plan and finds it impossible to meet this obligation must contact the Bursar’s Office immediately to make alternate arrangements. Lacking these arrangements, students will be unable to register for the following academic period. No degree will be awarded to any student until all financial obligations to the school have been satisfied.

Students who withdraw, take a leave of absence, or are dismissed from medical school may be eligible for tuition refunds as outlined in the CMSRU Refund Policy. NOTE: all students with financial aid should consult with the CMSRU Financial Aid to determine the manner in which your financial aid account will be affected based on your last date of enrollment.

### Polices Related to Matriculation

#### Admission Deferral

**PURPOSE:** This policy outlines the circumstances in which a student can request a deferral of admission and the mechanism through which a deferral request is acted upon.

**POLICY:** Deferral of admission to CMSRU

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

**DEFINITIONS:** A deferral is a request made by an applicant to CMSRU after notification of acceptance to delay entry into the class for which the application was filed.

**PROCEDURE:** Accepted students who would like to apply for deferral must write to the assistant dean for student affairs stating their reason for requesting deferral and their proposed plans for the
duration of the deferral. We typically consider deferrals that permit applicants to participate in time-limited, once-in-a-lifetime academic opportunities that will significantly enhance their medical education and training. Military duty will be considered in a request for admission deferral.

While we understand that students may wish to spend a year between undergraduate college and the rigors of medical school for financial reasons, personal development, or family needs, we are unlikely to grant deferrals for these reasons.

Admissions Deferment
- Written requests for deferral must be received by May 1 of the year of expected entry.
- If approved, the deferral is granted for one year.
- Each request will be reviewed by the assistant dean for student affairs by the director of admissions. Additional documentation that substantiates the deferral request is strongly encouraged.
- The deferment must be used for the purpose requested.
- Candidates must send the assistant dean for student affairs a written notification by March 1 of the following year, reaffirming the intent to matriculate that August.
- All of the other personal information that you have provided to us must remain true and valid.
- All of the conditions in the acceptance letter must be met.
- The ability to perform our technical standards remains and will not have changed upon your matriculation to CMSRU.
- The applicant must agree to another criminal background check as per CMSRU policy.

Criminal Background Check

PURPOSE
Cooper Medical School of Rowan University has elected to follow the recommendation of the Association of American Medical Colleges (AAMC) and obtain a criminal background check on applicants upon their conditional acceptance to our medical school. We will participate in American Medical College Application Service® (AMCAS®). The purpose of conducting a criminal record check prior to admission is to ensure the health, welfare and safety of patients and others at CMSRU.

POLICY
Criminal background checks will be conducted on all students conditionally accepted for admission to the Cooper Medical School of Rowan University.

PROCESS FOR CONDUCTING AND REVIEWING BACKGROUND CHECKS
- Failure to submit to the background check will disqualify the student from acceptance to the medical school.
- This policy applies to all applicants to the first year medical school class.
- All applicants are asked to self-report military service dishonorable discharges, felony convictions, and misdemeanor convictions on the AMCAS application.
- Offers of admission are conditional, pending the applicant’s submission to, and CMSRU’s review of the results of a background check.
- For applicants to the first year class, the background check will be conducted after an initial, conditional offer of admission has been made.
• The check will be conducted by an AAMC-designated vendor through the AMCAS Background Check Process.

• CMSRU may request that the AAMC vendor conduct background checks on a limited number of applicants in a Select Pool, who have not yet been offered admission, but may be offered conditional admission just prior to the start of classes.

• The results of the background checks on applicants in the Select Pool are not released to CMSRU unless and until a conditional offer of acceptance is issued.

• In the event that the applicant is not accepted, CMSRU will neither receive nor review his/her background check.

• Deferred applicants will be required to undergo two background checks. The first will be conducted after the initial, conditional offer of admission. This check MUST be successfully completed and the admission offer finalized prior to the Admissions Committee considering a request for deferment. Assuming the deferment request is granted, the student will be required to undergo a second background check as part of the application cycle for the class in which the applicant intends to matriculate.

The background check reported to CMSRU will include information about all convictions and conviction-equivalent adjudications for both felonies and misdemeanors. Additionally, it will include military service and discharge information for those who have served in the military.

The Office of Admissions will do a preliminary review of all background checks. An ad hoc committee will be formed in the event of a finding of the review. Applicants will have the opportunity to submit written comments to the Office of Admissions regarding the incident reported on the background check within five (5) calendar days of the date the Office notifies the applicant that his/her file is being referred to the Committee.

The Committee will be an Ad Hoc committee established by the dean of the CMSRU, and will include the chair of the Admissions Committee, the assistant dean for student affairs, and any others deemed appropriate by the dean. An attorney appointed by Rowan University may serve as counsel to the committee. The committee shall meet on an as-needed basis to review applications referred to it by the Office of Admissions. As necessary, members may participate in committee meetings by telephone. The committee will review the background check report, any additional information provided by the applicant, and any other information it considers relevant. CMSRU may independently seek additional information about the incident that is the subject of the report. If it does so, it will share any additional information obtained with the committee and the applicant.

Each case will be considered individually, and no information will automatically result in the revocation of acceptance. A decision regarding final acceptance will be made only after careful review. The committee members shall vote either to finalize or withdraw the conditional offer of acceptance extended to the applicant. The Office of Admissions shall advise the applicant of the committee’s decision within ten (10) business days of the date of the decision. All decisions are final.

For students who matriculate at CMSRU, the portion of the admissions file that is forwarded to the Registrar’s Office to begin the student’s academic file will include a notation that a pre-admission background check was conducted and reviewed, and that a final offer of admissions was made after that review. Records related to background reports for applicants who do not successfully matriculate, but for whom a background check is released to CMSRU, shall be maintained with the applicant’s admissions file for one (1) year in the Office of Admissions.
Letters of Recommendation

POLICY: Letters of Recommendation

PURPOSE: This policy outlines the expectations of the Office of Admissions surrounding applications submitted by candidates with respect to the accompanying letters of recommendation.

SCOPE: Candidates for the Doctor of Medicine Degree

DEFINITIONS: This policy refers only to those letters submitted at the time a student applies for admission to CMSRU.

PROCEDURE:

Note: AMCAS now accepts Letters of Evaluation/Recommendation. This service enables CMSRU to receive all letters electronically via AMCAS, and enables the authors to send all letters to be considered by schools participating in this service to AMCAS. AMCAS will receive letters from users of VirtualEvals, Interfolio, and via the mail. In addition, letter writers who currently mail letters can opt to upload letters directly to AMCAS through the AMCAS Letter Writer Application.

Letters of recommendation present an opportunity for people who know the applicant to evaluate the applicant’s candidacy for medical school. Good letters will offer information about the applicant which is different from the information provided by the AMCAS application or the Secondary Application. The applicant should request letters only from people who know the applicant well enough to say something substantive.

Some of the applicant’s letters should be from the applicant’s former professors attesting to problem-solving skills, laboratory technique, writing skills, oral communication skills, interpersonal skills, etc. Others may be from former or present employers or physicians whom the applicant has "shadowed," or nurses in a hospital department where the applicant has volunteered. No single person is likely to be able to address all of the applicant’s qualities, but two or more people, collectively, will be able to address some combination of them.

Each letter of recommendation should have been sent to the applicant’s Pre-health Professions Advising Center office accompanied by a signed document indicating the applicant’s decision to preserve or waive the applicant’s right to see the letter.

CMSRU prefers, whenever possible, to receive a committee letter which is a letter authored by a pre-health committee or pre-health advisor and intended to represent your institution's evaluation of the applicant. A committee letter may or may not include additional letters written in support of the applicant’s application. If the applicant’s school does not have a Pre-Health Professional Advisory Committee (PHPAC), the applicant may submit a packet of letters of evaluation and recommendation:

1. A packet or set of letters assembled and distributed by the applicant’s institution, often by the institutions career center. A Letter Packet may include a cover sheet from the applicant’s pre-health committee or advisor; however, in contrast to a Committee Letter, a Letter Packet does not include an evaluative letter from the applicant’s pre-health committee or advisor.

2. If the applicant’s school does not have a Pre-Health Professional Advisory Committee (PHPAC), the applicant may submit the following three individual letters of evaluation and recommendation:
PROCEDURE:

- Two letters from Science Faculty who have taught the applicant;
- One letter from other faculty or an individual who can provide an in-depth evaluation and recommendation

Any correspondence other than this either via phone, email, or letter will be filed separately in a paper file and will not be shared with anyone in a position to effect a decision regarding the candidate.

We will not track the receipt of the applicant’s letters. The applicant can check the status of all letters of recommendation through AMCAS. See the AMCAS Instruction Book for Applicants for details.

**Readmission**

**PURPOSE:** This policy outlines the process by which a student may apply for readmission to CMSRU.

**POLICY:** Readmission Policy

**SCOPE:** All CMSRU medical students

**DEFINITIONS:** Readmission applies only to students previously enrolled in and attending CMSRU for any period of time.

**PROCEDURE:**

- A student who has withdrawn (but subsequently wishes to return to school) must apply for readmission in writing and submit the required information, as stipulated by CMSRU to the assistant dean for student affairs.
- Official transcripts from any post-secondary institutions attended in the interval must be submitted.
- Three additional letters of recommendation are required and these will be sent directly to the CMSRU Office of Admissions.
- A $100 reapplication fee is required.
- A criminal background check is required
- An ad hoc committee consisting of the assistant dean for student affairs, the associate dean of medical education and the assistant dean for faculty and student assessment and development will review each student’s written application for readmission in light of the entire record and including supporting documents. This committee may recommend: 1) readmission without conditions; 2) readmission with conditions, 3) denial of readmission until further proof of readiness to return to school can be demonstrated; or 4) denial of readmission.
- Recommendations of this committee are advisory to the dean whose decision is final and no appeals are allowed.
Student Selection

PURPOSE: This policy outlines guidance for selecting students who will become successful physicians.

POLICY: Cooper Medical School of Rowan University is committed to evaluating and selecting students who possess personal and professional integrity, the potential for professional medical competence, the ability to deliver compassionate care, a passion for lifelong learning, intellectual curiosity, educational excellence, ethical conduct, an understanding that medicine is both art and science, open-mindedness and tolerance, and a service orientation to others. Student selection is not influenced by political or financial factors. To be eligible for admission, applicants must be U.S. citizens or permanent residents of the U.S. Verifying documents of status must be provided at time of application.

SCOPE: This policy applies to all prospective students of CMSRU.

DEFINITIONS:

AMCAS – The American Medical College Application Service (AMCAS ®) is a non-profit, centralized application processing service for applicants to the first-year entering classes at participating U.S. medical schools. Most medical schools use AMCAS as the primary application method.

MCAT – The Medical College Admission Test (MCAT) is a standardized, multiple-choice exam designed to assess problem solving, critical thinking, writing skills, and knowledge of science concepts and principles prerequisite to the study of medicine. The MCAT exam scores are part of the admission process. Almost all U.S. medical schools require MCAT exam scores from their applicants.

PROCEDURE:

1. The final responsibility for selecting students for admission resides with the Admissions Committee.
2. The Admissions Office is responsible for student recruitment, annual education and training of the Admissions Committee members, interviewers, and application screeners, and processing of admission documents and organization of interviews. The Office of Diversity and Community Affairs assists in student recruitment.
3. Admission Process: All applicants will follow the following process for admission to CMSRU:
   A. AMCAS
      Applicants are required to complete an application through the online American Medical College Application Service (AMCAS) at: www.aamc.org. Applicants are required to complete this application, submit an application fee and follow-up with submitting all requested documentation to AMCAS. This initial process requires letters of recommendation/evaluation be submitted via the candidate’s AMCAS application. Additional information about this service can be found on the AAMC website: http://www.aamc.org/students/amcas/faq/amcasletters.htm. CMSRU will not consider an incomplete AMCAS application and only students with verified AMCAS applications will be invited to submit the Secondary Supplemental Application.

   B. Secondary Supplemental Application
Upon receipt of the verified AMCAS applications, the Admissions Office will email a notification inviting applicants to complete the CMSRU Secondary Application. The secondary application includes short answer essay questions to help determine a candidate's match with the CMSRU community. Students must submit the required application fee or the AMCAS Fee Assistance Program (FAP) waiver documents. Preliminary screening for applicants to receive the secondary-supplementary application is performed by the director of admissions. This process includes an evaluation of educational factors. Secondary applications are awarded only to applicants who display a high likelihood of succeeding in a medical school curriculum, as projected by AAMC applicant data tables. The criteria used for prescreening is reviewed and approved annually by the Admissions Committee and is informed by assessment data from the office of medical education. This screening step was developed to ensure that applicants who fail to meet academic qualifications can be notified of rejection prior to remitting additional application fees.

C. Screening for Interview
Selection for interview will be made by screeners (CMSRU Admissions staff and volunteer Admissions Committee faculty members) under the authority of the Admissions Committee, and will adhere to the interview selection criteria (approved by committee vote annually). Factors contributing to the evaluation process include, but are not limited to, academic success, work/life experiences, letters of recommendation, and cultural background. The potential match to the mission of CMSRU will be highly valued. An applicant’s personal statement and history of involvement with community-based efforts will weigh heavily in the consideration of students, and students who show evidence of potential to contribute in a valuable way to the CMSRU environment and the medical profession, and who meet the admission criteria, will be invited to interview.

D. Interview
Interviews are scheduled on an invitation only basis. Selected applicants will be notified of their invitation to interview via email to arrange a mutually agreeable interview date. Interviewees are responsible for making their own travel arrangements. The applicants will have independent interviews with committee members and others trained in the process of interviewing. Further applicant assessment will occur in an informal group setting with student, faculty and community committee members

The interviewers will assess the candidate holistically in multiple areas, including motivation, depth of experience, humanism, ethics and sensitivity to diversity.

E. Admission Offers: Selected applicants will be offered admission by the Admissions Committee on a rolling basis. Every interviewed candidate will be presented in detail at the meeting of the Admissions Committee. The entire application and the comments of the interviewers will be presented and discussed. The decision to admit is by a majority vote of the Admissions Committee. The possible admissions actions are defined and explained annually as part of the mandatory admissions committee training and orientation sessions as follows: A vote of “accept” indicates that candidates will receive the earliest possible notice of a seat in the class. A vote of “waitlist” indicates that candidates are approved for admission and will receive notice of a seat in the class only if vacancies open due to withdrawals from the candidates accepted previously (i.e. a delayed acceptance). A vote of “reject” indicates that a student will receive immediate notice that the CMSRU
Admission Committee will not offer them a seat in the class. The dean has no role in the admissions process or admissions decisions.

Waitlist Offers: A Waitlist Subcommittee is composed of faculty members from the full Admissions Committee and is chaired by the chair or vice chair of the Admissions Committee. Up to a third of the membership of the Admissions Committee can serve on the Waitlist Subcommittee. Given that the Waitlist Subcommittee is charged with ensuring a balanced class, waitlist selection follows a criterion-based model instead of a rank-order model. The full committee 1) discusses and approves the waitlist selection criteria annually; and 2) since the initial “waitlist” vote indicates delayed acceptance, the full committee grants authority to the Waitlist Subcommittee to extend all new offers of admission in accordance with approved criteria. The Waitlist Subcommittee determines which of the eligible waitlisted candidates will receive the next offer based on the needs of the class. The full committee receives a final admissions report at the close of the admissions cycle to inform them about the outcome of the waitlist process, but does not require any interim votes to approve offers to waitlist candidates.

F. The Dean will be notified of the decision of the Admission Committee on each candidate. The Dean will have no role in any decision.

G. Acceptance and Deposit: Admitted students must accept the offer via the online admissions portal and submit the online deposit within two weeks of the admission offer. The deposit will be applied to first semester tuition and is refundable prior to April 30th should the applicant withdraw; otherwise deposits are forfeited. Deposit requirements may be waived in cases of extreme financial disadvantage.

Admission Requirements:

Applicants are required to complete a bachelor’s degree prior to enrollment in the MD Program. Specific required and recommended course work is shown below. The MCAT scores must be submitted and should be no more than 3 years old.

Suggested Course Work - Applicants to CMSRU should take the following courses from an accredited college or university in the United States. On-line coursework will not be accepted for these courses.

<table>
<thead>
<tr>
<th>Required Courses:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Biology or Zoology (with lab)</td>
<td>2 semesters/8 credits</td>
</tr>
<tr>
<td>General (Inorganic) Chemistry (with lab)</td>
<td>2 semesters/8 credits</td>
</tr>
<tr>
<td>English or Composition</td>
<td></td>
</tr>
<tr>
<td>credits</td>
<td>1 semester/3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommended Courses:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Organic Chemistry (with lab)</td>
<td>2 semesters/8 credits</td>
</tr>
<tr>
<td>Physics (with lab)</td>
<td>2 semesters/8 credits</td>
</tr>
<tr>
<td>Behavioral Science</td>
<td></td>
</tr>
<tr>
<td>credits</td>
<td>1 semester/3</td>
</tr>
<tr>
<td>Humanities</td>
<td>2 semesters/6</td>
</tr>
</tbody>
</table>
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 to participate in the application process and be considered for enrollment. Decisions to offer acceptance to the medical school will include the ability of the applicant to meet all of the technical standards for the MD degree.

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

DEFINITIONS: Discrimination includes; adversely limiting, segregating, or classifying an applicant or student because of a disability; utilizing standards, criteria, or methods of administration that result in discrimination on the basis of disability; denying equal educational benefits or opportunities because the applicant or student has a relationship or association with an individual with a known disability; the employer not making reasonable accommodations.

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 are invited for an interview will be sent a copy of the technical standards for the admission of applicants.

Upon receipt of an offer of acceptance, each successful applicant will be required to file an affidavit with the CMSRU that attests to meeting these standards or successfully meeting them with reasonable accommodations.

CMSRU welcomes applicants with a wide-range of academic interests. All majors are welcome to apply to CMSRU as long as minimum academic requirements are met.
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 of five varieties, including: observation; communication; motor; intellectual-conceptual, integrative and quantitative; and behavioral and social. Reasonable accommodations will be provided to qualified individuals with documented disabilities, although students should still be able to perform in a reasonably independent manner. These accommodations may include technological adaptations or use of trained intermediaries. However, no disability can be reasonably accommodated with a technological adaptation or a trained intermediary that provides cognitive support or medical knowledge, substitutes for essential clinical skills, or supplements clinical and ethical judgment. Accommodations may not eliminate program elements.

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 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)

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

**ATTESTATION**

Please click on the web link below to acknowledge that you have read, understand and agree to comply with the policies included in the CMSRU Student Handbook.

[http://www.rowan.edu/coopermed/students/handbookesign/](http://www.rowan.edu/coopermed/students/handbookesign/)