



# Cooper Medical School of Rowan University

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



The policies and procedures included in the Cooper Medical School of Rowan University (CMSRU) Compendium reflect the most current policies and procedures of CMSRU and Rowan University (where applicable). CMSRU policies and procedures are subject to amendment and change without prior notice. Minor changes will be posted directly to the Compendium. When major changes occur, a notification will be sent to all faculty, residents, and staff.

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# CMSRU Medical Education Program Objectives

## *General Competency: Medical Knowledge*

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

Medical Education Program Objective(s)	Outcome Measure(s)
Demonstrate a strong basic science foundation in the understanding of health and disease (MK1)	Faculty Developed Examination Questions, NBME Subject Examination, Practical Examinations, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Independent Capstone Project, TBL Scores (IRAT/GRAT), ALG Student Assessments, M4 Resuscitation and Basics of Critical Care Oral Examination, Video Review (Psychiatry), POPs Scores, Jigsaw Scores, Virtual Critical Care Rounds-I (VCCR-I) Post Test, Student Presentations
Develop and demonstrate the skills required to perform a complete history and physical examination (MK2)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Transdisciplinary Rubric, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self, Assessment of Program Objectives, Mini CEX, OSCEs, Patient and Procedure Logs, M4 Resuscitation and Basics of Critical Care Oral Examination, Note Review (Psychiatry), Neurology H&P/Consult Scoring Rubric, M3 Pediatric Mother, Infant Unit Assessment
Recognize the various determinants of health, including genetic background, culture, nutrition, age, gender and social issues (MK3)	Ambulatory Clerkship Service Learning Reflective Essays, Ambulatory Clerkship Behavior Checklist Assessment, Faculty Developed Examination Questions, NBME Subject Examination, Practical Exams, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], M3 Transdisciplinary Rubric, M4 Summative Assessment, M3 Pediatric Mother-Infant Unit Assessment
Access and critically evaluate current medical information and scientific evidence, and apply this knowledge to clinical problem-solving (MK4)	Faculty Developed Examination Questions, NBME Subject Examination, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Group Critical Appraisal Project, Scholars Workshop Projects, WOW 1 Lean Six Sigma Presentation, Video Review (Psychiatry), M3 Pediatric Outpatient/Subspecialty Assessment, M3 Pediatric Mother-Infant Unit Assessment, Virtual Critical Care Rounds-I (VCCR-I) Post Test, Student Presentations, M3 Transdisciplinary Rubric
Apply current knowledge of public health to patient care (MK5)	Ambulatory Clerkship Behavior Checklist Assessment, Faculty Developed Examination Questions, NBME Subject Examination, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment

<b>Medical Education Program Objective(s)</b>	<b>Outcome Measure(s)</b>
Demonstrate an understanding that racial categories are not equivalent to genetic ancestry. Rather, race is a complex social and political construct that may engender bias and thereby directly affects health outcomes (MK6)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Scholars Workshop Module Assessment
Understand that the medical literature may be biased by historical racism and be cognizant of this problem when conducting the critical appraisal and application of medical literature (MK7)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Scholars Workshop Module Assessment, Faculty Developed Examination Questions

### ***General Competency: Patient Care***

Students will demonstrate an ability to provide patient care for common health problems across disciplines that is considerate, compassionate, and culturally competent

<b>Medical Education Program Objective(s)</b>	<b>Outcome Measure(s)</b>
Display appropriate clinical skills, critical thinking, medical decision-making and problem-solving skills in the delivery of care (PC1)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Patient and Procedure Logs, M4 Resuscitation and Basics of Critical Care Oral Examination, Note Review (Psychiatry), Neurology H&P/Consult Scoring Rubric
Perform a complete history and physical examination (PC2)	Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Assessments, OSCEs, M4 Summative Assessment, M3/M4/Student Self Assessment of Program Objectives
Use and interpret diagnostic studies appropriately (PC3)	Foundations of Medical Practice Clinical Skills Examinations [miniOSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self Assessment of Program Objectives, OSCEs, Patient and Procedure Logs, ALG Student Assessments, Note Review (Psychiatry)

<b>Medical Education Program Objective(s)</b>	<b>Outcome Measure(s)</b>
Demonstrate relevant procedural and clinical skills, recognizing the indications, contraindications and complications, while respecting patient needs and preferences (PC4)	Foundations of Medical Practice Clinical Skills Examinations [mini OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Patient and Procedure Logs, ALG Student Assessments, Note Review (Psychiatry)
Assess, implement and promote plans of disease prevention, management and treatment using evidence-based medicine (PC5)	M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Patient and Procedure Logs, ALG Student Assessments, M4 Resuscitation and Basics of Critical Care Oral Examination, Note Review (Psychiatry), Neurology H&P/Consult Scoring Rubric
Acknowledge, respect, and integrate patients' and families' lived experiences, trauma, socio-cultural background, and personal values in clinical practice to reduce health care disparities (PC6)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Scholars Workshop Module Assessment

### ***General Competency: Professionalism***

Students will strive for excellence with regards to the enduring elements of professionalism, demonstrate a commitment and an ability to perform their responsibilities with respect, compassion and integrity, unconditionally in the best interest of patients

<b>Medical Education Program Objective(s)</b>	<b>Outcome Measure(s)</b>
Demonstrate compassion, empathy, honesty, and respect for others (P1)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, OSCEs, Ambulatory Clerkship Satellite Assessment, Report of Service Learning Hours, Required Session Attendance/Participation, M4 Resuscitation and Basics of Critical Care Oral Examination, Note Review (Psychiatry), M3 Pediatric Outpatient/Subspecialty Assessment, M3 Pediatric Mother-Infant Unit Assessment

Medical Education Program Objective(s)	Outcome Measure(s)
Respect patient confidentiality, dignity, autonomy, and maintain a professional relationship. (P2)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Ambulatory Clerkship Satellite Assessment, Required Session Attendance/Participation, M4 Resuscitation and Basics of Critical Care Oral Examination, Note Review (Psychiatry)
Show responsiveness, professional competence, and personal accountability to patients, society and the practice of medicine (P3)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Ambulatory Clerkship Satellite Assessment, Required Session Attendance/Participation, M4 Resuscitation and Basics of Critical Care Oral Examination, Note Review (Psychiatry), Scholars Workshop Module Student Assessments
Advocate for patients' interests and the healthcare of others (P4)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Ambulatory Clerkship Satellite Assessment, Required Session Attendance/Participation, Note Review (Psychiatry), Scholars Workshop Module Student Assessments, M3 Pediatric Outpatient/Subspecialty Assessment, M3 Pediatric Mother Infant Unit Assessment, Student Presentations
Recognize and manage personal limitations, conflicts of interests and biases, including awareness of personal well-being and of strategies and resources to address burn-out (P5)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Ambulatory Clerkship Satellite Assessment, Required Session Attendance/Participation, Note Review (Psychiatry)
Incorporate the principles of medical ethics, and of professional and personal responsibility into their care of patients (P6)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Ambulatory Clerkship Satellite Assessment, Required Session Attendance/Participation, Note Review (Psychiatry)
Recognize and address disparities in the distribution of health resources and advocate for equitable access to care (P7)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Ambulatory Clerkship Satellite Assessment, WOW 1 Lean Six Sigma Presentation, Required Session Attendance/Participation, Note Review (Psychiatry), Scholars Workshop Module Student Assessments

<b>Medical Education Program Objective(s)</b>	<b>Outcome Measure(s)</b>
Continually identify, acknowledge and challenge our individual implicit biases and their impact on patient care and professional relationships (P8)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M4 Summative Assessment,

### ***General Competency: Interpersonal and Communication Skills***

Students will demonstrate an ability to effectively communicate and collaborate with patients, families and healthcare professionals

<b>Medical Education Program Objective(s)</b>	<b>Outcome Measure(s)</b>
Demonstrate effective interpersonal and communication skills and cultural competency with patients about their care, including ethical and personal issues (ICS1)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, OSCEs, M4 Resuscitation and Basics of Critical Care Oral Examination
Demonstrate effective interpersonal and communication skills and cultural competency with patient's family, friends, and other members of the patient's community, as appropriate (ICS2)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, M3 Pediatric Outpatient/Subspecialty Assessment, M3 Pediatric Mother-Infant Unit Assessment
Demonstrate effective interpersonal and communication skills and cultural competency with all members of the healthcare team and relevant agencies and institutions (ICS3)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Transdisciplinary Presentation Rubric, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Ambulatory Clerkship Satellite Assessment, WOW 1 Lean Six Sigma Presentation, Scholars Workshop Module Student Assessments, M3 Pediatric Outpatient/Subspecialty Assessment, M3 Pediatric Mother-Infant Unit Assessment
Maintain a professional demeanor of integrity and transparency in all communications (ICS4)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Transdisciplinary Presentation Rubric, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Report of Service Learning Hours, Scholars Workshop Module Student Assessments



<b>Medical Education Program Objective(s)</b>	<b>Outcome Measure(s)</b>
Model anti-racist and inclusive behavior by demonstrating communication skills that reject oppressive and discriminatory language in all of its manifestations and promote educational dialogue and discussion (ICS5)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Scholars Workshop Module Assessment

### ***General Competency: Practice-Based Learning and Improvement***

Students will demonstrate the ability to investigate and evaluate their care of patients, appraise and assimilate scientific evidence, and continuously improve patient care, based on constant self-evaluation and life-long learning

<b>Medical Education Program Objective(s)</b>	<b>Outcome Measure(s)</b>
Assess their own strengths, deficiencies and limits of knowledge and engage in effective ongoing learning to address these (PrBLI1)	Peer and Self-Assessment, Ambulatory Service Learning Group Discussion Roundtable, Ambulatory Clerkship Service Learning Reflective Essays, Ambulatory Clerkship Behavioral Checklist, Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, ALG Student Assessments, Report of Service Learning Hours, Scholars Workshop Module Student Assessments
Effectively engage in medical school, hospital and community projects that benefit patients, society and the practice of medicine (PrBLI2)	Ambulatory Clerkship Service Learning Reflective Essays, M4 Summative Assessment, Summative Narrative Assessment, Report of Service Learning Hours, Scholars Workshop Module Student Assessments
Identify, appraise and assimilate evidence from scientific studies using information technology (PrBLI3)	M3 Transdisciplinary Presentation Rubric, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Group Critical Appraisal Project, Scholars Workshop Independent Capstone Project
Recognize and empower other members of the healthcare team in the interests of improving patient care (PrBLI4)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, M4 Resuscitation and Basics of Critical Care Oral Examination

<b>Medical Education Program Objective(s)</b>	<b>Outcome Measure(s)</b>
Apply the principles and practices of patient safety and quality improvement, including process and performance improvement strategies (PrBL15)	M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, Scholars Workshop Projects, WOW 1 Lean Six Sigma Presentation, Virtual Critical Care Rounds-I (VCCR-I) Post Test

### ***General Competency: Systems-Based Practice***

Students will demonstrate an awareness of responsiveness to the larger context and system of healthcare, as well as the ability to effectively utilize other resources in the system to provide optimal healthcare

<b>Medical Education Program Objective(s)</b>	<b>Outcome Measure(s)</b>
Work effectively to coordinate patient care within the social context of healthcare (SBP1)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, Note Review (Psychiatry)
Incorporate risk-benefit analysis into care delivery (SBP2)	Ambulatory Clerkship Behavior Checklist Assessment, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, Note Review (Psychiatry)
Advocate for high-quality patient care (SBP3)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, Note Review (Psychiatry)
Work in inter-professional teams to enhance patient safety and quality (SBP4)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, WOW 1 Lean Six Sigma Presentation
Demonstrate an appreciation for and understanding of the methodologies used to reduce errors in care (SBP5)	M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Projects
Recognize the value, limitations and use of information technology in the delivery of care (SBP6)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives

<b>Medical Education Program Objective(s)</b>	<b>Outcome Measure(s)</b>
Apply an understanding of the financing and economics of care delivery regionally, nationally, and globally to optimize the care of patients (SBP7)	Faculty Developed Examination Questions, M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Module Student Assessments
Recognize the inequitable systems that affect individuals directly and indirectly within medical training and practice (SBP8)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Scholars Workshop Module Assessment
Understand the historical context and prevalence of institutional and structural racism in medicine and how it contributes directly to health disparities and transgenerational trauma (SBP9)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Scholars Workshop Module Assessment
Recognize and address issues in diversity in medical education, patient care, and beyond and demonstrate leadership in diversity, equity, and inclusion in the medical profession (SBP10)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Scholars Workshop Module Assessment

### ***General Competency: Scholarly Inquiry***

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

<b>Medical Education Program Objective(s)</b>	<b>Outcome Measure(s)</b>
Demonstrate investigatory and analytical skills to seek and apply the best evidence in making patient care decisions (SI1)	Faculty Developed Examination Questions, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], M3 Transdisciplinary Presentation Rubric, M3 Student Self-Assessment of Program Objectives, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, Scholars Workshop Group Critical Appraisal Project, Scholars Workshop Independent Capstone Project, ALG Student Assessments, Scholars Workshop Module Student Assessments, Virtual Critical Care Rounds-I (VCCR-I) Post Test, Student Presentations

<b>Medical Education Program Objective(s)</b>	<b>Outcome Measure(s)</b>
Design and execute studies to answer well-structured basic, translational, clinical, and research questions (SI2)	M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Group Critical Appraisal Project, Scholars Workshop Independent Capstone Project
Conduct research according to good clinical practices and strict ethical guidelines (SI3)	Faculty Developed Examination Questions, M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Independent Capstone Project
Adhere to the principles of academic integrity in research and scholarship (SI4)	M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Group Critical Appraisal Project, Scholars Workshop Independent Capstone Project
Demonstrate skills that foster lifelong learning (SI5)	Foundations of Medical Practice Individualized Education Plan, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, ALG Student Assessments, Scholars Workshop Module Student Assessments, Virtual Critical Care Rounds-I (VCCR-I) Post Test, Student Presentations, M3 Transdisciplinary Rubric

### ***General Competency: Health Partnership***

Students will demonstrate the ability to deliver high-quality, comprehensive, cost-effective, coordinated Ambulatory Care and community-oriented health education to underserved urban and rural populations

<b>Medical Education Program Objective(s)</b>	<b>Outcome Measure(s)</b>
Recognize the social and other determinants of health (HP1)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, M3 Transdisciplinary Presentation Rubric, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Module Student Assessments
Describe the healthcare needs of patients from diverse populations and develop appropriately tailored care delivery strategies (HP2)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, Note Review (Psychiatry)

<b>Medical Education Program Objective(s)</b>	<b>Outcome Measure(s)</b>
Develop the skills and attitude to work in partnership with members of the community to promote health, disease prevention, and chronic care management (HP3)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment
Appraise the impact of the social and economic contexts on healthcare delivery (HP4)	Ambulatory Clerkship Service Learning Reflective Essays, Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Projects

### ***General Competency: Learning and Working in Teams***

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

<b>Medical Education Program Objective(s)</b>	<b>Outcome Measure(s)</b>
Apply basic principles of inter-professional and multidisciplinary care (Team1)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, TBL Scores (IRAT/GRAT), ALG Student Assessments, Note Review (Psychiatry), POPS Scores, Jigsaw Scores, Scholars Workshop Module Student Assessments
Develop the skills to organize an effective healthcare team, valuing individuals' skills and efforts (Team2)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, TBL Scores (IRAT/GRAT), WOW 1 Lean Six Sigma Presentation, Jigsaw Scores
Work with professionals from other disciplines or professions to foster an environment of mutual respect and shared values (Team3)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, TBL Scores (IRAT/GRAT), WOW 1 Lean Six Sigma Presentation, POPS Scores, Scholars Workshop Module Student Assessments

Medical Education Program Objective(s)	Outcome Measure(s)
Perform effectively in different team roles to plan and deliver patient and population-centered care (Team4)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, Ambulatory Clerkship Satellite Assessment, TBL Scores (IRAT/GRAT), WOW 1 Lean Six Sigma Presentation, POPS Scores, Jigsaw Scores, Scholars Workshop Module Student Assessments

## Policies Related to Student Affairs

### Honor Code Policy

**POLICY:** 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.

**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 the CMSRU 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 Policy**

### **POLICY:**

Professional Appearance Policy

### **PURPOSE:**

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

### **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. Students must adhere to guidelines surrounding professional appearance, as outlined. 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 the majority of the first two years of the curriculum, students will spend 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 Cooper University Health Care (CUHC) facility students must follow the Dress Code Policy of CUHC 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-Team member Dress Code):

#### **I. PURPOSE:**

- A. To set forth the standards of appropriate dress, grooming, and appearance for team members and medical students.

#### **II. POLICY:**

- A. It is the policy of Cooper University Health Care to establish standards of dress, grooming and personal appearance. Personal appearance should reflect a neat, professional, image and should be appropriate for the team member's work situation. While Cooper understands that dress and appearance are often a matter of personal taste, Cooper must be mindful of patient and team member safety as well as Cooper's professional image. Therefore, Cooper maintains the right to establish and enforce standards of dress, grooming and personal appearance as dictated by business need, interactions with patients and other visitors. In addition to

the traditional work setting, this policy applies to work related functions and events.

### III. PROCEDURE:

- A. 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 team member whose grooming or dress violates the letter or the spirit of this policy. Team members that appear for work inappropriately dressed will be sent home and directed to return to work in proper attire. Under such circumstances, team members will not be compensated for time away from work and disciplinary action may be taken.
- B. General Guidelines
  - 1. The Cooper identification badge is required to be worn at collar level with team member 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 team member'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 team member is in compliance with the dress code.
  - 2. All clothing should fit properly. Garments cannot be transparent, low cut at the neckline, or form fitting. Clothing should not be unduly revealing or cause distracting or disruptive attention or reaction on the part of others.
  - 3. Dresses and skirts cannot be excessively short, no more than 4 inches above the knee. Dress/skirt slits must not be excessive.
  - 4. Shirts/Blouses with lettering or graphics that advertise or promote a product or service or causes distracting attention or reaction on the part of others will not be permitted. Only shirts/blouses with Cooper logo or approved graphics or lettering are permitted.
  - 5. Shoes must conform to safety and infection control standards by providing safe footing, protection against hazards, and be quiet for the comfort of patients. Examples of inappropriate footwear: canvas tennis shoes, sandals (i.e. open shoes with straps including heels and flats), swim or beachwear, and shoe covers. Leather sneakers may be worn only in direct patient care areas. Socks or stockings must be worn in areas where we deliver direct patient care. Footwear must be clean, polished and in good repair. Color and style of the shoes should be professional (neutral and/or in coordination with clothing). In patient care areas, including ambulatory sites, open-toe shoes are not acceptable. In non-patient care business areas, open-toe business style shoes are acceptable.
  - 6. Hair, including facial hair, must be clean, neat, professional, and maintained in a manner that does not interfere with patient safety, infection prevention or equipment operation.
  - 7. Fingernails must be clean and professional, and maintained. For purposes of safety, infection prevention, and operation of equipment, fingernails must be of a reasonable length for the performance of job functions. Team members having direct and indirect patient contact or come into contact with the patient environment 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. Team members whose religious, cultural or ethnic beliefs require head covering, or team members 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. Sweatshirts
    - 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. Team members who require accommodation for medical or religious reasons should contact Human Resources.
- C. Guidelines for team members 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.
- D. Guidelines for team members 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.

E. 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. Team members should consult with their individual Direct Supervisor 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.

## Professional Conduct Policy

### **POLICY:**

Professional Conduct Policy

### **PURPOSE:**

This policy is applied to student conduct relating to professional behavior while a 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.

### **SCOPE:**

Candidates for the Doctor of Medicine degree

### **DEFINITIONS:**

Professionalism is broadly defined. It is expected that the tenets of professionalism 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. They will

- 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 healthcare

## **Professionalism Intervention/Exemplary Behavior Reports**

Professionalism is assessed in all four years of the medical education program. Accordingly, course and clerkship directors will evaluate each student's professional attitudes and behaviors. Anyone, including another student, may submit a written report describing an incident that might reflect either unprofessional action(s) or behavior or exemplary professionalism. The Professionalism Intervention Report forms are available in the student handbook and can be accessed on CMSRU Canvas, in the Student Resources/Student Affairs section.

## **Retaliation**

No student, faculty, resident, or staff member shall be subject to retaliation for filing a CMSRU Professionalism Intervention Report or participating in an investigation regarding a report of unprofessional behavior. CMSRU prohibits retaliation against a person who files a professionalism report or participates in the investigation of a professionalism complaint or has assisted others who raised a complaint of professionalism.

## **Guidelines for Professional Behavior Outside the Curriculum**

- 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, disciplinary suspension, expulsion, or lesser sanctions.
- Students may 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 (GPA).
- Issues related to professionalism that occur outside of the curriculum (unrelated to a course or clerkship) include, but are not limited to:
  - Unprofessional behavior at a CMSRU-sponsored social event or non-curricular activity;
  - Student-to-student mistreatment at social events or outside of CMSRU; and
  - Vandalism or theft of CMSRU/Cooper University Health Care (CUHC) property or at an affiliate hospital, physician practice or ambulatory clinic.
- Issues related to professionalism that occur outside of the curriculum, including those for which a Professionalism Intervention Report for Breach of Professional Conduct unrelated to a course or clerkship is filed, will be managed as follows:
  - All matters will be reported to the Assistant Dean for Student Affairs;
  - The Assistant Dean for Student Affairs will counsel the student and may refer the issue to the Director of Professionalism;
  - If the issue is referred to the Director of Professionalism, the student will be notified, and a meeting will be scheduled with the student by the Director of Professionalism;
  - The Director of Professionalism will investigate the issue and may provide a decision/remediation plan to the student directly. Remediation plans of the Director of

- Professionalism that do not affect progress in the curriculum are not appealable;
- The Director of Professionalism may recommend to the Dean or designee that a student be placed on immediate leave for an issue related to professional behavior pending further investigation; and
- Depending on the severity and nature of the issue, the student may be referred to the Academic Standing Committee (ASC) and processes as outlined in the GPA Policy: Probation – Non-Academic, including the student’s right to appeal the decision of the ASC to an ad hoc committee will be followed).

## Policies Related to Medical Education

### Artificial Intelligence Policy

**POLICY:** Artificial/Augmented Intelligence (AI)

**PURPOSE:** The integration of Artificial Intelligence (AI) into societal, educational, clinical, and research spheres is accelerating, reshaping technological landscapes, and expected to revolutionize tasks that require complex decision-making, enhance medical education, and streamline research processes.<sup>1,2</sup> CMSRU advocates for the ethical and responsible utilization of AI to augment learning, clinical care, and research, as detailed in the ensuing policy directives.

**SCOPE:** This policy is applicable to all students, faculty, staff, and affiliates of CMSRU engaged in the utilization, development, and implementation of AI technologies within educational, research, clinical, and administrative frameworks.

#### DEFINITIONS:

- Artificial Intelligence - (AI) - The ability of computers to perform tasks that are typically associated with a rational human being—a quality that enables an entity to function appropriately and with foresight in its environment.
- Augmented Intelligence: As defined by the AMA House of Delegates, augmented intelligence emphasizes AI's supportive role, designed to enhance rather than replace human intelligence.<sup>4</sup>
- Generative AI - Artificial intelligence systems that can generate novel text, images, videos, or other outputs, typically based on foundational models.
- Machine Learning - A subtype of AI in which complex algorithms are trained to make predictions about future outcomes. Machine learning can be supervised or unsupervised.
- Large Language Models (LLMs)- Models that are a subset of generative AI and have the ability to understand and generate human language.

#### PROCEDURE:

##### 1. Responsible & Ethical Use and Integrity:

- a) AI should serve as a tool to bolster learning, research, and patient care, reinforcing rather than diminishing decision-making accuracy and critical thinking.
- b) Recognizing that AI-generated content and references may be inaccurate or misleading,<sup>5</sup> it is the responsibility of users to verify the correctness and applicability of such information, especially when used for research, patient care, or educational materials. Users must ensure that AI-generated content is cross-referenced with credible sources and peer-reviewed literature.
- c) Users are accountable for outputs from AI tools and must align their use with CMSRU's ethical standards

and academic integrity policies. *[link to academic policy]*

d) Faculty and staff should remain aware of the unpredictability and limitations of AI technologies and avoid sole reliance on it for decision-making, especially in clinical settings.

## 2. Transparency & Accountability

a) AI-generated content must be properly cited, noting both the AI tool and the used prompt. *Examples below*<sup>6-8</sup>

- i) Content generated by author through AI generation using [tool] and prompt ‘.....’
- ii) ChatGPT, response to prompt ".....," OpenAI, March 7, 2023, <https://chat.openai.com/>
- iii) Text generated by ChatGPT, OpenAI, March 7, 2023, <https://chat.openai.com/>  
If the prompt hasn't been included in the text, it can be included in a note or appropriate section such as Methods.

b) Compliance with policies from course directors, publishers, and professional bodies is required when presenting or publishing AI-assisted scholarly work.

c) To the fullest extent possible, all individuals should be informed when an AI system is in use and understand how and why it influences outcomes that affect them.<sup>5</sup>

d) In reference lists, AI software should be referenced not as an author, but as software.<sup>9,10</sup> For example: ChatGPT. Version Mar 14. OpenAI; 2023. Accessed March 7, 2023. <https://openai.com/>

## 3. Confidentiality & Security

a) Compliance with Health Insurance Portability and Accountability Act(HIPAA) security standards is mandatory to safeguard identifiable health information.<sup>11</sup>

b) Materials such as copyrighted and intellectual property, institutional data, confidential data, protected health information, educational and curricular content, and others should never be uploaded to AI tools without appropriate institutional approvals.

## 4. Education & Training

a) Similar to the guidance stated in the Rowan University Academic Integrity FAQs ([https://sites.rowan.edu/academic-affairs/academic\\_integrity/](https://sites.rowan.edu/academic-affairs/academic_integrity/)), students must adhere to specific faculty guidelines regarding AI tool usage in coursework, including when the use of AI is limited or not permitted. <https://cmsru.rowan.edu/documents/ofa-documents/gp-documents/cmsru-compendium-of-student-policies.pdf>

b) Users must diligently read and rigorously verify all sources and information generated by AI tools to prevent the occurrence of factual inaccuracies, often referred to as 'hallucinations'.

c) CMSRU will provide resources and training for students, faculty, and staff on the responsible and correct use of AI, including the evaluation of AI-generated content and the ethical implications of AI in medicine.

d) Emphasis will be placed on data security education, outlining potential risks and best practices for maintaining confidentiality.

## 5. Diversity, Equity, and Inclusion (DEI)

- a) The development and use of AI must be governed by principles of fairness and equity, particularly concerning race, gender, and socioeconomic status. AI should be used as a tool to expand opportunities across diverse socio-economic classes, races, and genders, ensuring it does not perpetuate existing biases or deepen inequalities.
- b) Awareness of potential biases in AI training datasets is crucial to prevent discrimination.<sup>12</sup>

## 6. Research & Innovation

- a) CMSRU is dedicated to advancing medical research and innovation involving AI technologies and generating diverse datasets. Recognizing the transformative potential of AI in healthcare, it is crucial to maintain transparency and adhere to ethical principles in all research endeavors, including the management of data used to train AI, whether sourced or synthetic.
- b) Protocols for secure data management in AI research must be rigorous, ensuring patient privacy and data integrity.
- c) Any AI algorithms developed must undergo rigorous testing and validation to ensure reliability, safety, and clinical utility.
- d) Researchers must also acknowledge the potential biases of AI algorithms and generalizability across diverse patient populations.

## 7. Oversight & Review

- a) CMSRU reserves the right to review and monitor the use of AI technologies to ensure compliance with this policy.
- b) Violations of AI policies may result in disciplinary measures, proportional to the severity of the misconduct.

## IMPLEMENTATION & REVIEW:

This policy will be periodically reviewed and updated to stay current with advancements in AI technology and its applications. Contributions from the CMSRU community are encouraged to maintain the policy's relevance and effectiveness.

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\*\* This content was generated by CMSRU Library Informatics Committee but ‘rephrased and corrected’ through AI generation using ChatGPT 4.0, OpenAI.

## Student Attendance Policy

### **POLICY:** Student Attendance

This policy outlines what constitutes an absence and the processes that apply when submitting an absence request and the consequences of an unexcused absence.

**PURPOSE:** A physician has the great responsibility and privilege to care for patients. In many cases this requires that they are present in the clinical setting and that they alert colleague(s) to find and/or determine a replacement. Medical students have a similar responsibility. They must participate in their education, learning and assessment, to prepare for the care of their future patients. Students may have events occur during their medical education that will result in an absence from educational activities or assessment sessions. The importance of the health and welfare of each student is paramount. This policy outlines the importance of in-person, active engagement among students and faculty and the process for an anticipated or unanticipated absence. It is necessary to provide unambiguous expectations for active student participation in the educational program in a manner that is respectful of and adaptable to these events and allows students to plan their schedules responsibly.

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

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

- Anticipated absence: an absence that is known about weeks or months ahead of the dates of the absence (for example - a religious holiday or important family event)
- Unanticipated absence: an absence that becomes necessary the day before or the day of the date of absence (for example an illness)
- Unexcused absence: an absence that occurs without reporting/logging the absence or being absent if the absence was not approved.

**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>

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.

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

## **Phase I**

### **First and Second Year Students**

Your engagement and participation in educational sessions is vital for your success as well as that of your classmates. 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.

Students are expected to attend all mandatory sessions and assessments. If a student knows they need to be absent from a mandatory session or assessment, they must submit a request to the Absence Request System. If a student is absent from a mandatory session or assessment and has not logged/reported the absence, this will be considered an unexcused absence.

### **Anticipated Absences:**

1. All anticipated absences for a mandatory session or assessment must be submitted by the student as soon as they are aware they will be missing the session.
  - a. If it is an anticipated absence, it must be submitted at least 2 weeks prior to the session.
  - b. Students will be notified by email of each absence recorded in the system.
  - c. All absences are monitored by the Office of Medical Education. (Please also see the Prolonged Absence Policy for extended absences.)
2. It is solely the student's responsibility to ensure that their presence at required sessions is recorded, including to bring their ID in order to swipe into a mandatory session. Students who forget their ID should immediately notify the course director by e-mail. Recorded absences due to failure to bring ID will not be retroactively excused.
3. Students should also contact the course director or session leader to see what information they will be missing and how to make it up.
  - a. Course/clerkship director(s), at their full discretion, may require make-up work of course material missed during absences, in any form that the clerkship/course director(s) chooses. Failure to submit this work may result in an Incomplete (I) grade.
  - b. For an anticipated absence(s) involving Ambulatory Clerkship, WOW I & II, and Selectives, students must notify their course/clerkship director(s) for prior approval before the absence.
4. An anticipated absence on the day of an assessment will require the assessment to be made up on the scheduled assessment make-up day, which is set by the assessment team. Summative assessments will not be administered to any student or a subset of students before the scheduled summative assessment date.

### **Unanticipated Absences:**

1. If a student will have an unanticipated absence for a mandatory session, they must submit a request to the Absence Request System as soon as they are aware they are missing the session.
2. If a student will have an unanticipated absence for an assessment, they must contact the Assistant Dean for Student Affairs and either the Assistant Dean for Assessment and CQI for block/course exams or the Standardized Patient (SP) Program Coordinator for OSCE's.
  - a. Students may be asked to provide a physician's note or documentation for the absence.



- b. The assessment must be made up on the scheduled assessment make-up day, which is set by the assessment team.
3. If a student is absent for more than one assessment in an academic year, including a make-up assessment, the student will be required to meet with the Assistant Dean for Student Affairs. The Office of Student Affairs will work with the student to support them in being successful in the curriculum and avoiding future absences or other required activities.

The Office of Medical Education will monitor absence records.

- a. No more than two half-day absences are allowed per course and no more than six half-days total are allowed per semester.
- b. Students in the PC3 program are all not allowed more than 2 half-days during the summer session.
- c. Absences due to religious holiday observances will not be counted towards the total allowed absences.
- d. Students (re-)entering the curriculum after the beginning of a semester will be allowed a pro-rated number of absences for that semester. The student will be notified of the number of available absences at the time they enter the curriculum.

If a student's absences exceed the allowed numbers, or otherwise violate any of the policies above:

- a. The Assistant Dean for Student Affairs will be notified and may require additional information from and/or a meeting with the student to establish the reason for the repeated absences.
- b. The Assistant Dean for Student Affairs will inform the Office of Medical Education and the course and/or clerkship director(s) as necessary.
- c. The student may be referred to the Director of Professionalism.

If a student is found to have been absent from a mandatory session and did not log/report the absence, was not approved for an absence and/or did not inform OSA and OME about their needed absence, this will be considered unprofessional, and a professionalism form will be submitted. In addition, if this is a repeated offense or there have been other unprofessional events during the course or clerkship the student's grade in their enrolled course or clerkship may result in an Unsuccessful Remediable (UR).

**\*\*Please note:** 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 mandatory session.

## **Phase II**

### **Third Year Students**

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

Daily attendance and engagement in the clinical experience is critical for learning and assessment and is required on all clerkships and electives. All sessions on clinical rotations and assessment sessions are mandatory.

All absences from clinical rotations and assessments must be logged/reported by the student as soon as they are aware they will be missing a clinical experience/activity.

1. If it is an anticipated absence, it must be submitted at least 2 weeks prior to the day of absence.
2. If it is an unanticipated absence, it must be submitted as soon as the student is aware they will miss clinical time.

3. 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 any remediation for the missed time.

If a student has a total of 8 absences or more in an academic year, the M3 Education Coordinator will alert the Assistant Dean for Student Affairs who will then determine if a meeting is required to discuss reasons behind multiple absences (Personal illness, family issues, etc.) and possible solutions. This is to ensure student welfare.

For medical absences for three (3) or more consecutive dates, a doctor's note may need to be provided to the Office of Student Affairs.

Unexcused absences in the M3 or PC3 year are unacceptable. If a student is found to be absent from their educational activities and did not log/report the absence, was not approved for the absence and/or did not inform OSA and OME about their needed absence, a professionalism form will be submitted. If there have been other unprofessional events in the clerkship or it is a repeated unexcused absence, their grade in their enrolled clerkship may result in an Unsuccessful Remediable (UR).

For unanticipated absences on the day of a shelf exam, in addition to submitting the absence, the student must contact the Assistant Dean for Student Affairs and the Assistant Dean of Assessment and CQI to inform them of the assessment absence. The Assistant Dean of Assessment and CQI and/or team member will contact the student regarding the assessment rescheduling date.

Any absence on the day of a shelf exam will require the assessment to be rescheduled. Assessments must be rescheduled after the original date of assessment. Summative assessments will not be administered to any student or a subset of students before the scheduled summative assessment date.

Absences due to illness or serious extenuating circumstances occurring on the date of scheduled exams may require supporting documentation.

\*\*\*Retroactive absences are not allowed: you cannot apply for an absence after an absence occurs. This will be considered an unexcused absence.

#### M3 Clerkships:

If a student is absent for more than 2 days of any 6-week clerkship block during the third year, the missed time must be made up (there are seven 6-week clerkships blocks in the M3 year).

#### Examples:

- If you missed 3 total days on your 6-week Pediatrics Clerkship, you would have to make up 1 of these days.
- If you are in the 6-week Anesthesiology/Neurology block (2 weeks of Anesthesiology/4 weeks of Neurology), you can only miss a total of 2 days during that 6-week block.

#### Exceptions to this rule:

Certain individual activities or clinical experiences must be made up regardless of number of absences when they are a required component of the clerkship. These include but are not limited to:

- Transdisciplinary Sessions
- Ultrasound Sessions

- M3 formative OSCE
- M3 summative OSCE
- Shelf exam

In addition, please refer to the clerkship syllabus to see any other absences which must be made up no matter the circumstance. (example – Ob/Gyn call time that is missed must be made up).

#### *M3 One-Week Electives:*

Absence of more than a half of a day of a one-week elective must be made up.

#### *Ambulatory Clerkship:*

For absences involving Ambulatory Clerkship, third-year students must notify the Ambulatory clerkship director(s) for prior approval before the absence. Unexcused absences may be documented in the narrative section of the Ambulatory Clerkship summative evaluation. A Professionalism Report maybe completed for unexcused absences.

#### **PC3 Students**

- Absences of more than 1 day in a 4-week clerkship must be made up.
- For the CLOC rotation, students are allowed 1 absence every 4 weeks.

#### **Fourth Year Students**

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

Daily attendance and engagement in the clinical experience is critical for learning and assessment and is required on all clerkships and electives. All sessions on clinical rotations and assessment sessions are mandatory.

The M4 Academic year consists of 40 weeks, including eight (8) weeks that can be utilized for residency interviews, vacation, and other personal time.

- These 8 weeks may be broken up into 4-week, 2-week, or 1-week time spots or can be taken as an entire 8 weeks, so long as the 32 weeks of required clerkships/electives can be completed in the time frame to graduate. This time cannot be taken within a clerkship / elective / Sub-Internship. For example – you cannot start your Sub-Internship and then take a week off within the Sub-Internship block.

Students who will be absent beyond the eight (8) weeks must email the Assistant Dean for Student Affairs for their reason for the absence. The Assistant Dean for Student Affairs 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.

All absences from clinical rotations and assessments must be logged/reported by the student as soon as they are aware they will be missing a clinical experience/activity.

- If it is an anticipated absence, it must be submitted at least 2 weeks prior to the day of absence.
- If it is an unanticipated absence, it must be submitted as soon as the student is aware they will miss clinical time.
- In addition, the student must notify their clerkship/elective director, preceptor, and clerkship or elective coordinator of the time they will miss.
- 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.

- e. Failure to complete missed time due to an absence will lead to an incomplete grade and possible failure of the clerkship/elective.
- f. For medical absences for three (3) or more consecutive dates, a doctor's note may be required.

### **Absence due to Residency Interviews**

CMSRU wants to ensure students are able to go on residency interviews while obtaining the clinical knowledge and experience necessary to succeed in residency. Below are the rules regarding interviews during a clerkship / elective / Sub-Internship:

- Maximum of 4 excused days for residency interviews in a 4-week rotation.
- Maximum of 2 excused days for residency interviews in a 2-week rotation.
- Maximum of 1 excused day for residency interview in a 1-week rotation.
- Excused days for residency interviews do not have to be made up, if they are within the limit.
  - Exception – this only applies for rotations where you are required to come in every day. For rotations such as Emergency Medicine and Pediatric Emergency Medicine where you are not required to report every day and you work shifts, you will need to move your shifts so that you are not scheduled to work a shift on an interview day

You cannot use excused days for residency interviews for any other purpose. Inappropriate use of residency 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 residency interview.

### **Absence due to Step 2 CK**

- Excused days for Step 2 do not have to be made up.

Unexcused absences in the M4 year are unacceptable. If a student is found to be absent from their educational activities and did not log/report the absence, was not approved for the absence and/or did not inform OSA and OME about their needed absence, a professionalism form will be submitted. If there have been other unprofessional events in the clerkship or it is a repeated unexcused absence, their grade in their enrolled clerkship may result in an Unsuccessful Remediable (UR).

\*\*\*Retroactive absences are not allowed: you cannot apply for an absence after an absence occurs.

### **Match Week**

- Students are required to attend all mandatory CMSRU Residency Match Week sessions.

## **Conflict of Interest Policy**

### **POLICY:**

Conflict of Interest Policy

### **PURPOSE:**

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

### **SCOPE:**

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

## **DEFINITIONS: N/A**

## **PROCEDURE:**

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

## **STATEMENT OF THE POLICY:**

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

## **SPECIFIC ACTIVITIES:**

### **1. Support of Continuing Education in the Health Sciences:**

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

Industry funding may not be accepted for social events that do not have an educational component. Industry funding may not be accepted to support the costs of internal department meetings or retreats (either on or off campus). At CMSRU co-sponsored Continuing Education programs, if there is an area utilized and designated for vendor displays,

that area will be separate from the location assigned for the educational presentations. All vendors are required to sign a CE agreement. Any materials utilized by the industry vendors will be subject to the guidelines established in Section 3. Promotional materials shall be limited to those which do not include product brand names and logos. Additionally, no gifts or enticements such as food or snacks will be permitted at these displays.

**2. Industry Sponsored Meetings or Industry Support of Off-campus Meetings:**

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

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

**3. Gifts and Provision of Meals:**

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

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

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

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

**4. Consulting Relationships:**

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

marketing purposes are discouraged, while consulting or advising relationships for research and scientific activities are permissible.

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

#### **5. Frequent Speaker Arrangements (Speakers Bureaus):**

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

- a. Events do not meet the criteria of Section 2;
- b. Content of the lectures given is provided by Industry or is subject to *any* form of prior approval by either representatives of Industry or event planners contracted by Industry;
- c. Content of the presentation is not based on the best available scientific evidence;
- d. Company selects the individuals who may attend or provides any honorarium or gifts to the attendees; and
- e. Under no circumstances may CMSRU personnel be listed as co-authors on papers ghostwritten by Industry representatives. In addition, CMSRU personnel should always be responsible for the content of any papers or talks that they give, including the content of slides.

Speaking relationships with company or company event planners are subject to review and approval of the participant’s department chair, or dean as delineated in Section 4, Consulting Relationships.

#### **6. Ghostwriting:**

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

#### **7. Industry Support for Scholarships or Fellowships and other Educational Funds to Students and Trainees:**

CMSRU may accept industry support for scholarships and discretionary funds to support trainee or student travel or non-research funding provided that the following criteria are met:

- a. Industry support for scholarships and fellowships must comply with all CMSRU requirements for such funds, including a written pledge agreement through the Development Office. It will be maintained in an appropriate restricted account, managed at the school as determined by the dean. CMSRU will select the recipients of such funds with no involvement by the donor industry. Written documentation of the selection process will be maintained.
- b. Industry support for other student or trainee activities, including travel expenses or attendance fees at conferences, must be accompanied by a written agreement and will only be accepted into a common pool of

discretionary funds, which will be maintained under the direction of the dean. Industry cannot designate contributions to fund specific recipients or specific expenses. Departments may apply to use monies from this pool to pay for reasonable travel and tuition expenses for students, or other trainees to attend conferences or training that have legitimate educational merit. Recipients will be selected by the department based on merit and/or financial need. Proper documentation must accompany the request.

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

## **8. Samples:**

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

Wherever possible, a central distribution and documentation site for medication samples should be established in each healthcare facility that maintains storage of such samples. Samples should be logged in through a designated and secure sample storage process. Logs should include the name of the medication, lot number, expiration date, date of receipt, quantity received, and the name of the individual receiving the samples, including those received on behalf of a group practice. Logs will be maintained in the healthcare facility for a specified time as designated per policy. All samples will be labeled and dispensed in accordance with federal and state laws. A Sample Medication Form will be used to document dispensing information, patient counseling and auxiliary notes. Utilization of vouchers is preferable to actual physical drug samples. The preferred method of obtaining pharmaceuticals for indigent patients would be through specific corporate plans which provide such product directly to the patient.

## **9. Site Access for Industry Representatives:**

All Industry professionals wishing to gain access to CMSRU designated sites will be required to check into the facility through a centralized, appointed individual. Purposes which are appropriate for site visits include the exchange of scientific information, dissemination of materials/information regarding new therapeutic options, and training or discussions which can lead to the advancement of healthcare. Name badges are required for all Industry personnel when visiting a CMSRU site. Industry representatives are prohibited from roaming areas frequented by faculty or students. They may provide informational material, such as product literature or journal articles, only at the request of a faculty or staff member.

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

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

## **10. Conflict-of-Interest Disclosure:**

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



## 11. Conflict-of-Interest Curriculum for Medical Students

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

## 11. Policy Enforcement

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

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

## Duty Hours Limitations Policy

### PURPOSE:

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

### SCOPE:

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

### DEFINITIONS:

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

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

*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* self-directed learning time.

A *stint* is defined as a continuous period of duty.

## **PROCEDURE:**

### **I. PROCEDURE:**

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

### **II. RESPONSIBILITY**

#### **Implementation**

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

M3 and M4 students will complete a self-reported duty hour exception report, through the One45<sup>®</sup> 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 Assistant Dean for Assessment and Continuous Quality Improvement will report duty hour policy violations every month to the Senior Associate Dean for Student Affairs and will report every three months any patterns of violation to the Phase 2 Subcommittee of the Curriculum Committee. The Phase 2 Subcommittee of the Curriculum Committee provides reports to 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 Senior Associate Dean for Student Affairs for counseling. Recalcitrant noncompliance may be taken as evidence of unprofessional behavior (see Grading, Promotions and Appeals Policy, V.B.). Students may be referred to the Director of Professionalism for review and possible remediation plan. The Director of Professionalism may refer students directly to the Academic Standing Committee.

#### **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.

## **Formative Feedback Policy**

### **POLICY:**

Formative Feedback

### **PURPOSE:**

In its efforts to ensure excellent medical education and to provide for appropriately timed formative feedback to medical students the following policy defines the requirements for course directors, clerkship directors and faculty to submit formative feedback at the Cooper Medical School of Rowan University (CMSRU).

### **SCOPE:**

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

### **PROCEDURE:**

#### **RESPONSIBILITY:**

It is the responsibility of the course and clerkship directors to ensure that all students receive formative mid-course/mid-clerkship feedback early enough in each required course and clerkships to permit remediation prior to the awarding of final grades. The assessment subcommittee of the curriculum committee reviews and approves all assessment activities within courses and clerkships and ensures that formative assessment activities appropriate to the course or clerkship are provided for. Courses and clerkships less than four weeks use meetings with students to provide formative feedback.

All course and clerkship assessments are monitored by the Office of Medical Education. Course or clerkship directors who are not compliant with these assessments will be reported to the Senior Associate Dean for Medical Education. The Senior Associate Dean for Medical Education can ask the department chairperson to complete assessments for a course or clerkship to ensure timely compliance.

## **Grading, Promotions, and Appeals Policy**

**POLICY:** Grading, Promotions, and Appeals Policy

### **PURPOSE:**

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

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

### **DEFINITIONS:**

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

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 and reassessment.

Appeal: A petition filed by a student challenging a course or clerkship grade, a clinical assessment in the M3 year, time in the 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 the resolution of a grade appeal.

Probation: A warning period imposed on a student due to issues with academic performance or professional/ethical behavior. During probation, a student may be subject to certain conditions or restrictions. Failure to meet probationary requirements may lead to more severe consequences, including dismissal from the educational program.

## **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 senior associate dean for medical education**

The senior 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 and the assistant dean for curriculum for phase 2, as appropriate.

#### **3. Academic Standing Committee**

The Academic Standing Committee reviews student progress and makes decisions regarding the placement on and removal from academic and non-academic probation. The Committee makes recommendations 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. Committee members who have a

significant relationship with a CMSRU student who is under review for a potential adverse action by the Academic Standing Committee must recuse themselves from hearing that particular case.

#### **4. Ad Hoc Committee for Student Appeals**

The Ad Hoc Committee for Student Appeals is convened by the senior associate dean for medical education to hear appeals of promotional decisions by the Academic Standing Committee. It is comprised of five members of the faculty who are not advisory college directors, members of the Academic Standing Committee, or the Curriculum Committee.

#### **5. Executive Cabinet of Deans**

The Executive Cabinet of Deans at CMSRU is comprised of all the associate and assistant deans at CMSRU. This group may develop Academic Improvement or Performance Improvement Plans for students-

## **II. COURSE REQUIREMENTS, SEQUENCING, AND GRADUATION**

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 in the curriculum 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 enrolled in the Student Scholar Year opportunity or an Independent Study are considered to be enrolled in the academic program, and this year counts as completed time in Phase 1 or 2 of the curriculum. Total time in each Phase cannot exceed four years, allowing a maximum degree completion time of eight years. This includes any time spent in a leave of absence. Students who perform scholarly work or enroll in dual degree programs (e.g., MD/PhD) may extend their MD degree total time completion limit from six distinct academic years to ten distinct academic years upon the approval of the Academic Standing Committee. Students pursuing a PhD or other combined degree programs after their 2<sup>nd</sup> year must have passed all Phase 1 courses/clerkships and taken Step I prior to starting their PhD/additional degree program.

The medical school curriculum builds on the essential knowledge and skills required for the practice of medicine and therefore certain courses/clerkships must be taken in a particular sequence. In Phase 1, the successful completion of both Molecular Basis for Medicine (MBM) and Microbiology, Immunology and Infectious Disease (MIID) is a prerequisite for all other basic science block courses. Foundations of Medical Practice must be taken with their corresponding basic science blocks and Scholars Workshop must be taken in sequence.

Students must complete and pass Phase 1 of the curriculum, as well as take USMLE Step 1 prior to starting Phase 2, which starts with a week-long required M3 orientation. Students must complete and pass all required clinical clerkships before starting 4<sup>th</sup> year required courses. A grade of UR, U, I, or W (see below) is not considered a passing grade.

Of important note, most state licensing boards require the completion of USMLE Steps 1, 2, and 3 within seven years. Step 3 is usually taken during the first or second year of postgraduate training. All students should be familiar with the medical licensing requirements for the states where they intend to practice medicine, and if a waiver of the seven-year requirement is possible.

Any requests to extend the academic program beyond the time limits noted above and for any reason, must be approved by the Academic Standing Committee. Appeals of these decisions may be made to the Ad Hoc Committee for Student Appeals.

Students returning from a Leave of Absence, Independent Study, or Student Scholar research experience of equal to or greater than one academic year, will need to document their ability to resume patient care within the CMSRU medical education curriculum. A student with significant degradation of clinical skills may need remediation prior to returning to the medical education curriculum.

The Academic Standing Committee reviews all students to ensure that all graduation requirements have been met. The graduation list is forwarded to the CMSRU Executive Council of departmental chairs for approval. Students are approved for graduation in May of their M4 (final) academic year. A student who will complete all of their degree requirements after the month of May can be awarded the M.D. degree at a later time in limited, special circumstances, and as approved by the Academic Standing Committee and the CMSRU Dean. If granted approval, students may graduate in August or December of that same calendar year as the May graduation date. In limited circumstances, students, in their final year of matriculation, may need to extend their expected date of graduation. Students will remain active in the Rowan University system up to 18 months after their expected graduation date. No medical degree will be conferred more than 18 months past the student's expected graduation date, determined in the student's fourth and final year, unless the student is on a medical leave of absence. If the student does not meet all requirements for graduation within this 18-month period, the student will no longer be eligible to receive the CMSRU Medical Degree (M.D.) (See the CMSRU Graduation Policy).

### **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 assistant dean for assessment and CQI in the Office of Medical Education informs the appropriate assistant curricular dean promptly by phone or email and submits that information in writing within three weeks.

#### **1. The CMSRU Grading System**

##### **Phase 1**

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.

##### **Phase 2**

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.

#### **Incomplete (I)**

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

- A course/clerkship director, following consultation with the appropriate phase dean, 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 progressing in any course that requires this course/clerkship as a prerequisite.
- Once the student has completed 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 appropriate final grade of **U** will be assigned.

#### **Withdrawn (W)**

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

### **M3 Courses/Clerkships:**

Clerkship grades are based on student clinical performance and other components as noted in the individual syllabi for each clerkship, including NBME examination scores. Each clerkship defines the score ranges for each of the grades listed below.

**Honors (H):** clearly a superior performance that reflects comprehensive achievement of course/clerkship objectives.

**High Pass (HP):** a performance well beyond minimum achievement of course/clerkship requirements.

**Pass (P):** a satisfactory performance that meets basic course/clerkship requirements including showing up on time, knowing your patients, and demonstrating a desire to learn.

**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 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)

- If 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 grades earned in previous academic years remain on the transcript (including U grades).

### **M4 Courses/Clerkships:**

The M4 courses and clerkships provide 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 course or clerkship director in consultation with the appropriate departmental chairperson, may assign an administrative Pass 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.

### **Grading when a student leaves the curriculum mid-semester (M1 through M4):**

If a student takes a leave of absence (or Independent Study), the following policies will apply regarding grading courses/clerkships at the time of the leave:

1. The student will receive a final grade for all courses/clerkships for which they have met all requirements in the course or clerkship syllabus.  
For courses/clerkships for which the student has not completed all requirements, the student will receive one of the following grades.
  - a) **Incomplete (I)** if the student is assigned an **I** grade to a course/clerkship that is a pre-requisite for progression, the student must complete the course/clerkship requirement before progressing in the curriculum. The completion of the course/clerkship cannot exceed one year from the completion date of the

course/clerkship. If there is a compelling reason that the course/clerkship can't be completed within the timeframe above, the exception must be approved by the Academic Standing Committee.

- b) **Withdrawn (W):** will be issued if the student will not be completing the course/clerkship requirements and had not completed enough work to determine performance at the time of the leave. The **W** grade remains permanently on the transcript. The student will be required to repeat and complete the course starting at the beginning of the course when the student returns from leave. The course will be listed a second time on the transcript with the final grade the student earns in that course in the academic year that it is taken.
2. If the student is assigned a **UR** grade for a course/clerkship and then begins a Leave of Absence (or Independent Study) later in the same semester, the student must complete remediation of the course/clerkship before returning to the curriculum. Any exceptions must be approved by the Academic Standing Committee.

### **Narrative Assessments**

When the teacher-student interaction permits, students will receive a narrative assessment as part of their evaluation in a course or clerkship. In phase 1, students will receive a formative narrative assessment at the conclusion of each course lasting greater than or equal to four weeks. This formative narrative must be submitted to the Office of Medical Education within 6 weeks of the conclusion of the course/clerkship. In Phase 2, students will receive a summative narrative assessment after all M3 clerkships, and after the required clerkships in M4. This narrative assessment of each student's performance must be submitted to the Office of Medical Education within 6 weeks of the end of the clerkship. These narrative comments will become part of the academic record and all summative narrative assessments will be included in the medical student performance evaluation (MSPE). In Phase 1, 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 phase 2.

### **Errors in Statements of Fact in Narratives**

If any student feels that there are errors of fact in their narrative, a request to have the narrative amended must be submitted through the grade appeal process within three days of receiving the final course or clerkship grade.

### **Mid-course and Mid-Clerkship Feedback**

Interim feedback 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. Such interim feedback 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.

### **B. Standing of Students**

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

#### **1. In good standing**

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

#### **2. Not in good standing**

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

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



## IV. THE PROMOTIONAL SYSTEM

### A. Phase 1

Students are required to achieve final grades of Pass (P) or Remediated Pass (RP) in all prerequisite courses in order to progress to the subsequent courses. Students must pass all Phase 1 courses/clerkships and take the USMLE Step 1 examination prior to beginning Phase 2, which begins with a required weeklong M3 Orientation. Students must pass the Comprehensive Basic Science Examination (CBSE) prior to taking the USMLE Step 1 examination. Students not completing the Step 1 exam before M3 Orientation may use up to six additional study weeks and enter the M3 year during the second clerkship block. This will restrict clerkship options during blocks 1 and 2 of the M4 year and could potentially impact the options for residency selection.

- The passing grade for all courses in Phase 1 is 70.00
- 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.
- A student who receives an unsatisfactory/remediable (UR) grade in 1 or 2 courses/clerkships in an academic year in Phase I will be permitted the opportunity to remediate the course(s)/clerkship(s) during the remediation period. A student who fails to remediate an unsatisfactory grade in 1 or 2 courses/clerkships will be placed on academic probation and must repeat the course/clerkship in the subsequent year. A student may not advance to any course that requires the uncompleted courses/clerkships as a prerequisite. If the student is unsuccessful in their repeated course/clerkship, they will not be permitted to remediate the repeated course/clerkship and they will be reviewed for dismissal by the Academic Standing Committee.
- A student who receives an unsatisfactory/remediable (UR) grade in 3 courses in an academic year in Phase I will be reviewed by the Academic Standing Committee for repeat of the academic year, or dismissal notwithstanding their remediation. A third remediation can take place only after the Academic Standing Committee grants the student the ability to continue in the program.
- 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 is choosing to repeat them.
- If a student is found to have been absent from a mandatory session and did not log/report the absence, was not approved for an absence and/or did not inform OSA and OME about their absence, their grade in their enrolled course or clerkship will result in an Unsuccessful Remediable (UR). A course or clerkship director cannot overturn this grade. The student will need to meet with the Assistant Dean of Phase 1 to discuss remediation plans. In addition, a Professionalism Form will also be submitted for an unexcused absence.
- A student with an identified area of concern about their professionalism in their course narratives may be referred to the director of professionalism for review and action, which may include Unsuccessful Remediable (UR) in the course, non-academic or academic probation and/or review for dismissal.

Phase 1	
Event	Outcome
UR in 1 or 2 courses/clerkships	Remediate the failures, if unsuccessful, placed on academic probation and repeat the non-remediated courses. If unsuccessful in any of the repeated courses/clerkships, remediation is not permitted. The student is reviewed for dismissal by the Academic Standing Committee.

UR in 3 courses/clerkships	All students with UR in 3 courses/clerkships are reviewed by the Academic Standing Committee for the repeat of the academic year or dismissal notwithstanding their remediation. A third remediation can occur only after the Academic Standing Committee grants the student the ability to continue in the program.

## B. Phase 2

- Students are required to pass all courses and clerkships in Year 3 to be promoted to Year 4 and take the USMLE Step 2 CK examination.
- 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 before starting the 4<sup>th</sup> year. Remediation may delay the start of the M4 year and therefore may delay graduation. A student who needs to remediate any portion of an M3 course or clerkship can only receive a final grade of Remediated Pass (RP) in those courses or clerkships. A student who fails to remediate a course/clerkship will be placed on academic probation, must repeat the course/clerkship, and cannot advance in the curriculum. If the student is unsuccessful in their repeated course/clerkship, they will not be permitted to remediate the repeated course/clerkship and they will be reviewed for dismissal by the Academic Standing Committee.
  - 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 2. Any mean score below 2 will result in an unsatisfactory grade (U or UR) in the clerkship regardless of the overall clerkship score.
  - In the M3 summative OSCE, students must pass each OSCE domain with a score of greater than or equal to 60.00.
- Students are required to pass all M4 clerkships and electives, USMLE Step 2 CK, and satisfactorily complete their Scholar's Workshop capstone project to be eligible for graduation.
- A student who receives a final grade of UR in three M3 courses or clerkships or three M4 courses or clerkships in an academic year will be reviewed by the Academic Standing Committee for dismissal. They will be permitted to remediate up to two of the unsatisfactory courses or clerkships before being reviewed for dismissal by the Academic Standing Committee, notwithstanding their remediation.
- 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 that may include academic or non-academic probation and/or review for dismissal.
- Unexcused absences in the M3, PC3, and M4 year are unacceptable.** If a student is found to be absent from their educational activities and did not log/report the absence, was not approved for the absence and/or did not inform OSA and OME about their needed absence, their grade in their enrolled clerkship will immediately result in an Unsuccessful Remediable (UR). A course or clerkship director cannot overturn this grade. The student will need to meet with the Assistant Dean of Phase 2 to discuss remediation plans. In addition, a Professionalism Form will be submitted for the unexcused absence.

Phase 2	
Event	Outcome
UR in 1 or 2 M3 course/elective/clerkship	Remediate the failed course(s), elective(s), or clerkship(s), if unsuccessful, placed on academic probation and repeat the

	course/elective/clerkship. If unsuccessful in the repeated course/elective/clerkship, remediation is not permitted. The student is reviewed for dismissal by the Academic Standing Committee.
UR in 3 M3 courses/electives/clerkships	Repeat entire M3 year and placed on academic probation. Students will be allowed to complete Scholar's Workshop and Ambulatory Clinic so that they do not have to remediate those two courses when repeating the M3 Year. If unsuccessful in any of the repeated courses/electives/clerkships, remediation is not permitted. The student is reviewed for dismissal by the Academic Standing Committee.
UR in 1 M4 course/elective/clerkship	Immediately stop progression in the M4 year. Remediate the failed course, elective, or clerkship, if unsuccessful, the student is placed on academic probation and repeat the course/elective/clerkship. If unsuccessful in the repeated course/elective/clerkship, remediation is not permitted. The student is reviewed for dismissal by the Academic Standing Committee.
UR in 2nd M4 courses/electives/clerkships	Immediately stop progression in the M4 year. Remediate the failed course, elective, or clerkship, if unsuccessful, the student is placed on academic probation and repeat the course/elective/clerkship. If unsuccessful in the repeated course/elective/clerkship, remediation is not permitted. The student is reviewed for dismissal by the Academic Standing Committee.
3rd M4 courses/electives/clerkships	Review for dismissal. All students are reviewed immediately upon receipt of the third unsatisfactory grade. Students may remediate no more than 2 of the failed courses/clerkships. Review for dismissal is notwithstanding remediation.

### C. USMLE Examinations:

- All students studying for the MD degree at CMSRU are required to pass Step 1 and Step 2 CK of the U.S. Medical Licensure Examination (USMLE) as a condition of continued matriculation and of graduation.
  - Step 1 shall be taken prior to beginning Phase 2 of the medical school curriculum and no later than the Sunday before the beginning of the M3 year orientation. There will be no extensions of this deadline.
  - Students must successfully complete all academic requirements of Phase 1 before they will be permitted to take the Step 1 examination and enter Phase 2. Students will receive a conditional permit to register for the Step 1 examination in October of the M2 year.
    - Rising M2 students are conditionally promoted to Phase 1 M3 pending the results of the Step 1 Examination.
    - M2 students who do not matriculate to the M3 year, for any reason (eg, students who are on Independent Study and/or Leave of Absence before taking or re-taking Step 1) are required to take the Step 1 examination prior to April 15<sup>th</sup> of the year they will matriculate to the M3 year.
    - Students taking a leave of absence to pursue another degree must take step 1 prior to starting their degree.
  - Step 2 CK (Clinical Knowledge) shall be taken no later than August 1<sup>st</sup> of the calendar year in which medical students are enrolled in Year 4 of the medical school curriculum. If a student has to miss M3 Block 1, their deadline will be moved to August 15<sup>th</sup>. There will be no exceptions to these deadlines.

- 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 Assistant Dean for Curriculum - Phase 2 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. 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. Step 1 must be taken by March 1<sup>st</sup> prior to the return to the M3 curriculum.
- A student who fails to pass Step 1 on his/her second attempt shall:
  - Stop all activities in the M3 year and be placed on academic probation by the Academic Standing Committee.
  - May enroll 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 1<sup>st</sup> of the original third academic year.
  - If the student successfully completes the Step 1 examination, the student may reenter the medical education program.
- 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. The amount of time extended into the M4 year may have an impact on a student's ability to graduate on-time.

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

- A student who does not take Step 2 CK by August 1<sup>st</sup> of the fourth year (or August 15<sup>th</sup> if had to miss M3 Block 1) 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 shall:
  - Take Step 2 CK prior to January 30<sup>th</sup> in their M4 academic year.
  - Complete the fourth-year curriculum.
- A student who fails to pass Step 2 CK for the second time can continue in the M4 year and will be placed on academic probation by the Academic Standing Committee. They must:
  - Take Step 2 CK for the third time, no later than March 15<sup>th</sup> and receive a passing score in time to graduate with their current class. A passing score for Step 2 CK must be reported to the Office of Medical Education no later than one week prior to graduation in order for the student to be awarded a diploma with his/her class.
  - The student may choose to take a Leave of Absence or an Independent Study to finish out the current academic year. They must take Step 2 CK by May 31<sup>st</sup> in order to move to the next academic year and finish with the next academic class. A passing score must be received by July 1<sup>st</sup> in order to continue their academic program. If needed, the student may be registered for an M4 independent study program at some point in the new M4 academic year, to allow for a potential May graduation date of the next year.

- A student who fails the Step 2 CK examination three times shall be reviewed for dismissal by the Academic Standing Committee.

#### **D. Promotional Decisions**

The Academic Standing Committee is responsible for assessing the overall academic performance of each student and the decision for promotion.

For issues related to professionalism within the curriculum, a student's case is referred to the director of professionalism by the associate dean for professional development. The student is entitled to a meeting with the director of professionalism prior to his/her rendering a decision about the case. 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:**

Only one attempt is permitted to remediate by reexamination or other course assessment a UR grade in any course/clerkship. Remediation examinations are subject to minimal competency scores of greater than or equal to 60.00 in addition to a remediated overall score of 70.00. The final remediation plan and assessments are at the discretion of the course/clerkship directors. Students who fail remediation cannot progress in the curriculum, cannot take the USMLE Step 1 examination, 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. If unsuccessful in their repeated course or clerkship in Phase 1 of the curriculum, the student will be reviewed by the Academic Standing Committee for dismissal.

##### **Phase 2 Remediation:**

Remediation for courses and clerkships in the M3 and M4 year occurs on a case by case basis, within 21 days of the posting of the final grade.

- Only one attempt is permitted to remediate by reexamination or other course assessment a UR grade in any assessment component in the M3 or M4 year. The highest grade a student can earn with successful remediation in any M3 or M4 course or clerkship is a remediated/pass (RP). A student who is unsuccessful in remediation will be placed on Academic Probation, cannot take the USMLE Step 2 CK examination, and must repeat the course/clerkship as soon as possible. If the student is successful, they 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. Remediation is not permitted for second course/elective/clerkship failures.
- 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, they 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. Remediation is not permitted for second course/elective/clerkship failures.
- A student who fails three courses, electives, and/or clerkships in the M4 year will be reviewed by the Academic Standing Committee for dismissal. All students are reviewed immediately upon receipt of the third unsatisfactory grade. Students may remediate no more than 2 of the failed courses/clerkships. Review for dismissal is notwithstanding remediation.

## **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 course/clerkship/elective director(s) will:

1. Within seven (7) days of notification of unsuccessful performance, meet with the student to help identify 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 assistant dean for assessment and CQI for 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. If the student successfully remediates, the grade is changed from a UR to an RP.
8. If the student fails to remediate, the grade is converted to a U and the student is referred to the Academic Standing Committee for promotional review.

## **V. PROBATION**

### **A. Academic**

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

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

A student shall be removed from academic probation by the Academic Standing Committee:

- when the student has successfully completed a repeated course/clerkship due to unsatisfactory academic performance;
- when a student has successfully completed all courses and clerkships in a repeated academic year; or
- when a student passes a USMLE Step 1 or Step 2 CK 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 any other formal 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 professional development, the senior 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 Academic Standing Committee, with the support of the senior associate dean for medical education, 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.

Students who are currently on academic probation, and are subsequently reviewed for and placed on non-academic probation, or vice versa, will be reviewed for dismissal.

## 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 this will constitute the basis for the appeal 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 appeal 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 Assessment or Grade

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

A student who believes that there is a procedural irregularity with his/her course/clerkship grade including course and clerkship data (e.g., examination performance or narrative assessments) 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 administrative assistant. The Office of Medical Education administrative 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 Office of Medical Education administrative assistant of the decision within five (5) working days of the appeal. The Office of Medical Education will then notify the student of the appeal outcome.

## **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 Grade Appeals Committee. The written appeal must be made within three (3) working days of receiving notice upholding the original grade from the course/clerkship directors. The administrative assistant in the Office of Medical Education monitors and documents this process. The Grade Appeals Committee reviews the appeal and offers a decision within five (5) working days. The decision of the Grade Appeals Committee is final. The decision is communicated to the student and the course/clerkship directors. The course/clerkship directors implement the decision of the Grade Appeals Committee.

- 3. Actions:** An action in favor of a student does not imply wrongdoing by the course or clerkship directors, faculty, or 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 appeal process for up to two courses/clerkships. A student who receives a final grade of UR in three courses or clerkships in Phase 1, or UR in 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 senior associate dean for medical education or his/her designee convene an Ad Hoc Committee for Student Appeals within 10 working days of the notice from the Academic Standing Committee decision. The appeal is made through the senior associate dean for medical education in the Office of Medical Education. The process is monitored and documented by the administrative assistant in the Office of Medical Education.
- The senior associate dean for medical education 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, or the Curriculum Committee. Potential members are queried by the senior associate dean for medical education regarding conflicts of interest. The chair will be elected 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 fifteen (15) 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. The student may provide a written and/or an oral statement to the committee at the 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 48 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 senior associate dean of medical education and presented to the Executive Cabinet for approval. 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 senior associate dean for medical education or designee convene an Ad Hoc Committee for Student Appeals within 10 working days of the notice from the Academic Standing Committee decision. The appeal is made through the senior associate dean for medical education in the Office of Medical Education. The process is monitored and documented by the Office of Medical Education administrative assistant.
- The senior associate dean for medical education 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, or the Curriculum Committee. Potential members are queried by the associate dean for medical education regarding conflicts of interest. The chair will be elected 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 fifteen (15) 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. The student may provide a written and/or an oral statement to the committee at the 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 48 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 ad hoc committee, supported by the senior associate dean for medical education. The performance plan is not subject to appeal.
- An action in favor of a student does not imply wrongdoing by the faculty or the administration.

## **ACCELERATED THREE YEAR CURRICULUM**

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

- **COURSE REQUIREMENTS AND SEQUENCING**

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

- **ASSESSMENT AND STANDING OF STUDENTS**

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

- **THE PROMOTIONAL SYSTEM**

- Phase 1

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

- a. A student who receives an unsatisfactory grade in 2 courses in an academic year in Phase 1, regardless of successful remediation.
- b. A student who fails to remediate an unsatisfactory grade in one course/clerkship
- c. A student who chooses to repeat a year without having successfully completed all the academic requirements for that year
- d. A student who decides not to pursue their specialty track in PC

- Phase 2

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

- a. Based on NBME subject exam performance in an accelerated three-year curriculum clerkship:
  - i. A student who receives an unsatisfactory grade in 2 clerkships or one clerkship and the Scholar's Workshop, regardless of successful remediation.
  - ii. A student who fails to remediate an unsatisfactory grade in one course/clerkship
- b. Based on global clinical assessment in an accelerated three-year curriculum clerkship:
  - i. A student who fails one clerkship.
- c. A student who receives an unsatisfactory grade in the sub-internship
- d. A student who receives an average of less than 4 on any summative CLOC assessment.
- e. A student who chooses to repeat the year without having successfully completed all the academic requirements for the year
  - i. This decision must be communicated to the Director of the PC3 Curriculum no later than January 1 of the M3 year.
- f. A student who decides not to pursue their specialty track in PC3
  - i. This decision must be communicated to the Director of the PC3 curriculum no later than January 1<sup>st</sup> of the M3 year.

- USMLE Examinations

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

- a. Students must achieve a passing score in Step 1 and Step 2 CK before June 1<sup>st</sup> of the accelerated M3 year to begin residency training at the completion of the accelerated M3 year.
- b. Step 1:
  - i. A student who fails Step 1 may be allowed one other attempt:
    1. Step 1 must be retaken before September 30<sup>th</sup> of the M3 year
  - ii. A student who fails Step 1 on the second attempt must convert from the three-year curriculum to the four-year curriculum
    1. The student will get credit for M3 courses and clerkships successfully completed
      - a. Any P grade will be converted to the H/HP/P system by interpolation with the grades of the standard M3 cohort at the end of the academic year.
- c. Step 2:
  - i. Students must take USMLE Step 2 CK by March 1<sup>st</sup> of the M3 year
  - ii. Students who fail Step 2 must convert from the three-year curriculum to the standard four-year curriculum. The student
    1. will get credit for the M3 courses and clerkships successfully completed
      - a. Any P grade will be converted to the H/HP/P system by interpolation with the grades of the standard M3 cohort at the end of the academic year.
    2. will enroll in the M4 year in the following academic year
    3. will retake the failed Step 2 component(s) no later than August 31<sup>st</sup> of the M4 year.
    - 4.

- **PROMOTIONAL DECISIONS**

- Identical to Section IV.D. Promotional Decisions, except
  1. Students will begin the remediation process for a failed M3 clerkship, based on NBME subject exam performance only, after PC3 Block 7, notwithstanding any ongoing appeal of the grade.
    - a. Remediation must be completed no later than March 8<sup>th</sup>.
  2. A student who leaves the accelerated three-year curriculum during the M3 year, either by mandate or by choice, will get credit for the clerkships successfully completed (including the associated NBME subject examinations).
    - a. The P grade will be converted to the H/HP/P system by interpolation with the grades of the standard M3 cohort at the end of the academic year.

- **PROBATION**

- Identical to Section V. PROBATION.

- **GRADE APPEALS**

- Identical to Section VI. GRADE APPEALS.

- **PROMOTIONAL APPEALS**

- Identical to Section VII. PROMOTIONAL APPEALS.

The medical school may change the deadlines for grades, promotional appeals, and graduation requirements as necessitated by natural disasters or other events outside of the control of the medical school. During these circumstances, the medical school will ensure that changes are reviewed by the appropriate faculty committee such as Curriculum Committee and/or Academic Standing Committee.

# Academic Workload Policy for Pre-Clinical Years

## **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.

## **PROCEDURE:**

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 (Note: this excludes attendance to Week-On-the-Wards activities). 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, and Week-On-the-Wards activities may include night “floats”. No more than nine hours of scheduled in-class sessions will occur in a single day.

In addition to in-class educational sessions, the weekly academic calendar contains at least ten hours of designated self-directed learning time, although for most weeks this ranges from 10.5 to 12.5 hours. Self-directed learning time is present on most days and generally occurs in blocks of at least two hours. The allotted self-directed learning time will allow sufficient time for students to address their own learning needs, which may include required out-of-class activities or other activities necessary for preparation for in-class sessions. Self-directed learning time is not intended to include additional discretionary study time.

**Monitoring:** On-going central monitoring of the academic workload, including in-class sessions and required out-of-class activities for each pre-clinical course, will be performed by the Office of Medical Education to ensure that the established workload guidelines are appropriate and that the actual workload prepared by faculty course directors is in compliance with this policy. The monitoring data collected by the Office of Medical Education will be forwarded to the Curriculum Committee upon the completion of each semester. If individual courses are found to be out of compliance with this policy or the overall policy guidelines are deemed to be inappropriate, the Curriculum Committee will take action to remedy the situation and re-establish compliance.

## **PRIME Policy**

**POLICY:** Preparing Residents/Fellows as Instructors in Medical Education (PRIME) Program

**PURPOSE:** The PRIME program is a mandatory, centrally monitored program designed to ensure that all residents and fellows (GME trainees) who interact with medical students in educational settings are adequately prepared as educators. Specifically, the PRIME program provides GME trainees the following: 1) knowledge and understanding of the learning objectives of the course, clerkship, or elective; 2) understanding of key school policies pertinent to their role as educators; 3) preparation for their roles in teaching and assessment; and 4) resources to enhance teaching and assessment skills as provided by CMSRU. The PRIME program is monitored by the Office of Medical Education (OME), both UME and GME divisions; participation by all trainees is mandatory and is monitored by OME (GME division), by the designated institutional official (DIO)/Associate Dean for Graduate Medical Education (GME), and the Senior Associate Dean for Medical Education. Departments and divisions may have supplementary programs. This program replaced the previous Resident as Teacher program in 2015.

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

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

**DEFINITIONS:**

Resident: A graduate of a medical school who is actively enrolled in specialty medical training.

Fellow: A graduate of a medical school who has successfully completed residency training and is now enrolled in subspecialty or advanced training.

GME trainee: A resident or a fellow.

**PROCEDURE:**

All GME trainees receive the CMSRU institutional medical education program objectives during orientation where they will be reviewed and subsequently on an annual basis.

All GME trainees are required to attest to receiving and reviewing and agreeing to abide by the Compendium of Student Policies for Faculty, Residents and Staff on an annual basis.

All GME trainees receive the course or clerkship syllabus from the respective course/clerkship director and the course/clerkship director reviews the syllabus with the GME trainees to ensure understanding and provides an opportunity to ask questions. In addition, clerkship directors of required M3 clerkships and the Emergency Medicine clerkship will solicit questions about the course/clerkship objectives after distribution and again at mid-academic year.

All PGY-1 GME trainees must complete basic education from the PRIME curriculum (5 on-line modules on teaching and assessment) in addition to reviewing the institutional and course/ clerkship objectives and Compendium of Student Policies for Faculty, Residents and Staff as outlined above. It is the responsibility of the PD to ensure that the GME trainees have completed the education. This is monitored centrally by the Senior Associate Dean for Medical Education and the DIO/Associate Dean for GME. A report on PRIME curriculum completion will be provided by the DIO/Associate Dean for GME to the Senior Associate Dean for Medical Education by established deadline set by CMSRU OME and Cooper GME for academic year.

All PGY-2 and above GME trainees will complete the American Medical Association (AMA) GME competency education program (GCEP) module annually. Compliance will be monitored centrally by the Senior Associate Dean for Medical Education and the DIO/Associate Dean for GME. A report on GCEP module completion will be provided by the DIO/Associate Dean for GME to the Senior Associate Dean for Medical Education by established deadline set by CMSRU OME and Cooper GME for academic year.

A GME trainee who does not complete the PRIME, CMSRU Compendium and/or AMA Resident as Teachers GCEP modules by the established deadlines will have a letter of professionalism placed in their file. If non-compliance persists the DIO/Associate Dean for GME will address the GME trainee and department chair. Persistent or repetitive non-compliance may result in an adverse disciplinary outcome per the GME disciplinary policy.

In addition, all required M3 clerkships and the Emergency Medicine clerkship will provide department-specific resident as teacher supplemental sessions in an effort to provide additional educational development for more senior trainees with progressive responsibilities.

The PD will assess the performance of their trainees as teachers as part of their regular assessment program using program-specific milestones.

The CMRSU OME (UME division) is responsible for soliciting and compiling medical students' evaluations of the teaching effectiveness of the GME trainees they have worked with, and for sending those evaluations to the DIO/Associate Dean for GME who reviews and disseminates the evaluations to the appropriate PD.

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

# Student Clinical Assignment Policy

## **POLICY:**

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.

## **PROCEDURE:**

### **I. RESPONSIBILITY**

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

#### **1. M3 Block courses**

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

#### **M3/PC 3-Cooper Longitudinal Outpatient Clerkship (CLOC) placements**

Similarly, M3 students are randomly assigned to Cooper Longitudinal Outpatient Clerkship (CLOC) outpatient based 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 senior associate dean for medical education, who reviews the request and makes the final decision within 48 hours.

#### **2. M4 Clinical education placements**

Students have considerable control over the sequence of required clerkships and elective courses in their

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

## **Medical Student Supervision During Required Clinical Activities Policy**

### **POLICY:**

Medical student supervision during required clinical activities

### **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.

### **SCOPE:**

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

### **PROCEDURE: (specific outline/details of the policy/procedure)**

### **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 the CMSRU Blackboard® and one45®.

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, performing procedures, 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 Senior 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 Senior Associate Dean for Student Affairs should the potential for these conflicts of interest arise.

## Teacher-Learner Interaction Policy

### **POLICY:**

#### Teacher-Learner Interaction

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.

### **PURPOSE:**

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

### **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.

### **PROCEDURE:**

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

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

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

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

### **COMMITMENTS OF FACULTY**

- “We pledge our utmost effort to ensure that all components of the educational program for students and residents are of high quality.
- As mentors for our student and resident colleagues, we maintain high professional standards in all of our interactions with patients, colleagues, and staff.

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

## **COMMITMENTS OF STUDENTS AND RESIDENTS**

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

# **Policies Related to Health and Safety**

## **Alcohol and Other Drugs Policy**

CMSRU adheres to the [Rowan University Alcohol and Other Drugs Policy](#)

### **POLICY:**

Alcohol and Other Drugs Policy

### **PURPOSE:**

The policy states the University's (CMSRU's) expectations regarding the use of alcohol and other drugs by students, student organizations, faculty and staff. The policy also serves to articulate compliance and obligations with local, state and federal laws which includes the Drug-Free Schools and Communities Act.

**ACCOUNTABILITY:**

Under the direction of the Rowan University President, the Rowan University Vice President for Student Affairs, the Cooper Medical School of Rowan University Senior Associate Dean for Student Affairs and Assistant Dean for Student Affairs or designee shall implement and ensure compliance with this policy.

**SCOPE:**

This policy applies to all students, faculty and staff of Rowan University and Cooper Medical School of Rowan University.

**REFERENCES**

[Rowan University Student Code of Conduct](#)

**POLICY:**

1. Rowan University (CMSRU) is committed to the pursuit of a quality education by providing an environment which promotes respect, safety, and optimal health and well-being to all members of the campus community. This includes students, faculty, staff, administration, alumni, and Rowan University (CMSRU) guests. Alcohol and illicit drug use can pose many safety and health risks. Such use may result in impaired judgment and coordination, physical and psychological dependence, damage to vital organs, inability to learn and retain information, psychosis and severe anxiety, unwanted or unprotected sex, injury, and death. In light of this, the Rowan University (CMSRU) Alcohol and Other Drugs Policy prohibits all use of illegal drugs and only permits the consumption of alcoholic beverages in a manner that is responsible and adheres to restrictions imposed by law and University (CMSRU) standards of conduct. Rowan University does not accept misuse of illicit drugs or alcoholic beverages as an excuse for violations of any University (CMSRU) policies. Emphasis is placed on responsible and legal use of alcohol. Responsible drinking is the use of alcohol in ways that do not have negative effects on either the individual or the community and do not violate the law. The preparation, sale, service, and consumption of alcoholic beverages must comply with the limitations established by University (CMSRU) policies, local ordinances, state laws, and federal laws. As an institution of higher education and an employer, Rowan University (CMSRU) is obligated to abide by and enforce provisions in the Drug-Free Workplace Act of 1988 and Drug-Free Schools and Communities Act.
2. Behavior at off-campus events, which are not sponsored or funded by Rowan University (CMSRU) or a University (CMSRU) recognized organization, will be subject to the University (CMSRU) discipline system if the conduct violates local, state, or federal law or when the University (CMSRU) determines that the conduct has a direct impact on the educational mission and interests of the University (CMSRU) and/or the safety and welfare of the University (CMSRU) community.
3. Violations will result in disciplinary sanctions as specified in sections entitled "Consequences for Non-Compliance" and "Parental Notification for Student Violations of the Alcohol and Other Drugs Policy."
4. Rowan University (CMSRU) Regulations
  - a. In compliance with the Drug Free Schools and Communities Act and the Drug-free Workplace Act, Rowan University (CMSRU) prohibits the unlawful possession, sale, use, or distribution of alcohol and illicit drugs on campus or as part of any of its sponsored events.
  - b. In addition to the legal requirements from the New Jersey Statute, Title 2C, the following University (CMSRU) regulations must be observed whenever alcoholic beverages are served, sold, or consumed in approved facilities on campus, in University (CMSRU)-owned or operated residential facilities, or at university (CMSRU) sponsored events. The office of the Vice President of Student Life/Dean of Students has been charged with overall responsibility to administer, support, and enforce the Alcohol and Other Drugs Policy. This office also reserves the right to suspend alcohol privileges temporarily when it is in the best interest of the University (CMSRU) community. Additional personnel involved in the administration, support, and/or enforcement of the policy include, but are not limited to, Greek Affairs, Community Standards, Athletics, Student Affairs, Residential Learning and University Housing, Public Safety, Dining Services, Faculty, Staff, Human Resources, and Counseling and Psychological Services.

- c. The Vice President of Student Life/Dean of Students may convene an ad hoc board to review policy details of process and educational approach.

## 5. Illegal Drugs

- a. The University (CMSRU) has a long-standing policy against illegal drug use on campus and within the University (CMSRU) community, and that policy does not change with New Jersey's adoption of the New Jersey Cannabis Regulatory, Enforcement Assistance, and Marketplace Modernization Act. Rowan is subject to the Controlled Substances Act, which classifies marijuana as a Schedule I drug. Accordingly, the use, possession, cultivation, or sale of marijuana violates federal policy. Importantly, Federal grants are subject to Rowan's compliance with the Drug Free Schools and Communities Act, and the Drug Free Workplace Act, which also prohibit the university (CMSRU) from allowing any form of marijuana use on campus.
- b. The intent of, actual distribution of, sale of or manufacturing of drugs, narcotics, barbiturates, hallucinogens, marijuana, steroids, amphetamines, or any other controlled substance is prohibited.
- c. The possession or use of controlled dangerous substances, marijuana, steroids, or narcotics, including, but not limited to: opium (morphine, codeine, heroin), prescription drugs in possession of someone other than the prescribed individual, misuse of prescribed drugs, and every other substance not chemically distinguishable from them (i.e. imitation products, such as bath salts and/or K2) as well as any drug paraphernalia, on campus or in any University (CMSRU)-related premises is prohibited.

## 6. Medical Marijuana

- a. Medical marijuana, while legally permitted in New Jersey under the "New Jersey Compassionate Use Medical Marijuana Act," is prohibited on Rowan campuses.
- b. Rowan is subject to the Controlled Substances Act, which classifies marijuana as a Schedule I drug. Accordingly, the use, possession, cultivation, or sale of marijuana violates federal policy. Importantly, Federal grants are subject to Rowan's compliance with the Drug Free Schools and Communities Act, and the Drug Free Workplace Act, which also prohibit the university (CMSRU) from allowing any form of marijuana use on campus.
- c. Thus, although students, staff, and faculty who legally obtain a medical marijuana "ID card" from the New Jersey Department of Health and Senior Services are allowed to possess and consume certain quantities of marijuana, doing so is not permitted on Rowan's property or at university (CMSRU) sponsored events (either on or off campus).  
Sharing medical marijuana with individuals who do not have a medical marijuana prescription is prohibited.
- d. Given that the use and/or possession of medical marijuana is prohibited on Rowan property, any student, staff or faculty member who legally obtains a medical marijuana ID card should contact the Academic Success Center – Disability Resources (students) or the Office of Employee Equity and Labor Relations (staff/faculty) to discuss any possible on-campus accommodations (excluding the ability to use or possess medical marijuana on Rowan property).

## 7. Alcohol at Campus Events

- a. Rowan University (CMSRU) students, faculty, staff, guests, and facilities users, who are 21 years and older, may only possess, purchase, and consume alcoholic beverages at locations which are licensed to sell alcohol or where consuming it is legal and authorized.
- b. The University (CMSRU) and/or management of the facility in use have the right to request identification and proof of age from all persons seeking admission to an event on campus at which alcohol will be served.
- c. Intoxication is prohibited, regardless of age. Behavioral symptoms frequently associated with intoxication will be considered in determining intoxication. These symptoms may include, but are not limited to, the following: impaired motor skill coordination, difficulty communicating, vomiting, glazed/red eyes, the smell of alcohol on one's breath, verbal and/or physical aggressiveness, destructive and/or disruptive behavior, and engaging in any behavior which may endanger oneself or others.

- d. Carrying open containers of alcohol is strictly forbidden in public areas of the University (CMSRU), i.e. academic buildings, the Chamberlain Student Center, parking lots, and common grounds, regardless of age.
  - e. Any marketing, advertising, and promotion of alcoholic beverages on campus is prohibited. All advertisements for social events at which alcohol is served will not make reference to the amount of alcohol available. There will be no publicity distributed or posted indicating the availability of alcoholic beverages, except to indicate legal age requirements for admission.
  - f. Non-alcoholic beverages must also be served whenever alcohol is served/sold, and must be displayed as openly as the alcohol. Food must be served in adequate amounts when alcoholic beverages are served or sold.
  - g. Except in authorized designated areas, alcohol is strictly prohibited in athletic facilities, at athletic events and at any "tailgating."
  - h. No event will include any kind of a "drinking contest" or "drinking game," or feature any inducements to consume excessive amounts of alcohol.
  - i. For a listing of consequences for non-compliance, please refer to Sections VI. – "Consequences for Non-Compliance" and VII. – "Parental Notification for Student Violations of the Alcohol and Other Drugs Policy."
8. Alcohol in University Housing (Living Units)
- a. Designated "Dry" Living Units
    - i. Alcohol is not permitted within undergraduate living units serving predominately underage students (Chestnut, Evergreen, Holly Pointe Commons, Magnolia, Mimosa, Mullica, or Willow halls- excluding graduate and professional staff living units). These areas are designated "dry" living units. No one, regardless of age, is permitted to possess, consume or be in the presence of alcohol in these areas.
    - ii. All other living areas (Edgewood Park, International House, Nexus Apartments, Rowan Blvd., Triad, Townhouses, Whitney Center or any temporary University housing such as a hotel) in which any assigned resident is under the age of twenty-one is a designated "dry" living unit. No one, regardless of age, is permitted to possess, consume or be in the presence of alcohol in these areas. It is the responsibility of each resident to know if alcohol is permitted within their living unit.
  - b. "Wet" Living Units
    - i. Alcohol is permitted only in living units in which all assigned residents are of legal drinking age. These are considered "wet" living units. It is the responsibility of each resident to know if alcohol is permitted within their living unit.
  - c. Presence in any living unit (room, apartment or townhouse) where an alcohol policy violation is taking place, even if not actually in possession of or consuming alcoholic beverages may result in disciplinary action.
  - d. Residents holding a gathering in their living unit where an alcohol violation is taking place will be considered the hosts. Hosts may be held responsible for injury or damage occurring to any person or property in which the consumption of alcohol was a contributing factor. Hosts will be subject to disciplinary action and may receive harsher sanctions.
  - e. At the time of an alcohol violation, all alcohol and containers will be confiscated and properly disposed of regardless of the age of the occupant(s) or the designation of the living unit as "wet" or "dry."
  - f. Kegs and beer balls are prohibited in all living units at all times.
  - g. Possession of grain alcohol is prohibited at all times.
  - h. Students of legal drinking age may transport an alcoholic beverage as long as it is in its original closed container.
  - i. Consumption of any form of alcohol in an open container, including but not limited to cups, cans, plastic containers, or bottles, is prohibited outside a student's living unit and/or any outside campus area.
  - j. Games or activities that encourage excessive drinking of alcohol (e.g. beer pong, flip cup, beer funnels, etc.) or the serving of alcohol that leads to the endangerment of an individual's wellbeing or property damage will not be tolerated.

- k. Consumption of alcohol to the point of intoxication, regardless of age, is prohibited. Behavioral symptoms frequently associated with intoxication will be considered in determining intoxication. These symptoms may include, but are not limited to, the following: impaired motor skill coordination, difficulty communicating, vomiting, glazed/red eyes, the smell of alcohol on one's breath, verbal and/or physical aggressiveness, destructive and/or disruptive behavior, and engaging in any behavior which may endanger oneself or others. A person in this condition may be asked to leave the campus. If the person is a student, the student's family or emergency contact may be called to assist. Other guests may have a taxi/ride called (at the intoxicated person's expense) to take them to their permanent residence.
  - l. Alcoholic beverage containers and paraphernalia, including but not limited to empty cans and bottles, are not permitted as room decorations in any living unit.
9. Alcohol in University Housing Regulations state:
- a. Persons under the age of twenty-one **MAY NOT**:
    - i. Be in possession of or in the presence of alcohol in any living unit.
    - ii. Permit persons to bring in or consume alcohol in their living unit.
    - iii. Carry opened or unopened alcoholic beverage containers any place on campus.
    - iv. Provide alcohol to any persons on campus.
    - v. Possess alcohol displays made up of empty alcoholic beverage containers.
  - b. Persons twenty-one and older **MAY NOT**:
    - i. Consume alcohol outside of a living unit (lobby, hallways, stairwells, grounds, etc.).
    - ii. Possess/Consume alcohol in a "dry" living unit.
    - iii. Permit underage persons to possess or be in the presence of alcohol in their living unit.
    - iv. Provide alcohol to others under the age of twenty-one.
    - v. Charge in any way for alcohol consumption by others.
    - vi. Possess kegs, beer balls, or paraphernalia that promotes excessive consumption of alcohol.
    - vii. Possess alcohol displays made up of empty alcoholic beverage containers.
  - c. Persons twenty-one and older **MAY**:
    - i. Possess/Consume alcohol in their living unit if it is designated "wet" and all those present are of legal drinking age.
    - ii. Possess/Consume alcohol in another living unit if it is designated "wet" and all those present are of legal drinking age.
    - iii. Transport unopened alcoholic beverage containers within University housing areas that are packaged and out of plain view.
    - iv. Provide alcohol in their living unit to others of legal drinking age.
  - d. Persons who are present, within University housing, where alcohol is being consumed by those over or under the legal drinking age will be presumed to have been drinking or in possession of alcohol if Public Safety, RAs, RDs, or other University officials are called to the scene. This is because it is not possible to distinguish who is actually consuming or possessing alcohol on an individual basis where a number of persons are present.
  - e. Off-Campus Events
    - i. University (CMSRU)-affiliated events are covered by this policy, even though they may take place off campus. A University (CMSRU) affiliated event is defined as an off-campus gathering of members of the Rowan University (CMSRU) community (and/or their guests) which is sponsored or funded in whole or in part by Rowan University (CMSRU). This includes Study Abroad, field trips and professional meetings attended by employees. Private off-campus events which are not sponsored or funded by Rowan University (CMSRU) will also be subject to the University (CMSRU) discipline system if the conduct violates University (CMSRU) regulations or local, state, or federal law, or when the University (CMSRU) determines that the conduct has a direct impact on the educational mission and interests of the University (CMSRU) and/or the safety and welfare of the University (CMSRU) community. Please be aware that the University (CMSRU) reserves the right to hold a student responsible for actions at their residence even if they were not present at the time of the incident. In such a case, the student would be required to produce confirming evidence that s/he was not involved.

- ii. Sponsors, coaches, and/or organization advisers are expected to ensure that their respective student organizations/groups take reasonable precautions in their activities in order that policies and laws governing alcohol/illegal drugs are not violated and that the welfare of their members is not endangered. The Vice President of Student Life/Dean of Students in conjunction with the sponsors, advisers, or coaches may designate an event as non-alcoholic and/or determine the conditions under which the consumption of alcohol may be permitted by students of legal drinking age. Therefore, a sponsor, adviser, or coach may prohibit the service, possession, or consumption of alcohol by any person, regardless of age, at University (CMSRU)-affiliated or University (CMSRU)-funded activities (e.g., retreats, conferences, intercollegiate athletic events, etc.). Sponsors, advisers, or coaches will inform the student organizations of their decision(s) regarding the nature of the event prior to the scheduled date of the activity.
- iii. The University (CMSRU) expects that the existing state, local, or premises regulations which prohibit illegal drugs or regulate the service, sale, possession, or consumption of alcohol will be supported and enforced at University (CMSRU)-sponsored events.
- iv. Under New Jersey Statute, it is unlawful for any operator or passenger in a motor vehicle to possess an open container of an alcoholic beverage, regardless of age. In addition, the University (CMSRU) prohibits the service, sale, or consumption of alcoholic beverages while in transit in any motor vehicle, to or from any University (CMSRU)-affiliated event. This applies to all students, faculty, staff, alumni, and their guests, regardless of legal drinking age.
- v. Alcoholic beverages will not be permitted at intercollegiate athletic events.

## CONSEQUENCES FOR NON-COMPLIANCE

1. The University (CMSRU) is concerned that individuals make responsible decisions regarding the use of legal and illegal substances. All members of the campus community found in violation of the Rowan University (CMSRU) Alcohol and Other Drugs Policy will be subject to disciplinary action.
2. A student found violating the Alcohol and Other Drugs Policy will be considered to have violated the Student Code of Conduct and be subject to sanctions commensurate with the offense consistent with local, State, and Federal law, up to and including expulsion from the university (CMSRU), as well as the possibility of revocation of the privilege to consume alcohol on campus and/or to attend University (CMSRU) affiliated events at which alcohol will be served or consumed. Referrals to educational programs sponsored by the Wellness Center at Winans or CMSRU may be required.
3. Organizational sanctions for violations of the Alcohol and Other Drugs Policy by campus groups may include written reprimand, restriction or loss of privileges, and loss of official recognition. In addition, the campus group may be mandated to participate in educational programs. Individual members of the group may also be individually sanctioned for their involvement in the violations pursuant to this section.
4. Violations of the University (CMSRU) Alcohol and Other Drugs Policy by a University (CMSRU) employee will be referred to the individual's supervisor for the appropriate administrative action consistent with the state regulations and applicable agreements between the state and employee bargaining units. An employee may be disciplined for violation of this policy consistent with local, State, and Federal law up to and including termination of employment and referral for prosecution.
5. Violations of the University (CMSRU) Alcohol and Other Drugs Policy by persons who are not members of the University (CMSRU) community may result in their being banned from the Rowan University (CMSRU) campus or from specific facilities and/or subject to arrest for trespass. Contractors are subject to all University (CMSRU) rules and regulations.
6. Any violation which occurs while an event is in progress may subject the violator to immediate removal from the area.
7. When violations or other circumstances occur at events which, in the judgment of University (CMSRU) officials, constitute a threat to life or property or which create a substantial risk thereof, the event may be terminated. It is expected that such authority will be exercised only in extraordinary and/or emergency circumstances.



8. This policy does not supplant or supersede statutory or administrative law at the federal, state, county, or municipal level. Strict compliance with such laws will be the responsibility of all organizations and individuals. Violators of the law may be subject to penalties imposed by a court or other empowered board, agency, or commission, in addition to any action taken by Rowan University (CMSRU).

## **PARENTAL NOTIFICATION FOR STUDENT VIOLATIONS OF THE ALCOHOL AND OTHER DRUGS POLICY**

Rowan University (CMSRU)'s Alcohol and Other Drugs Policy outlines the University (CMSRU)'s position regarding the unauthorized possession, use, or distribution of alcohol and controlled substances on campus. A 1998 amendment to The Family Education Rights and Privacy Act of 1974 authorizes higher education institutions to inform a parent or guardian of any student under age 21, who has been found in violation of any federal, state, or local law or any rule or policy of the institution governing the use or possession of alcohol or controlled substances. The Office of Community Standards may notify parents/guardians of students under 21 years of age when a student is found responsible for a violation of the Alcohol and Other Drugs Policy. Please note: Citations given by the law enforcement unit of a university are not covered by FERPA. Therefore, Rowan Public Safety may notify parents/legal guardians when citations have been issued by law enforcement officials, without waiting for a hearing or any other due process.

### **ATTACHMENTS**

1. [Attachment 1 - Summary of Applicable State and Local Laws Regarding Alcohol Offenses and Penalties](#)
2. [Attachment 2 - Summary of Applicable State and Federal Laws Regarding Drug Offenses and Penalties](#)
3. [Attachment 3 - State of New Jersey Drug-Free Workplace Act - Executive Order No. 204](#)
4. [Attachment 4 - Commonly Abused Drugs](#)
5. [Attachment 5 - Education and Prevention - Important Telephone Numbers](#)
6. [Attachment 6 - Biennial Review of Policy and the Alcohol and Drugs Education Program](#)

## **COVID-19 Exposures and Testing Policy**

### **POLICY:**

This policy addresses known or suspected COVID-19 exposures and testing.

### **PURPOSE:**

To create procedural guidelines for students who have experienced COVID-19 exposure or have symptoms consistent with COVID-19.

### **SCOPE:**

This policy applies to all CMSRU students.

### **DEFINITIONS:**

**SARS-COV-2** is a virus that infects humans and spreads primarily through droplets of saliva or discharge from the nose or mouth when an infected person coughs or sneezes.

**COVID-19** is an infectious disease caused by a new strain of coronavirus that may cause mild to severe illness, including death.

**Quarantine:** separates someone who might have been exposed to COVID-19 away from others to see if they become sick.

**Isolation:** separates someone infected with COVID-19 from those who are not infected or sick.

**Boosted:** Student has received all recommended COVID-19 vaccine doses including the booster dose. A student is considered boosted 7 days after the booster dose is received. Students are requested to send a copy of their vaccine card to Student Health if the vaccine was not given at Cooper University Health Care (CUHC).

**Close contact:** Defined by the CDC as someone who was less than 6 feet away from the infected person (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period.

**Personal Protective Equipment (PPE):** Equipment designed to protect the wearer from injury or the spread of illness or infection. CMSRU and CUHC will determine the appropriate PPE to be worn in the buildings, labs and clinical settings as necessary. Students may be further instructed by their preceptor and clinical rotation. PPE is available to all students. When in the Medical Education Building, students should follow guidelines from the Center for Disease Control, New Jersey Department of Health, and Rowan University regarding face coverings indoors. For aerosolizing generating procedures, students should wear eye protection as a face shield or indirect ventilated goggles with a fitted respirator.

## **VACCINATION:**

COVID-19 vaccination and booster are no longer required. Vaccination requirements will be based upon Rowan University, CMSRU, and CUHC guidelines.

Students are asked to send a copy of their vaccine card to Student Health (SH) if the vaccine was not given at CUHC.

Following the (CUHC) COVID-19 Policy, and in accordance with related Rowan University policies, students should not report to class or the clinical environment if they have:

- Respiratory symptoms alone (cough, shortness of breath or difficulty breathing)

### **OR at least two of these symptoms**

- Fever (100.0 degrees F or higher)
- Chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell
- GI symptoms such as nausea/vomiting and diarrhea

## **PROCEDURE:**

**New 8/15/24:** *Students who have influenza-like or covid-like symptoms should utilize an at-home covid test first. If they do not have one, they are directed go to urgent care, or their PCP office, or pharmacy for testing. The Cooper University Health Center on-campus Covid-19 Swab Site has been closed*

*If the test is negative, PCR testing is required and can be done at a drive-up site at the Cooper Cherry Hill office, 1210 Brace Rd, Cherry Hill, Mon.-Sat.). Drive-up testing must be scheduled through Dr. Flaherty's office by calling 856-536-1515. If a student is unable to get to Cherry Hill due to transportation, the Student Health Camden office (Dr. Rozengarten-#856-968-8695, 3 Cooper Plaza) will accommodate testing these students.*

*If the at-home testing is positive, PCR testing is not required.*

*CareNow will provide 7 days a week/12 hours a day telemedicine for sick visits with drive-up PCR testing at Cooper Cherry Hill office, 1210 Brace Rd, Cherry Hill, (856-536-1515), Monday through Saturday. Telemedicine visits performed on Sundays will be offered PCR testing on Monday.*

*The provider at CareNow will contact the office to schedule the student's testing. Dr. Flaherty will continue to oversee the absence and return of students seen by the CareNow providers.*

*It remains the responsibility of the student to inform SH of their test results) and to inform all exposures if they test positive for Covid-19. SH no longer conducts contract tracing and notification.*

Students should report illness to their Primary Care Provider (PCP) and Student Health immediately. Students may not return to school or the clinical environment without first speaking with Student Health.

Symptomatic students may not return to school or the clinical environment without speaking with Student Health. Student Health must have received the CMSRU COVID-19 Return to School/Clinical Environment/ Clearance from Primary Care Provider form and clearance from CUHC Employee Health, if applicable (see below).

## **EXPOSURES:**

### **Symptomatic Exposures:**

PCR testing is required. Isolation will be determined based on PCR results and symptoms. Students are responsible for sending test results to Student Health as they are not sent to Student Health directly.

If a student tests positive for COVID-19 by home antigen test, PCR testing is not required. The student must send the results to Student Health which will then be placed into their EPIC chart.

Students must contact Cooper Employee Health regarding their exposure if they have been in the clinical environment within the past 2 days of exposure or plan to be in the next 10 days.

If COVID-19 testing is negative, the student should monitor for symptoms using the CMSRU log, wear a surgical mask indoors, and eat alone for the next 10 days. Re-testing may be recommended.

Symptomatic students may not return to school or the clinical environment without speaking with Student Health. Student Health must have received the CMSRU COVID-19 Return to School/Clinical Environment/Clearance from Primary Care Provider form and clearance from CUHC Employee Health, if applicable.

### **Asymptomatic Exposures:**

For a student who has not been in the clinical environment within 2 days of their exposure and will not have patient contact for 10 days after the exposure:

- No quarantine.
- Testing is not required unless the student becomes symptomatic.
- Wear a tight-fitting mask indoors and eat alone for 10 days from the exposure.
- Wear appropriate PPE in clinical areas per CUHC guidelines.
- Monitor for symptoms using the CMSRU Monitoring Log for 10 days. The student must isolate, get PCR or rapid at-home testing, and contact Student Health immediately if becomes symptomatic.
- Students must contact Cooper Employee Health regarding their exposure if they have been in the clinical environment within the past two days or plan to be in the clinical environment within the next 10 days.
- For a student who has been in the clinical environment within the past two days or plans to be in the clinical environment within the next 10 days:

-Contact CUHC Employee Health immediately at 856-342-2077 for further guidance. They will assist you in setting up testing and following up on test results.

- If a student tests positive for COVID-19 or develops any symptoms consistent with COVID-19, the student should contact Cooper Employee Health and CMSRU Student Health immediately.

### **TESTING:**

PCR testing is recommended for students with symptoms consistent with COVID-19-like illness. If PCR testing is not available or the student chooses to use rapid at-home testing and the test is positive, this test is considered positive and does not need follow-up PCR testing. If the test is negative and the student is symptomatic, PCR testing is required.

PCR testing is available through CUHC. A student's insurance may be billed for testing. Students are required to contact Student Health if they have testing due to illness. Students are required to follow up on test results and report them to Student Health. Test results performed at CUHC are not sent to Student Health. Students must isolate if the testing is positive. If a student has testing outside of CUHC, a student must send these results to Student Health.

### **COVID-19 Negative:**

If the COVID-19 testing is negative, a student may return to school and the clinical environment with a significant reduction in symptoms and be afebrile for 24 hours without the use of antipyretic medication for 24 hours. The Return to School/Clinical Environment Request from Primary Care Provider form must be completed (located at the end of this policy and in OSA Canvas) and received by Student Health. Symptomatic students may not return to school or the clinical environment without speaking with Student Health.

### **COVID-19 Positive:**

If the COVID-19 testing is positive, the student is required to send testing results to Student Health.

If a student tests positive for COVID-19 by home antigen test, PCR testing is not required. The student must send the results to Student Health which will then be placed into their EPIC chart.

The student must isolate for 5 days with or without symptoms. Day One is the first full day after symptoms develop or the first full day after a positive test. The student should remain in their own bedroom and bathroom, if possible away from all household contacts. The student should wear a tight-fitting mask if they must enter common areas of the home.

The student must contact Cooper Employee Health at 856-342-2077 regarding their positive test result if the student has been in the clinical environment within the 2 days of symptom onset, 2 days of a positive test, or plans to be in the clinical environment in the next 10 days. Employee Health will contact the student at the end of their isolation period to discuss date of return. Student Health must receive clearance from Employee Health for the student to return to school or the clinical environment.

The student may return to school or the clinical environment on day 6 if there is a significant reduction in symptoms and the student has not had fever for 24 hours without the use of antipyretics for 24 hours. If the student develops symptoms after testing positive for COVID-19, the 5-day isolation period will start over. Day 0 is the first day of symptoms or date of testing.

The Hospital Epidemiologist will be consulted for students with severe or critical illness or who are immunocompromised.

Symptomatic students may not return to school or the clinical environment without speaking with Student Health. Student Health must receive the CMSRU COVID-19 Return to School/Clinical Environment/ Clearance from Primary Care Provider form and clearance from CUHC Employee Health, if applicable

Upon return to school or the clinical environment, the student must continue to wear a tight-fitting mask indoors and eat alone for 5 additional days.

### **Notifications to Exposures if a Student Tests Positive for COVID-19:**

It is the responsibility of the student to personally inform all close contacts (including other students, faculty, and staff) of their positive COVID-19 test result. Tracing is not performed by Student Health.

Cooper Employee Health will only contact trace for CMSRU students who have been in the clinical environment. They will inform Cooper employees and CMSRU students who have had a high-risk exposure in the clinical environment only.

The CMSRU Office of Student Affairs is notified that a medical student has tested positive for COVID-19 but is not provided with the student's name. The Hospital Epidemiologist is also notified of a student testing positive for COVID-19.

### **Refusal of Testing:**

If a student refuses testing and is symptomatic, the student must self-isolate for at least 5 days from when symptoms first started AND for 24 hours after fever has resolved without the use of fever-reducing medications and with a significant improvement in symptoms. Upon return to school or the clinical environment, the student must continue to wear a tight-fitting mask indoors and eat alone for 5 additional days.

### **POST-VACCINATION SYMPTOMS:**

Students must report COVID-19-like symptoms to Student Health. COVID-19 testing will be required and the student will be excused from school/clinical environment at least until the results are discussed with Student Health. Further isolation pending testing results.

### **CALLING STUDENT HEALTH:**

Students who have symptoms consistent with COVID-19 like symptoms should immediately isolate at home and contact their PCP and Student Health.

Students who call Student Health must identify themselves as a CMSRU student. Student Health will triage the student, discuss testing, and also inform the student to contact their PCP if not Student Health.

1) If the PCP is a Student Health provider, the student will be triaged and/or given an appointment.

2) If the PCP is not a CMSRU Student Health provider, the student will be asked to contact their PCP. If the student prefers to utilize the services of Student Health, the student will be offered to change the PCP to the Student Health provider for the evaluation and testing of COVID-19 and form completion.

If the student contacts a PCP other CMSRU Student Health, their PCP will be responsible to discuss testing, treat symptoms, and complete all forms to return the student back to school/clinical environment. The student must utilize the Return to School/Clinical Environment Forms by Primary Care Provider posted on Canvas. It is the student's responsibility to provide the forms to their PCP and ensure Student Health has received these forms. Students may not return to school or the clinical environment without first speaking with Student Health.

**Weekends and After Hours:** A CUHC PCP is on-call to speak with any student 24 hours a day and seven days a week. The student should identify themselves as a CMSRU student and ask the message be routed to the appropriate PCP if within CUHC as well as the Student Health provider. The on-call physician may be reached by calling the CMSRU Student Health office number at 856-968-8695 for Dr. Rozengarten's office (Camden) or 856-536-1515 for Dr. Flaherty's office (Cherry Hill).

A Care Now provider is available on weekends by calling Dr. Flaherty's office (#856-536-1515). Students who contact the on-call physician should contact their PCP the next business day to ensure proper evaluation. Students should contact Student Health the next business day if the student has not received a call from the physician.

Any student experiencing acute distress should proceed to the nearest emergency department or call 911.

Students may always contact Student Health with any concerns or questions.

### **VISITING STUDENTS:**

All visiting students from outside medical schools should inform the following parties of any COVID-19 exposure and/or symptoms: their course director, their home institution's Student Health, and Cooper University Healthcare Employee Health.

### **COVID-19 RETURN TO SCHOOL/CLINICAL ENVIRONMENT CLEARANCE**

Access the COVID-19 Return to School/Clinical Environment Clearance form immediately following this policy or online in OSA Canvas.

**Note: This policy is subject to change pending guidance from governing bodies.**

### **COVID-19 RETURN TO SCHOOL/CLINICAL ENVIRONMENT CLEARANCE**

[Access the COVID-19 Return to School/Clinical Environment Clearance form online.](#)

## **Current Event Statements by the Dean and Free Speech Guidelines**

### **POLICY:**

Current Event Statements by the Dean and Free Speech Guidelines

### **PURPOSE:**

To clarify the Dean's position on publicly supporting or denouncing current events in the world and to provide guidance on free speech by students, faculty, and staff.

### **SCOPE:**

Students, Faculty and Staff

### **BACKGROUND:**

In recent years, expectations have risen for leaders of organizations all kinds—academic, business, government, and others—to issue timely public statements of opinion on potentially distressing current events. Leaders are often expected or prompted to take positions, especially when events are controversial. After issuing statements of opinion, leaders have frequently been criticized or condemned—at times from opposite sides simultaneously—for failing to express a desired view or for insufficient force of expression. Their position statements have typically done little to quell divisions or encourage civil conversations. The current conflict between Israel and Hamas is the most recent example.

In academia, there is now significant pushback against the trend toward University Presidents, Deans, and Department Chairs staking out positions. Many universities cite a long-standing policy of the University of Chicago, articulated in its 1967 Kalven report. This document lists free speech, candid inquiry and discussion, and a commitment to diversity as fundamental reasons to avoid top-down pronouncements:

*The mission of the university is the discovery, improvement, and dissemination of knowledge. Its domain of inquiry and scrutiny includes all aspects and all values of society. A university faithful to its mission will provide*

*enduring challenges to social values, policies, practices, and institutions. By design and by effect, it is the institution which creates discontent with the existing social arrangements and proposes new ones...[However,] the instrument of dissent and criticism is the individual faculty member or the individual student. The university is the home and sponsor of critics; it is not itself the critic...To perform its mission in the society, a university must sustain an extraordinary environment of freedom of inquiry and maintain an independence from political fashions, passions, and pressures. A university, if it is to be true to its faith in intellectual inquiry, must embrace, be hospitable to, and encourage the widest diversity of views within its own community...*

*The neutrality of the university as an institution arises...not from a lack of courage nor out of indifference and insensitivity. It arises out of respect for free inquiry and the obligation to cherish a diversity of viewpoints. And this neutrality as an institution has its complement in the fullest freedom for its faculty and students as individuals to participate in political action and social protest. It finds its complement, too, in the obligation of the university to provide a forum for the most searching and candid discussion of public issues.*

Medical schools are further charged with instilling respect for, intimate engagement with, and service to people who are diverse in every way. The Declaration of Geneva includes the pledge,

*I will not permit considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient.*

For physicians this solemn duty includes a commitment to care for patients whose values and behaviors are different from, and even at times repulsive to, those of providers.

Exemplary medical care also requires teamwork and respectful collaboration with colleagues. CMSRU is dedicated to maintaining a local culture of respect, inclusion, and compassion, which requires a similar commitment to diversity among peers, teachers, students, and other health professionals.

#### **Policy on Dean's statements of opinion:**

1. The Dean will, as a matter of principle and at her discretion, generally refrain from issuing public statements of opinion on current events.
2. The absence of a dean's public statement does not reflect a lack of concern or caring for those most affected by an event but is instead central to CMSRU's categorical support for all students.
3. Any statements of opinion she makes at her discretion will generally center on current events or domestic matters in the US that threaten medical education or the safety of CMSRU students, faculty, and staff or affect the care of persons in our community.
4. The dean will continue to support students in many other ways, which may include reaching out to individuals and groups, organizing speakers and meetings, and other actions as she sees fit.

#### **Guidelines for respectful free speech and civil discourse:**

CMSRU students and faculty are encouraged to express their views while following certain guidelines to support respectful free speech and civil discourse.

1. Student and faculty speakers (and authors) must bear in mind that their audience can include patients and colleagues with different views, and any disagreements shall be civil and respectful, to maintain the priority of patient care.
2. Speakers will contribute to the CMSRU culture of support and collaboration, addressing differences with a goal of understanding and appreciating the perspectives of others.
3. Direct conversation will be favored over other forms of communication with the recognition that social media postings and other electronic pronouncements, rather than helping to bridge differences, often exacerbate them.

4. Speakers must take responsibility for their personal views. If needed, they will include a disclaimer that their views do not represent the views of CMSRU or Rowan University.
5. There must be broad endorsement by members of an affinity group for any message designated as coming from the group. If a message is from an affinity group, all members must agree to its contents and signatures, otherwise, individuals must sign if some members don't agree with the content.
6. Speakers must respect the civil free speech of others and must not disrupt CMSRU and Cooper University Health Care functions, including the education of other students.

## Free Speech and Peaceful Assembly Policy

CMSRU Adheres to the [Rowan University Free Speech and Peaceful Assembly Policy](#)

## Inclement Weather Policy

### **POLICY:**

Inclement Weather Policy

### **PURPOSE:**

The purpose of this policy is to develop a plan of operation should there be a weather emergency causing a closure of the Cooper Medical School of Rowan University.

### **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, safety permitting. The decision to close Rowan University (including CMSRU) is reserved to the President of Rowan University or their designee. The CMSRU dean or individual supervisors are not permitted to make this decision.

Rowan University will notify the students, faculty, and staff of a university closing through the following ways:

- Rowan Alert Message System (register)
  - Email (Rowan Advisory email)
  - Voicemail
  - Text message

The Rowan University President will make decisions for closure by 6 AM.

Instructions for M1 and M2 students:

1. Follow the Rowan Alert Message System for information on closures and/or delays.
2. Log into your Learning Management System (Canvas) and closely monitor your Rowan email for information on adjustments to the daily/weekly schedule and other information from your course directors and the Office of Medical Education.
3. Virtual teaching sessions will be held as scheduled.
4. Whenever possible, in-person classes will automatically convert to virtual sessions, including active learning group, Scholars Workshop sessions, lectures in any course, and non-dissection afternoon application sessions (whenever possible). Students should check their email or Canvas LMS for all relevant messages and specific session instructions or cancellations.



5. Announcements related to assessment delivery (i.e., examinations, OSCEs, etc.) that coincide with inclement weather days will be made in advance of the assessment's scheduled delivery. Be sure to monitor your Rowan email accounts for important scheduling information.

Instructions for M3 and M4 students:

1. Follow the Rowan Alert Message System for information on closures and/or delays. If you see a Rowan Advisory email or text message that states the following - Rowan Advisory: Due to the weather conditions throughout the region, the majority of Rowan University's campuses and facilities are closed TODAY, that indicates that students do not have to report to inpatient / outpatient clinical activities at Cooper University Healthcare. As a courtesy, please contact your preceptors or clerkship directors.
2. If there is a delay, contact your outpatient preceptors to determine if their offices will be open and if you can travel safely.
3. If you determine that you cannot travel safely (even if CMSRU is open), alert your preceptor and request an excused absence from the CMSRU attendance system. If you are on an inpatient service, contact your clerkship director and departmental education coordinator to inform them of your inability to travel to your clerkship site and request an excused absence from the CMSRU attendance system. Missed clinical time will be made-up at the discretion of the preceptor or clerkship director as appropriate.
4. Log into your Learning Management System (Canvas) for information on adjustments to the M3 transdisciplinary schedule and other information from your course and clerkship directors and the Office of Medical Education.
5. Virtual teaching sessions and orientations will be held as scheduled.
6. Announcements related to assessment delivery (i.e., examinations, OSCEs, etc.) that coincide with inclement weather days will be made in advance of the assessment's scheduled delivery. Be sure to monitor your Rowan email accounts for important scheduling information.

## **Infectious and Environmental Hazards, Needlesticks and Bloodborne Pathogens Exposure Policy**

### **POLICY:**

Infectious and Environmental Hazards, Needlesticks and Bloodborne Pathogens Exposure and Protection of Patients from Blood Borne Pathogens and other Communicable Diseases

### **PURPOSE:**

This policy is instituted to ensure appropriate education is facilitated to prevent, prepare, and protect CMSRU students from potential infectious and environmental hazards, needlesticks and bloodborne pathogens exposure and to provide protocols to follow in the event of these exposures. It is also to protect patients from students who are infected with blood borne pathogens or other communicable diseases.

### **SCOPE:**

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

### **DEFINITIONS:**

The Cooper Learning Network (CLN) provides online training modules to students regarding safety measures surrounding environmental risks and exposure to hazards and infectious materials. Infectious materials include anything coming from someone's body other than your own (for example, blood and bodily fluids) and all lab cultures.

### **PROCEDURE:**

All CMSRU students receive annual training on infectious and environmental hazard methods of prevention and safety, including protocols surrounding access to care and treatment after exposure. The protocols included in this policy must be followed whenever there is the potential for exposure. Students are expected to comply with recommended infection prevention precautions and procedures at the point of patient care at each clinical site.

1. Each student is responsible for their own safety throughout their education at CMSRU.
  - a. CMSRU will provide students with education and information regarding 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. CMSRU students are expected to comply with all infection prevention policies and procedures.
2. Education and Training
  - a. All students receive annual online training surrounding infection prevention and procedures to follow in the event of an exposure.
  - b. All students receive annual Occupational Safety and Health Administration online training and education regarding needle sticks, sharps, and body fluid procedures and the prevention of blood-borne pathogen transmission.
  - c. All students receive annual hazard communication online training with respect to environmental hazards and appropriate protective measures.
  - d. All students receive annual online safety instruction to better protect patients, members of the healthcare team and themselves in the clinical environment.
  - e. Prior to their first clinical experience, students receive online and in-person instruction regarding the prevention and understanding of all infectious diseases they may encounter in a clinical setting.
  - f. An exposures checklist (laminated card) detailing the steps to follow in the event of an exposure is provided to all CMSRU students.
3. Standard Precautions
  - a. Consider blood, body fluids and tissue from ALL PATIENTS to be potentially infectious.
  - b. Perform hand hygiene before/after all patient contacts.
  - c. Wear gloves when exposure to blood and body fluids may occur, e.g., during phlebotomy. Change your gloves and perform hand hygiene after each procedure and before contact with another patient.
  - d. Wear a gown, mask and goggles when blood or body fluids splashes may occur (e.g. during surgery, placing nasogastric tubes, etc.).
  - e. Report immediately all incidents of blood and body fluid exposure of the following types:
  - f. Parenteral: needle stick, puncture or cut.
  - g. Mucous membrane: splash to eyes, nose, mouth.
  - h. Cutaneous: contact with blood and body fluids on ungloved hands or other skin surfaces that may be cut, chapped, abraded, or affected by active dermatitis.
4. Immediate Response-Time Matters!
  - a. Clean wounds or punctures with soap and water.
  - b. Flush mucous membranes or skin copiously with water or saline.
  - c. DO NOT “force bleed” the wound.
  - d. DO NOT apply caustics (e.g. bleach, organic solvents, hard surface disinfectants, etc.).
  - e. When HIV post-exposure prophylaxis (PEP) is indicated, early treatment (within hours) is recommended.
  - f. Proceed Directly to Concentra Occupational Health Services or the Cooper University Health Care Emergency Department (CUHC ED).
  - g. Please proceed directly to Concentra Occupational Health Services (856-338-0350) as soon as possible and identify yourself as a CMSRU student. Concentra is located at 300 Broadway, Suite #101, Camden, NJ, located across the street from the MEB. Concentra hours of operation are Monday-Friday, 7:30 AM to 5:00 PM. If the exposure occurs outside of Concentra’s hours of operation, please go directly to the Emergency Department at CUHC.

## 5. After First Aid

- a. Notify the staff and supervising resident and/attending physician and the Office of Student Affairs.
- b. Carefully note the type of exposure, type of fluid/tissue involved and appropriate information about the source patient. (risk factors, lab data)
- c. Blood tests will be performed as appropriate.
- d. Concentra will provide a schedule for follow up counseling and treatment, as necessary.
- e. All initial costs of laboratory tests for properly reported occupational exposures or injuries are covered by CUHC.
- f. Treatment required post-exposure or for a clinical condition that develops as a result of an exposure or injury should be covered by the student's health insurance policy, and in addition by CUHC's accidental medical expense insurance, as stipulated in the Rowan University/Cooper University Health Care Affiliation Agreement (March 8, 2016). The Office of the Dean at CMSRU will cover any residual expenses for acute exposure or injury not covered by the medical student's health or disability insurance. The student will not be responsible for costs incurred as part of the treatment of an acute occupational exposure or injury.
- g. If a student is unsure whether they should participate in patient care, the student should contact the Student Health Center or their treating PCP or specialist.

## 6. Learning Environment

- a. Students who are potentially exposed to a patient with a communicable illness (e.g. meningitis, hepatitis, HIV) are to be evaluated by Concentra or the CUHC ED, offered preventive medication if indicated, and monitored for the development of illness by Concentra.
- b. If a student has infection with a blood borne pathogen, they are required to confidentially discuss the matter with the director of student health services. The goals are to protect infected students from discrimination, protect student confidentiality, and protect patients during exposure prone procedures. The director will assess risk to patients, educate the student about their condition, review practices, and provide clinical care if the student does not want care from their own physician. The director may consult an ad hoc committee including an advisory dean, the director or a designee from Concentra, an infectious disease expert on the relevant pathogen, and a course director for whose course the student may have restricted activities. The student may request participation from the physician overseeing their care. The committee may recommend the student should not be in the clinical setting due to risk to self/patients/coworkers, can be in the clinical setting with limited activities, or can be in the clinical setting without restrictions. The committee may require a fitness for duty assessment prior to rendering a recommendation. They may make recommendations about specific accommodations. All recommendations will be made to the disability services provider.
- c. In order to allow a student to return to the clinical setting following contraction of a communicable disease or disability due to an exposure, the ad hoc committee will make its recommendation based on the safety of all involved. If the disease or disability of the student can be accommodated, the student should apply to disability services to request appropriate accommodations. If approved, the accommodations would be reviewed and implemented by the Office of Medical Education. All information will be strictly confidential.
- d. CMSRU is dedicated to ensuring that students with chronic conditions are not discriminated against and can continue in the educational program, despite the presence of a chronic condition, if at all possible with or without accommodations.

## 7. Visiting Students

- a. All students completing an away elective at CMSRU are required to complete OSHA training or comparable environmental hazard training from their home institution.
- b. In the event of an exposure, Visiting Students follow the same protocol as outlined in this policy and should be directed to the Office of Student Affairs at [studentaffairs@coopermed.rowan.edu](mailto:studentaffairs@coopermed.rowan.edu)
- c. Visiting students are informed of this policy by email prior to commencing their rotations at CMSRU. In addition, the policy is included the CMSRU Visiting Student Webpage and uploaded to the VSAS/VSLO website. As part of the VSLO application process for visiting students who request rotations at Cooper

University Health Care, (CUHC) students must sign and attest they have read, understood and will abide by the Infectious and Environmental Hazards, Needlesticks and Bloodborne Pathogens Exposure Policy.

- d. An exposures checklist (laminated card) detailing the steps to follow in the event of an exposure is provided to all visiting students.

Please also refer to the Student Healthcare Services Policy

## **REFERENCES:**

29 CFR 1910 Occupational Exposure to Bloodborne Pathogens; Needlestick and Other Sharps Injuries  
[http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=FEDERAL\\_REGISTER&p\\_id=16265](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=FEDERAL_REGISTER&p_id=16265)

29 CFR 1910.1200 Hazard Communication  
[http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10099](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10099)

## **Impaired Student Process**

### **POLICY:**

Impaired Student Process

### **PURPOSE:**

To identify and discourage all drug and alcohol use that can adversely affect academic or clinical performance and has the potential to negatively impact the health and safety of peers, faculty, staff, or patients for which an impaired student may have interaction. Cooper Medical School of Rowan University (CMSRU), in collaboration with Cooper University Health Care (CUHC), will maintain an environment to ensure the safety of students, faculty, staff and patients will not be compromised.

### **SCOPE:**

Any impairment and/or related treatment efforts apply to all CMSRU students. CMSRU complies with the Rowan University Policies General Safety and Security and Alcohol and Other Drugs Policies.

### **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.

Impairment is defined as any physical, mental or behavioral disorder that interferes with the ability to engage safely in professional activities.

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

- 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, combative without provocation, unusual flare-ups or outbreaks of temper, verbal threats, use of excessive profanity and odor of alcohol on the breath.

- Examples of chronic impairment can include, but are not limited to: absenteeism, tardiness, an increase in errors made in the academic or clinical environment, a significant decrease in productivity, significant peer problems, poor personal hygiene, sleepiness and poor judgment.

## **PROCEDURES:**

### **Identifying an Acutely or Chronically Impaired Student; Returning the Student to Academic Responsibilities; and Drug Testing**

Impairment, whether acute or chronic, will be determined by the Senior Associate Dean for Student Affairs or designee, in collaboration with the Senior Associate Dean for Medical Education or designee, Student Support Services Specialist and other medical consultants as necessary, based on a student's ability to adequately perform their academic or clinical responsibilities. The process ensures an objective basis for documenting inadequate or deteriorating performance. The respective deans and/or designees will not attempt to diagnose the cause of the student's impairment. Based on a student's performance, behavior, or condition, the respective deans or designees may consult with the Student Support Services Specialist, Student Wellness Program (SWP), Student Health Services, and/or contracted psychiatry services, as needed.

\*If a student observes impaired behavior in another student colleague, a report should be made to the Senior Associate Dean for Student Affairs or Assistant Dean for Student Affairs or designee, who will take appropriate action.

### **Acutely Impaired Student**

- If the Associate Dean of Student Affairs or designee and/or the Associate Dean of Medical Education and/or designee determines a student to be unfit or unsafe to continue performing their academic or clinical responsibilities, they should immediately relieve the student of their academic or clinical responsibilities.
- The respective deans/designees will inform the student, based on their condition/behavior/performance.
- The student based on their condition/behavior/performance, will be medically evaluated to determine their "fitness" to perform academic and/or clinical responsibilities.
- A student experiencing acute issue of impairment will be directed to Concentra, Occupational Health Services, between the hours of 7:30 am and 5:00 pm, Monday through Friday. Due to COVID-19 Concentra is operating under the adjusted office hours of 8:00 AM to 3:00 PM temporarily. The Emergency Department (ED) will be used outside of Concentra hours of operation.
- The Senior Associate Dean for Student Affairs and/or a designee will alert Concentra or the ED that a student will be presenting for an evaluation. The Associate Dean or designee will arrange for an escort for the impaired student.
- In the event a student refuses to be escorted to Concentra or the ED and/or refuses to be evaluated according to policy, no attempt should be made to force the student to do so. The Associate Dean of Student Affairs or a designee will document the student's refusal.
- In the event a student refuses the recommendations of the Associate Dean of Student Affairs and/or designee and Associate Dean of Medical Education and/or designee, to be evaluated at Concentra or the ED, the student will not be permitted to return to the CMSRU academic or clinical environment until documentation regarding impairment is provided by a treating physician or provider.
- If a student demonstrates a threat to themselves or others, the CMSRU Security Office, where applicable, will be called to provide assistance.
- If at all possible, no student will be allowed to leave the premises unsupervised. Family and friends should be contacted to provide transportation arrangements.

- The student should not be permitted to operate a vehicle. If the student insists or intends on driving a vehicle, the student will be advised of police notification.
- A student consent for drug/alcohol analysis must be completed by the student prior to testing. A chain-of-custody procedures will be followed, and the test will be performed at a certified lab.
- If the drug or alcohol test is positive or the student self discloses substance usage, Concentra will refer the student to the Student Wellness Program (SWP). The SWP will conduct an evaluation and make a referral for appropriate treatment. The SWP will maintain contact with the treatment provider to assure compliance with treatment recommendations. The SWP will receive all documentation for students who are referred to them for impairment.

### **Chronically Impaired Student**

If based on a student's academic performance or professional conduct, the Associate Dean of Student Affairs and/or a designee and the Senior Associate Dean of Medical Education and/or designee determines a student may be chronically impaired, the following steps should be taken:

- Signs of impairment reflecting a decline in a student's academic/clinical performance or failure to meet academic standards will be documented.
- If academic or clinical performance problems persist and the Associate Dean of Student Affairs and/or designee and Senior Associate Dean of Medical Education and/or a designee believes professional intervention is necessary, the following steps may be taken at any time:
  - Refer the student to the student support services specialist for assessment. The student support services specialist will refer the student, if determined as necessary, to the SWP for free and confidential counseling, and document the referral.
  - Invoke disciplinary procedures.
- If the student's performance impacts patient/public safety, the Senior Associate Dean for Student Affairs and/or designee and Associate Dean of Medical Education and/or designee, in consultation with the Student Support Services Specialist, and/or other aforementioned providers of care, may recommend immediate evaluation by Concentra.

### **Returning the Student to Academic Responsibilities**

- Any acutely impaired student (or chronically impaired student, as required) must have a Concentra or ED physician's approval in order to return to CMSRU.
- The student cannot resume academic or clinical responsibilities until such time as the student is cleared by Concentra and alcohol and/or drug tests prove negative.
- The Associate Dean of Student Affairs and Senior Associate Dean of Medical Education and/or designee, should meet with the student to discuss their return to academic responsibilities. The Associate Dean of Student Affairs or designee and Senior Associate Dean for Medical Education or designee will remind the student that the academic standards/professional conduct remain unchanged.
- CMSRU will continue to monitor the student's academic and clinical performance in accordance with CMSRU standards.
- In addition, CMSRU will monitor the student's compliance with treatment recommendations with the SWP and will determine a treatment plan.

- Follow-up testing will be determined as required on a case-by-case basis.

### **Drug Testing**

- CMSRU reserves the right to require screening students for inappropriate drug and alcohol use as defined in this policy if reasonable suspicion is established.
- Reasonable cause is defined by inappropriate behavior, appearance, or academic performance as determined by those teaching or mentoring students, or any representative 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 reserves the right to require random and follow-up drug screenings for students who have participated in a Drug and Alcohol Treatment program while matriculating at CMSRU.
- All drug testing will be reviewed by Concentra prior to a student's participation in direct patient contact. Concentra reserves the right to review and determine whether alternative medical explanations could account for positive findings.
- CMSRU adheres to the provisions of the Alcohol and Other Drugs Policy. 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.
- Students will have access to 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.
- Each student agrees, as a condition of CMSRU enrollment, to notify the Associate Dean of Student Affairs within five (5) days of any conviction of DUI or under a criminal drug statute for a violation that occurs during their tenure at the CMSRU.

## **Student Health Provider Policy**

### **POLICY:**

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 assess or grade that student, nor will they be involved in decisions about the promotion of that student.

### **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/psychiatric counseling or services.

### **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 role in the assessment of that student or make decisions about the promotion of that student.
- All mental health service providers will not have CMSRU faculty appointments and thereby will have no role in student assessment.
- An advisory college director is not permitted to be a health care provider to an assigned student advisee.
- 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 the student's matriculation be reviewed by the respective group, the faculty member will recuse themselves from the meeting.
- Those who provide care for students in the Student Health Center may lecture in a large group setting at CMSRU, but will not have a role in the assessment of any student. They cannot be appointed as a small group facilitator, an advisory college director, a course director, or a clerkship 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 Wellness 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 or other protected health information.
- Required reporting to the Office of Student Affairs in cases of immunizations and exposure related events will be provided in accordance with HIPAA regulations.

## **Student Healthcare Services Policy**

### **POLICY:**

Student Healthcare Services Policy

### **PURPOSE:**

To establish the range of healthcare services provided by CMSRU for students and to outline student responsibility for these services.

### **SCOPE:**

This policy applies to all CMSRU medical students.

### **PROCEDURE:**

CMSRU provides primary medical student healthcare services to all CMSRU students in a confidential, professional and sensitive manner. Students receive health education for prevention of illness and services for diagnosis and treatment of routine illness and injuries. All students are required to maintain health and disability insurance.

The Student Health Center (SHC) provides students with access to diagnostic, preventive and therapeutic health services on campus. The SHC is located on the Camden Health Sciences campus at Three Cooper Plaza, Sheridan Pavilion, Suite 104, a short walk from the CMSRU Medical Education Building (MEB).

The SHC is open Monday–Friday, 8:30 am-4:30 pm. CMSRU students may contact the SHC reception area at 856-968-8695 for routine appointments, sick visits, and nurse visits.

CMSRU Student Health Services are also provided by the Cooper Care Alliance (CCA). The CCA is located at 1210 Brace Road, Cherry Hill, NJ 08034. Physicians at this site are available for in-person and telehealth appointments, Sunday – Saturday, 8 AM-8 PM. Students are encourage to contact CCA for after hours and weekend appointments at #856-536-1515.



The SHC is a full-service ambulatory facility, led by the SHC director, a board-certified Internist, and is staffed by licensed practical nurses, medical assistants, and a part-time pharmacist. The CCA is led by a board-certified Family Practice physician. The SHC/CCA oversees all health services provided to CMSRU students, except immunizations and titers, which are offered to the students by Concentra, Occupational Health Services.

The SHC/CCA promotes optimal wellness coverage, enables medical students to make informed decisions about health issues, and empowers students to be self-motivated and well-informed health care consumers. The SHC/CCA focuses on preventative care and treatment of both acute and chronic illnesses and injuries. Students have access to laboratory and radiology services and a variety of specialists in the same building. Students with more serious disorders requiring hospitalization and those who require immediate medical attention outside the hours of the SHC/CCA are directed to the CUHC Emergency Department, located at One Cooper Plaza in Camden, NJ, for evaluation.

The SHC physician director is not involved in the assessment, grading or promotion of students in the academic setting. The coverage group for this individual is also comprised of physicians who are not involved in the assessment, grading or promotion of students in the academic setting.

1) Co-pays, deductibles, labs, and diagnostic studies are the responsibility of the student. Students are also responsible for laboratory, radiology and specialty referrals and treatments.

2) Each student will pay a yearly student fee that will be used to cover the annual PPD, and other immunizations as required by CMSRU and facilitated by contracted service provider, Concentra, Occupational Health Services. The Concentra facility is located adjacent to Cooper University Hospital, 300 Broadway, Suite #101, Camden, New Jersey.

The following services are available for CMSRU students through Concentra:

- a. Annual PPD testing, immunizations, FIT testing, and appropriate follow-up care;
- b. Record keeping and periodic reports to the Assistant Dean for Student Affairs regarding immunizations will be provided as required; and
- c. Management of exposures, such as blood borne pathogens\*: medical students will undergo initial counseling and will be given initial therapy at the Concentra facility or in the CUHC Emergency Department through a fast-track process, as required. After an exposure, students are to immediately notify their attending physician and/or resident. They are to immediately go to Concentra during their hours of operations or the ER after hours.

\*Other counseling and management will be provided by Concentra as is outlined by the Infectious Disease, Environmental Hazards, Needlestick and Bloodborne Pathogens policy.

Proof of Immunity for all CMSRU students will be required and reviewed by Concentra 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 Senior Associate Dean for Student Affairs or designee. Concentra 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 Concentra, in accordance with HIPAA regulations.

CMSRU Students may contact Concentra with any questions by telephone 856-338-0350, email at [DCinesi@concentra.com](mailto:DCinesi@concentra.com) or by visiting the facility located adjacent to Cooper University Hospital at 300 Broadway, Suite #101, Camden, New Jersey.

\*See policy on Immunization Requirements

\*See policy on Infectious Disease, Environmental Hazards, Needlestick and Bloodborne Pathogens policy.

# Policies Related to Matriculation

## Family Educational Rights and Privacy Act (FERPA)

### **POLICY:**

The Family Educational Rights and Privacy Act (FERPA)

### **PURPOSE:**

FERPA protects the privacy of student education records.

### **SCOPE:**

FERPA applies to all educational agencies and institutions that receive funding under any program administered by the Department of Education. FERPA (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the privacy of student education records.

In compliance with FERPA, Cooper Medical School of Rowan University (CMSRU) does not disclose personally identifiable information contained in student education records, except as authorized by law. This policy applies to the educational records of all students who currently attend or have attended CMSRU.

### **DEFINITIONS:**

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

School Officials: persons employed by the institution in an administrative, supervisory, academic research or support position including law enforcement, health staff personnel, a trustee, outside contractors and persons servicing as a student representative on an official committee (such as disciplinary or grievances committee) or assisting another school official in performing his or her tasks. School officials may obtain information from a student education record 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 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.

### **POLICY:**

Cooper Medical School of Rowan University will comply with the Family Educational Rights and Privacy Act (FERPA) of 1974 and all subsequent amendments providing students with the right to inspect and review their education record. CMSRU will respond to student requests to review records within five (5) days of the day that CMSRU receives the

request and will provide guidelines for the correction of records, rather than the forty-five (45) day statement within the FERPA Act of 1974.

#### **STUDENT RIGHTS AND PROCEDURES:**

- A. In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974 and its subsequent amendments, current and former CMSRU students have the right to review and inspect their education records within forty-five (45) days of the date that CMSRU receives the request for access. CMSRU will respond to requests within five (5) business days of the date that CMSRU receives the request for education records review.
- B. CMSRU is required by FERPA regulations to provide students with annual notification of their FERPA rights. CMSRU may promulgate, electronically or in a hard copy format, an annual notification in such publications as school bulletins or student handbooks, 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 CMSRU. Students shall submit to CMSRU a written request to the registrar that identifies as precisely as possible the record or records she or 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. Per Rowan University policy, access must be given within forty-five (45) days from the receipt of the request. CMSRU will provide a response to a request for educational records review within five (5) business days following 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 the respective student making the request. Review of records may take place only under the supervision of the CMSRU registrar and/or a CMSRU school official with a legitimate educational interest.
  - 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. 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 their 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:
      - i. The student has an unpaid financial obligation to CMSRU; or

- ii. There is an unresolved disciplinary action against the student.

D. Disclosure of Education Records

CMSRU may disclose information from a student's educational record only with the original, written and signed 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, the attorney general of the United States, or when the attorney general of the United States seeks disclosures in connection with the investigation or enforcement of federal legal requirements applicable to federally supported education programs;
4. In connection with a student's request for or receipt of financial aid, as necessary to determine the eligibility, amount or condition of the financial aid or scholarship, or to enforce the terms and conditions of the aid or scholarship; if required by a state law requiring disclosure that was adopted before November 19, 1974;
5. To organizations conducting certain studies for or on behalf of CMSRU;
6. To accrediting organizations to carry out their functions;
7. At the discretion of CMSRU officials, to parents of an eligible student who claim the student as a dependent for income tax purposes;
8. To comply with a judicial order or a lawfully issued subpoena, provided that CMSRU makes a reasonable effort to notify the student of the order or subpoena in advance of compliance, when the order or subpoena does not prohibit such notification;
9. To appropriate parties in a health or safety emergency;
10. To an alleged victim of any crime of violence or sex offense, the results (if the results were reached on or after October 7, 1998) of any University disciplinary proceeding against the alleged perpetrator with respect to that offense. Disclosure under this section shall include only final results of disciplinary proceedings within CMSRU, limited to the student's name, the violation committed and the sanction imposed. Disclosure of final results pursuant to this section may be made regardless of whether CMSRU determined that a violation has occurred. CMSRU may not disclose the name of any other student, including a victim or witness, without the prior written consent of the other student;
11. To parents of students aged 18-21 who have been determined by CMSRU to have violated any CMSRU policy governing the use or possession of alcohol or a controlled substance, or who have violated federal, state or local law governing such use or possession;
12. To a court, with or without a court order or subpoena, education records that are relevant for the University to defend itself in legal action brought by a parent or student, or education records that are relevant for CMSRU to proceed with a legal action CMSRU initiated against a parent or student; and
13. To a court when relevant for CMSRU to proceed with legal action which involves CMSRU and the student as parties.

E. Record of Requests for Disclosure of Education Records

1. 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.
2. 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. Said list 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 they want changed and specifies their 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 sixty (60) days after receiving a student's written request for such a hearing. The hearing shall be before a University official, designated by the senior associate dean for student affairs or designee.
  - c. A CMSRU official will prepare a written decision based solely on the evidence presented at the hearing within twenty-one (21) days of said 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.
3. 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 they have a right to place in their 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:

Registrar  
Cooper Medical School of Rowan University  
401 S. Broadway  
Camden, NJ 08103

Email: [cmsruregistrar@rowan.edu](mailto:cmsruregistrar@rowan.edu)  
Phone: 856-361-2886  
Fax: 856-361-2828

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  
US Department of Education  
600 Independence Avenue, SW  
Washington, DC 20202-4605

#### I. Crisis situations/Emergencies

If non-directory information is needed to resolve a crisis or emergency situation, CMSRU may release that information if CMSRU determines 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 determining the release of such information in these situations include the following:

1. Severity of the threat to the health or safety of those involved;
2. Need for the information;
3. Time required to deal with the emergency; and
4. Ability of the parties to whom the information is to be given to deal with the emergency.

## Policies Related to Communications; and Information Technology and Resources

### Acceptable Use Policy

CMSRU adheres to the [Rowan University Acceptable Use Policy](#)

#### **POLICY:**

Acceptable Use Policy

#### **PURPOSE:**

To establish rules of responsible electronics use in the classroom. This policy sets forth the acceptable uses regarding the access and use of Rowan University's (CMSRU's) electronic information and information systems.

#### **SCOPE:**

This policy applies to all members of the Rowan Community (CMSRU) who access and use the University's electronic information and information systems.

#### **DEFINITIONS:**

Refer to the [Rowan University Technology Terms and Definitions](#) for terms and definitions that are used in this policy.

#### **PROCEDURE:**

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 CMSRU classroom instruction, unless directed otherwise by the instructor. All cellular phones must be placed in silent mode before a student enters the classroom.

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

**Electronic Academic Integrity Policy:** At no time will CMSRU 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.

1. The University (CMSRU) expects users will access and use the University's (CMSRU's) electronic information and information systems in a manner that:
  - a. Does not compromise the confidentiality, integrity or availability of those assets; and
  - b. Reflects the University's (CMSRU's) standards as defined in the [Code of Conduct](#) and [Statement of Principles](#) and its body of policies, and in accordance with all applicable federal, state and local laws governing the use of computers and the Internet.
2. These obligations apply regardless of where access and use originate: Rowan (CMSRU) office, classroom, public space, lab, at home or elsewhere outside the University (CMSRU).
3. The rules stated in this policy also govern the use of information assets provided by the State of New Jersey, other state and federal agencies and other entities that have contracted with Rowan to provide services to their constituents and/or clients.
4. Schools, units and departments may produce more restrictive policies. Therefore, users should consult with their department if there are any other restrictions in place that supplement this policy.
5. This policy and Rowan's (CMSRU's) Code of Conduct/Statement of Principles also govern access and use of the University's (CMSRU's) electronic information and information systems originating from non-Rowan (non-CMSRU) computers, including personal computers and other electronic devices. The access and use of electronic information provided by research and funding partners to Rowan (CMSRU) are also governed by this policy.
6. The use of information systems acquired or created through the use of University (CMSRU) funds, including grant funds from contracts between the University (CMSRU) and external funding sources (public and private), are covered by this policy. This includes University (CMSRU) information systems that are leased or licensed for use by members of the Rowan (CMSRU) Community. Users are given access to Rowan's electronic information and information systems specifically to assist them in the performance of their jobs and education. They are not provided for personal use. They are responsible for all activity conducted using their computer accounts. Access and use of the University's (CMSRU's) electronic information and information systems is a revocable privilege.
7. Rowan (CMSRU) recognizes that all members of the Rowan (CMSRU) Community have an expectation of privacy for information in which they have a substantial personal interest. However, this expectation is limited by Rowan's (CMSRU's) need to comply with applicable laws, protect the integrity of its resources and protect the rights of all users and the property and operations of Rowan University (CMSRU). As such, Rowan (CMSRU) reserves the right to access, quarantine or hold for further review any files or computing devices on Rowan's (CMSRU's) network or its information technology resources if there is just cause to believe that university (CMSRU) policies or laws are being violated or if such access is necessary to comply with applicable law or conduct university (CMSRU) business operations.

8. Information created, stored, or accessed using Rowan (CMSRU) information systems may be accessed and reviewed by Rowan (CMSRU) personnel for legitimate systems purposes, including but not limited to the following:
  - a. Emergency Problem Resolution
  - b. To measure, monitor and address the use, performance or health of the University's (CMSRU's) information systems, or to respond to information security issues. Internet usage may also be monitored when using the University's (CMSRU's) network, including when using Rowan's (CMSRU's) remote access services.
  - c. To create data backups of electronic information stored on Rowan's (CMSRU's) information systems.
  - d. To respond to User Requests approved by the Office of General Counsel.
9. Information may be accessed, reviewed, and provided to an external party at the University's (CMSRU's) discretion without prior notification with adequate cause and subject to review of the Office of General Counsel to comply with applicable law and to conduct normal university (CMSRU) operations. Examples include, but are not limited to the following:
  - a. Compliance with the New Jersey Open Public Records Act ("OPRA") which requires disclosure of electronic records and other data on the Rowan system subject to exemptions under OPRA. Requests will be reviewed by the Records Custodian/OPRA officer in conjunction with the Office of General Counsel.
  - b. Compliance with a valid subpoena, court order or discovery request. Requests will be reviewed by the Office of General Counsel.
  - c. Audits, investigations or inquiries undertaken by governmental entities or appropriate internal investigators or units. Requests will be reviewed by the Office of General Counsel.
  - d. To conduct necessary business operations.
10. All electronic information created, stored or transmitted by use of Rowan's (CMSRU's) information systems is the property of the University (CMSRU), unless otherwise explicitly noted.
11. Technicians and System Administrators have greater ability to access information stored on and transmitted through Rowan's information systems. As such, Technicians, Systems Administrators and others with privileged access shall not access such information unless such access is necessary for the purposes outlined above, for systems purposes or unless such access is supported by adequate cause and reviewed by the Office of General Counsel.
12. Prohibited Actions
  - a. The list of prohibited actions is not intended to be comprehensive. The evolution of technology precludes the University (CMSRU) from anticipating all potential means of capturing and transmitting information. Therefore, users must take care when handling sensitive information. Refer to Rowan's [Information Classification](#) and [Data Governance](#) policies for types of information that are considered sensitive and/or contact Rowan's (CMSRU) Information Security Office for guidance.
  - b. Users, at minimum, will ensure that they do not:
    - i. Distribute information classified as Confidential or Private, or otherwise considered or treated as privileged or sensitive information, unless they are an authoritative University (CMSRU) source



for, and an authorized University (CMSRU) distributor of that information, and the recipient is authorized to receive that information.

- ii. Share their passwords with other individuals or institutions (regardless if they are affiliated with Rowan or not) or otherwise leave them unprotected.
  - iii. Attempt to uninstall, bypass or disable security settings or software protecting the University's (CMSRU's) electronic information, information systems or computer hardware.
  - iv. Engage in unauthorized attempts to gain access or use the University's (CMSRU's) electronic information, information systems or another user's account. Users with privileged access, such as Technicians and Systems Administrators, shall not engage in unauthorized access, use or review of information or data, without appropriate approvals.
  - v. Use third-party email services to conduct sensitive University (CMSRU) business or to send or receive Rowan information classified as Confidential, Private or Internal or otherwise considered privileged or sensitive information.
  - vi. Use email auto-forwarding to send University (CMSRU) information (regardless of classification) to non-Rowan email accounts ([see Restricted Services](#)).
  - vii. Distribute or collect copyrighted material without the expressed and written consent of the copyright owner or without lawful right to do so, such as in the case of fair use.
- c. User understands the HIPAA Privacy Security rules, especially with regard to Sensitive Electronic Information (SEI), Private Health Information (PHI) and Personally Identifiable Information (PII), and will abide by these rules including understanding that they will be held accountable for the use of personal devices for conducting University (CMSRU) business. (Refer to HIPAA policies located at [www.rowan.edu/compliance](http://www.rowan.edu/compliance)).

### 13. Restricted Services

- a. This list of restricted services is not intended to be comprehensive. The evolution of technology precludes the University (CMSRU) from anticipating all potential means of storing, capturing and transmitting information. Therefore, when using third-party technology services not explicitly restricted in this policy, users must exercise care to not compromise sensitive Rowan information, particularly when confirmation of receipt or the identity of the recipient is required for business or legal purposes. Refer to Rowan's [Information Classification](#) and [Data Governance](#) policies for types of information that are considered sensitive and/or contact Rowan's Information Security Office for guidance.
- b. Restricted services include the following:
- i. Social Media
    - 1. Social media tools or web content platforms cannot be used to communicate or store University (CMSRU) information classified as Confidential or Private or otherwise considered privileged or sensitive by Rowan. Social media tools include, but are not limited to: Facebook, Twitter, LinkedIn, Instagram, Medium, Reddit, YouTube and Flickr.
    - 2. For additional requirements on the use of social media, see the [Social Media Policy](#).
  - ii. Professional Social Media

1. Professional social media cannot be used to communicate or store University (CMSRU) information classified as Confidential or Private or otherwise considered privileged or sensitive by Rowan (CMSRU).
2. The use of professional social media tools, such as Doximity and Sermo, cannot be used:
  - a. To discuss patient cases in a manner that compromises patient identity or privacy, or otherwise represents a violation of HIPAA's Privacy or Security rules, state or local privacy laws or University (CMSRU) policies.
  - b. To communicate or post information that could potentially reveal information classified as Confidential or Private or otherwise considered privileged or sensitive by Rowan, or which compromises the privacy of a member of the University (CMSRU) community or its clients.
  - c. For additional requirements on the use of social media, see the [Social Media Policy](#).

iii. Cloud Services, Collaboration and Storage

1. Third-party cloud storage services cannot be used to store University (CMSRU) information classified as Confidential. Google Drive and OneDrive are approved for storing Rowan Confidential information. Rowan Confidential information may only be stored in the Rowan IRT-managed instances of these cloud services. It is not permissible to store Rowan Confidential information in personal cloud solutions nor those managed by other companies.
2. Non-approved third-party cloud storage services cannot be used to store University information classified as Confidential or Private or otherwise considered privileged or sensitive by Rowan. Cloud storage tools include, but are not limited to: iCloud, Carbonite, Box, Dropbox, Evernote, OpenDrive and SugarSync.

iv. Third Party Email Services

1. Third party email services cannot be used to communicate or store University (CMSRU) information classified as Confidential or Private or otherwise considered privileged or sensitive.

v. Email Auto-Forwarding

1. With the exception of current undergraduate and other non-medical students, members of the Rowan (CMSRU) Community are not permitted to automatically forward or redirect messages from a Rowan email address to a non-Rowan email address.

vi. Chat/Texting Communication

1. Members of the University (CMSRU) community must use officially approved chat/instant messaging platforms for all University-related business, such as academic, administrative, and operational communications, to comply with the University's data discoverability obligations. This requirement does not extend to non-official University (CMSRU) activities, including informal faculty-student conversations outside the academic record and collaborative research with external entities responsible for their

own Data Management Plans. No University business related chat/instant messaging communications may take place on any unapproved platform.

2. Confidential, Private, or otherwise privileged or sensitive data may only be communicated via officially approved chat/instant messaging platforms. This ensures compliance with the University's obligations for data security. No confidential, private or otherwise privileged or sensitive data may be communicated on any platform not approved for that level of data.
3. A list of approved chat/instant messaging platforms for University-related business or the communication of confidential data is available in our University Approved Chat Platforms article.

vii. Video Conferencing

1. Video conferencing services are limited to Rowan business-use only and must be conducted using Rowan equipment. They are to be used strictly for business collaboration between members of the Rowan Community or outside entities, or for educational purposes. Users must ensure that video communications are done in a setting or configured to restrict the possibility of non-authorized individuals from viewing or listening to sensitive information.

viii. BitTorrent Software

1. BitTorrent software (or other file sharing software) used to download and share movies, music and other copyrighted media is strictly forbidden unless it is used for Rowan (CMSRU) business or academic purposes. The use of this software must be approved by the Dean or Department Head/Chair and the Information Security Office.

**POLICY COMPLIANCE:**

1. Violations of this policy may subject the violator to disciplinary actions up to or including termination of employment or dismissal from school, subject to applicable collective bargaining agreements and may subject the violator to penalties stipulated in applicable state and federal statutes. Students who fail to adhere to this Policy or the Procedures and Standards will be referred to the Office of Student Affairs and may be expelled. Affiliates, contractors and vendors who fail to adhere to this Policy and the Procedures and Standards may face termination of their business relationships with the University (CMSRU). Sanctions shall be applied consistently to all violators regardless of job titles or level in the organization.
2. University (CMSRU) sanctions, penalties, fines and discipline for employees will be based on the severity of the incident per below:
  - a. *Low* – retraining and to be reviewed with the employee during annual appraisal. Also, any cost shall be borne by the Department. The Department Chair or VP will determine how these funds will be assigned;
  - b. *Medium* – retraining and to be reviewed with the employee during annual appraisal. Discipline will be considered up to and including dismissal from the University (CMSRU). Also, all costs will be borne by the Department. The Department Chair or VP will determine how these funds will be assigned; and
  - c. *High* – retraining and to be reviewed with employee during annual appraisal. Discipline will be unpaid suspension for a minimum of three (3) days with a consideration of up to and including dismissal from the University. Civil and criminal penalties may apply. Also, all costs will be borne by the Department. The Department Chair or VP will determine how these funds will be assigned. The Deans of each College, Vice Presidents, and University President, with the assistance of the Department of Human

Resources, will enforce the sanctions appropriately and consistently to all violators regardless of job titles or level within the University and in accordance with bargaining agreements for represented employees.

The general use of computers and campus technology is governed by the [Rowan University Acceptable Use Policy](#).

#### **ADDITIONAL INFORMATION**

1. [Rowan University Statement of Principles](#)
2. [Breach Notification Policy](#)
3. [HIPAA Policy](#)
4. [IT Acquisition Process \(ITAP\)](#)
5. [Information Classification Policy](#)
6. [Data Governance Policy](#)

## **Copyright Infringement Policy**

### **POLICY:**

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 and medical school liability and will result in disciplinary action.

### **SCOPE:**

All CMSRU medical students, faculty and staff.

### **DEFINITIONS:**

Essential definitions and key terms are outlined within the policy.

### **PROCEDURE:**

#### **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 their work. These rights provide copyright holders control over the use of their creations, and an ability to benefit, monetarily and otherwise, from the exploitation of their work. Copyright also protects the right to “make a derivative work,” such as a movie from a book; the right to include a piece in a collective work, such as publishing an article in a book or journal; and the rights of attribution and integrity for “authors” of certain works of visual art. If you are not the copyright holder, you must ordinarily obtain permission prior to re-using or reproducing someone else’s copyrighted work. Acknowledging the source of a work is not a substitute for obtaining permission. However, permission generally is not necessary for actions that do not implicate the exclusive rights of the copyright holder, such as reviewing, reading or borrowing a book or photograph.

#### **What is Protected by Copyright?**

The rights granted under the U.S. Copyright Act (embodied in Title 17 of the U.S. Code) are intended to benefit “authors” of “original works of authorship,” including literary, dramatic, musical, architectural, cartographic, choreographic, pantomimic, pictorial, graphic, sculptural and audiovisual creations. This means that virtually any creative work that you

may come across in readable or viewable format, including books, magazines, journals, newsletters, maps, charts, photographs, graphic materials; unpublished materials, such as analysts' reports and consultants' advice; and non-print materials, including websites, computer programs and other software databases, sound recordings, motion pictures, video files, sculptures and other artistic works are almost certainly protected by copyright.

### **What is NOT Protected by Copyright?**

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

### **How Long Does Copyright Protection Last?**

In the U.S., a work created on or after January 1, 1978, is ordinarily protected for a term equal to the author's life span plus 70 years after the author's death. Works created by companies or other types of organizations have a copyright term of 95 years. For works created before 1978, the duration of protection depends on a number of factors.

### **Fair Use**

Fair use is a defense under U.S. law that may be raised by the defendant in a copyright infringement case. Fair use recognizes that certain types of use of other people's copyright protected works do not require the copyright holder's authorization. The fair use doctrine is codified in Section 107 of the U.S. Copyright Act. Although there are no absolute rules around fair use, generally the reproduction (photocopy or digital) or use of someone's copyright-protected work is more likely to be found to be fair use if it is for one of the following purposes: criticism, comment, news reporting, teaching, scholarship or academic research. To determine whether a particular use qualifies as fair use, the statute requires a fact specific analysis of the use based upon four factors:

1. The purpose and character of the use (e.g., whether for commercial or nonprofit educational use)
2. The nature of the copyright-protected work (is it primarily factual or highly creative?)
3. The amount and substantiality of the portion used
4. The effect of the use upon the potential market for or value of the copyright-protected work

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

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

### **Copyright and Digital Works**

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

### **Fact Finding Questions**

Once you have identified the materials you want to use, ask yourself the following questions: is the work the type of work protected by copyright? If so, are you using the work in a manner that implicates the exclusive rights of the copyright holder? Is it likely the work is still protected? If the answer is YES to these questions, then you must locate the copyright

holder. Is the name of the copyright holder on the materials? Does the Copyright Clearance Center represent that work? Locating the copyright holder may take some investigative and creative work. Consult with the CMSRU Library to see if they can offer any guidance. The U.S. Copyright Office at the Library of Congress ([www.loc.gov](http://www.loc.gov)) may be of assistance in locating a copyright owner.

### **Requesting Permission**

Permission to use copyright-protected materials should be obtained prior to using those materials. It is best to obtain permission in writing, which may be by email. The time needed to obtain permission may vary. When possible, it is recommended to start the permission procedure well in advance of the time that you wish to use the materials. If you need a fast turnaround on a permission request, let the copyright owner know this and they may get back to you faster. The information you will need:

- ISBN or ISSN, if applicable
- Date of publication, if applicable
- Purpose for which you wish to reproduce the item (research, commercial, educational)
- How the material is to be reproduced (e.g., photocopied, digitized)
- Where the reproduced material will appear (including internal vs. external use) and for how long

### **Guidelines for the Appropriate Use of Copyrighted Materials**

#### **CMSRU Faculty, Student and Staff Obligations Under Copyright Law**

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

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

## **Social Media Policy**

CMSRU Adheres to the Rowan University [Social Media Policy](#)

### **POLICY:**

Social Media Policy

### **PURPOSE:**

This policy sets forth the acceptable uses regarding the access and use of social media for University-affiliated communications. It also includes professionalism requirements for the University's medical students who, as medical professionals in training, who must uphold the highest standards of the medical profession and protect the privacy and confidentiality of patients.

**SCOPE:**

This policy applies to all members of the University (CMSRU) community who use social media for University-affiliated communication and those who use the University (CMSRU) name in association with social media accounts.

**DEFINITIONS:**

See Attachment 1 - Definitions

**REFERENCES:**

See Attachment 2 - References

**PROCEDURE:**

1. The University (CMSRU) expects members of the University (CMSRU) community will access and use social media in a manner that follows all guidelines below:
  - A. Does not compromise the confidentiality, integrity or accessibility of those assets;
  - B. Complies with all applicable University (CMSRU) policies, procedures, and guidelines and is in accordance with all applicable federal, state and local laws and regulations governing the use of computers and the Internet;
  - C. Protects the University's (CMSRU's) reputation and promotes its educational mission;
  - D. Conforms to all policies and procedures set forth by the University (CMSRU). Nothing in this policy supersedes standards set forth by Information Resources & Technology, the Department of Public Safety, the Office of Emergency Management and Student Life/Student Affairs;
  - E. Recognizes the rights of the members of the University (CMSRU) community guaranteed by the Constitution of the United States and the State of New Jersey, including but not limited to freedom of speech, inquiry, and expression; and
  - F. Complies with all Terms set forth by each respective social media network.
2. These obligations apply regardless of where access and use originate.
3. All University (CMSRU)-affiliated social media, including but not limited to the account itself, content and audiences, are the property of the University (CMSRU). Account creators and administrators have no ownership rights whatsoever.
4. The content contained herein is not intended to be comprehensive, as the evolution of technology precludes the University (CMSRU) from anticipating all potential means of storing, capturing and transmitting information. This policy will be monitored and revised as deemed necessary.
5. Requirements
  - A. University (CMSRU) affiliated social media account administration.
    1. Any member of the University (CMSRU) community engaging in University (CMSRU)-affiliated social media must do so using an administrative or resource University email address to which more than one member of the University community has access.

- a. A unique email must be created expressly for this purpose by submitting a request at [support.rowan.edu](mailto:support.rowan.edu).
  - b. No member of the University (CMSRU) community should be required, asked or permitted to use a private, personal account for the purpose of creating social media account(s) on behalf of the University (CMSRU).
  - c. If, for any reason, a social media account is presently linked to an individual person's email account, that person relinquishes all rights to the account.
2. Social media contacts shall acknowledge all of the following:
  - a. They have obtained permission from their supervisor/management to use social media in an official capacity for their unit;
  - b. They must maintain access to and security of all social media usernames and passwords;
  - c. They must monitor and maintain the account(s) on a weekly basis. Inactive accounts may be subject to deactivation or deletion;
  - d. Resources will be made available for their reference at [www.rowan.edu/socialmedia](http://www.rowan.edu/socialmedia);
  - e. Other social media users may have different interests, attitudes, and opinions than those of the University (CMSRU). Social media contacts reserve the right to remove content, block users, or refrain from interacting with anyone for content deemed to be unlawful. Social media contacts do not reserve the right to remove content deemed to be a difference of opinion; and
  - f. Social media contacts' administrative access to social media accounts will be terminated upon exit from the University (CMSRU) or assignment to another job.
3. All University (CMSRU)-affiliated social media should be explicit regarding the relationship of the platform to the University (CMSRU).
4. All social media graphics and naming conventions must abide by the University's (CMSRU's) Graphic Standards policy.
  - a. University (CMSRU) trademarks and logos, including but not limited to the University (CMSRU) seal, torch and athletics logo, may not be used without approval.
  - b. 'Rowan University (CMSRU)' or 'Rowan' should be used within the social media username and prepend any qualifiers. 'RU' and other acronyms should not be used within the username unless the expanded versions do not adhere to unique platform restrictions.
  - c. Units that have multiple social media accounts should use the same photo and name across all platforms.

#### B. Personal Use of Social Media

1. Members of the University (CMSRU) community may not use the University (CMSRU) name, email addresses or University (CMSRU) logos/trademarks on social media to post information in a manner that may be interpreted as representing an official position of the University (CMSRU), or which may misrepresent the University's viewpoint. All accounts and posts in which a user



identifies him/herself as a member of the University (CMSRU) community should clearly communicate: "The views and opinions expressed are strictly those of the author. The contents have not been reviewed or approved by Rowan University (CMSRU)" or "Views/opinions are my own."

2. Members of the University (CMSRU) community may not access social media in a manner that interferes with or delays completion of their professional responsibilities.
  3. The University (CMSRU) name and University (CMSRU) email addresses may not be used on social media sites and online forums for personal communication.
  4. Members of the University (CMSRU) community may be held legally liable for what they post on their personal social media site(s) and should therefore refrain from any communications considered punishable under state or federal law.
  5. Individual students and student organizations are expected to abide by the Student Code of Conduct. Students may be accountable to the University (CMSRU) for acts on personal social media site(s) that violate the Student Code of Conduct.
  6. Any attempt by a member of the University (CMSRU) community to obscure his/her identity as a means to circumvent the prohibitions listed herein by representing himself/herself as another person, real or fictitious, is strictly prohibited.
- C. All University (CMSRU)-affiliated social media may not be used for any commercial business, financial transactions or interactions that would otherwise be considered irrelevant.
- D. Rights and permissions must be secured before posting, sharing or distributing copyrighted materials, including but not limited to music, art, photographs, texts, portions of video or information considered proprietary by a University (CMSRU) partner, vendor, affiliate or contractor. This does not include archives from University Relations, photos taken in a public venue and photos in which individuals are not clearly identifiable.
- E. Social media tools may not be used to communicate or store information classified as confidential, private or otherwise considered privileged or sensitive by the University (CMSRU); which compromises the privacy of a member of the University (CMSRU) community or its clients; or is considered confidential under applicable federal and state laws including HIPAA and FERPA.
- F. Social media does not replace or otherwise eliminate the need to use the University's (CMSRU's) existing recruitment systems and processes for posting positions, collecting applications, conducting background checks, making offers of employment and other related activities.

## 6. Crisis Management

- A. The catch-phrase, "If you see something, say something" should be a standard rule in social media monitoring. In the event that information surfaces on social media sites that is deemed as harassing or threatening in nature, or helpful in a crisis or investigation, it must be immediately reported to 911 and/or Public Safety at 856-256-4911 with the following if available:
1. Screenshot(s) of and link to the communication.
  2. Username(s) of the person(s) involved in the communication.
  3. As much information about the incident as possible.

- B. In the event of a crisis on campus, emergency messaging will be issued through the Department of Public Safety, the Office of Emergency Management and/or the Office of the President, and distributed according to the University's Emergency Response Team Communication Protocol. These messages will also be distributed on official University (CMSRU) social media accounts as needed.

1. Rowan University:
  - a. Facebook
  - b. Instagram
  - c. Twitter
2. CMSRU:
  - a. Facebook
  - b. Instagram
  - c. Twitter
3. RowanSOM:
  - a. Facebook
  - b. Instagram
  - c. Twitter
4. Share verbatim only the messaging provided by the aforementioned accounts to ensure only the correct information is disseminated. Do not share any information that does not come from any of the aforementioned University (CMSRU) sources.
5. Postpone/delete any previously scheduled social media content and refrain from posting unrelated information on social media until after the crisis.
6. If any social media messages could be used to help in a crisis, alert 911 or the Department of Public Safety immediately.

7. Additional Requirements for Medical School Communities

- A. Misrepresentation in any social media by any member of the CMSRU or RowanSOM communities, regarding the status of his/her credentials as a medical student or medical professional, is strictly prohibited.

B. Specific Restrictions under HIPAA and FERPA for Medical Students

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

- c. 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.”
2. Posting of any student records on social media by any individual within the CMSRU or RowanSOM community is strictly prohibited under the FERPA regulations.
  - a. FERPA-protected academic information of another medical student or trainee might include, but is not limited to, course or clerkship grades, narrative evaluations, examination scores or adverse academic actions.
3. All individuals within the CMSRU and RowanSOM communities must take steps to ensure compliance with all federal and state laws and regulations, including HIPAA and FERPA, by ensuring that their social media has the appropriate privacy settings to avoid the inadvertent dissemination of confidential 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.
4. It is inappropriate for a CMSRU or RowanSOM medical student to accept “friend” requests from patients, unless the physician-patient relationship has ended. Even after the physician-patient relationship has ended, it would be inappropriate to discuss health-related information on social media.
5. The public disclosure or negative information about CMSRU, RowanSOM or affiliated clinical rotation sites on social media increases the risk of liability to the University (CMSRU) and is clearly unprofessional. There are legitimate and confidential mechanisms for improving quality at a medical facility.
6. The specific sanctions to be imposed for non-compliance with HIPAA or FERPA laws and regulations, illegal activities, or violation of University/CMSRU/RowanSOM policies and procedures, will depend upon the severity and legal implications of the activity under review. Action will be initiated as appropriate in accordance with the classification of an individual (i.e., faculty, staff, medical 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 medical schools’ student handbooks. Discipline may range from simple counseling/guidance up to the risk of civil and/or criminal liability under applicable federal and state laws and regulations.

## 8. Non-Compliance and Sanctions

- A. Violations of this policy may result in the revocation of social media contact and account privileges.
- B. A disciplinary or other review may be initiated if any member of the University (CMSRU) community’s social media activity violates law or University (CMSRU) policy or otherwise subjects the University (CMSRU) to potential liability for such acts.
- C. The purpose of this section is not intended to provide for the investigation of, or disciplinary action against, members of the University (CMSRU) community for the legal exercise of their First Amendment rights.

## ATTACHMENTS

1. Attachment 1 - Definitions

## 2. Attachment 2 - References

### Attachment 1 - Definitions

1. *Accessibility* refers to hardware and software technologies that help visually or physically impaired people to use the computer.
2. *CMSRU* means Cooper Medical School of Rowan University (CMSRU).
3. *Confidentiality* is the expectation that only authorized individuals, processes and systems will have access to the University's (CMSRU's) information.
4. *Confidential Information* refers to the most sensitive information, which requires the strongest safeguards to reduce the risk of unauthorized access or loss. Unauthorized disclosure or access may: 1) subject University (CMSRU) to the risk of liability (for example, for violation of HIPAA and FERPA laws); 2) adversely affect its reputation; and 3) jeopardize its mission. See the Information Classification policy for additional information.
5. *Crisis* refers broadly to any real or perceived emergency, imminent threat or timely warning which: 1) can negatively impact or seriously endanger members of the University (CMSRU) community; 2) requires immediate attention to minimize impact; 3) has significant impact on the operation or reputation of the University (CMSRU); and 4) results in extensive news coverage and public scrutiny. Examples include but are not limited to serious threats to life/property, hostage situations, weather, disease or health threat, natural disaster, assault and civil unrest.
6. *HIPAA* refers to the Health Insurance Portability and Accountability Act, the federal law passed by Congress in 1996 that requires the protection and confidential handling of Protected Health Information ("PHI").
7. *Faculty Member* means any person hired by the University (CMSRU) to conduct classroom or teaching activities or who is otherwise considered by the University (CMSRU) to be a full- or part-time or adjunct member of its faculty.
8. *FERPA* refers to the Family Education Rights and Privacy Act, a federal law that protects students' privacy by prohibiting disclosure of students' personally identifiable information ("PII") within their education records, without the student's consent.
9. *Integrity* is the expectation that the University's (CMSRU's) information will be protected from improper, unauthorized, destructive or accidental changes.
10. *Medical Schools* means CMSRU and RowanSOM
11. *Medical Student* includes all persons pursuing medical studies at CMSRU or RowanSOM. Medical students who are not officially enrolled for a particular term but who have a continuing relationship with CMSRU or RowanSOM, such as medical students who were previously enrolled, withdraw/take a leave of absence, medical students participating in CMSRU or RowanSOM sponsored academic programs and medical students who are serving a period of suspension, are considered "medical students."
12. *Member of the University (CMSRU) Community* includes any person who is a student, faculty member, organization, alumni, volunteer, trustee, University (CMSRU) official or any other person employed by the University (CMSRU).
13. *Organization* means any number of persons who have complied with the formal requirements for University (CMSRU) recognition. This term also applies to persons involved in petitioning for recognition. (Greek Letter Organizations are also subject to the disciplinary procedures outlined in the Greek Handbook).
14. *Personally Identifiable Information ("PII")* means data or information which includes, but is not limited to: 1) the name of the medical student, the medical student's parent or other family members; 2) the address of the medical student or the medical 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 medical student's identity easily traceable.
15. *Private Information* refers to sensitive information that is restricted to authorized personnel and requires safeguards, but which does not require the same level of safeguards as confidential information protected from disclosure under federal and state laws such as FERPA and HIPAA. Unauthorized disclosure or access may present legal and reputational risks to the University (CMSRU). See the University's Information Classification policy for additional clarification.
16. *Professionalism* is a formal requirement for the education and training of both undergraduate and graduate medical students. CMSRU and RowanSOM expect individuals within the CMSRU and RowanSOM communities to strive to uphold the highest standards and personal behaviors, consistent with a respect for the medical profession, commencing 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 service above their own." *AAMC Professionalism Task Force*.
17. *Protected Health Information ("PHI")* means information that: 1) is created or received by a health care provider; 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.
18. RowanSOM means Rowan University School of Osteopathic Medicine.
19. *Social Media* refers to any online tools and services that allow Internet users to create and publish content, or any facility for web- and mobile-based publication and commentary, including but not limited to blogs, wikis, RSS feeds, content-sharing services, interactive geo-location platforms and networking sites including but not limited to Facebook, Twitter, YouTube, Instagram, LinkedIn, Snapchat, Pinterest, Google+, Periscope, Flickr and Wordpress..
20. *Social Media Contact* refers to any member of the University (CMSRU) community whose responsibilities include managing and/or maintaining a social media presence on behalf of the University (CMSRU) and/or who uses social media to engage in University (CMSRU)-affiliated communications.
21. *Social Media Officials* refer to people at the University (CMSRU) who delegate responsibilities to Social Media Contacts.
22. *Student* includes all persons enrolled in courses at Rowan University (CMSRU), both full-time and part-time, pursuing undergraduate or graduate studies and/or those who live in campus living units. Persons who are not officially enrolled for a particular term but who have a continuing relationship with the University (CMSRU), such as students who were previously enrolled, withdraw/take a leave of absence, persons participating in University (CMSRU) sponsored academic programs and students who are serving a period of suspension, are considered "students."
23. *University* means Rowan University and its Medical Schools.
24. *University-affiliated Social Media* refers to any social media presence intended to represent Rowan University (CMSRU) in any official or unofficial capacity.

25. *University Official* includes any person employed by Rowan University (CMSRU) to perform assigned administrative or professional responsibilities.

## **Attachment 2 - References**

1. Department of Public Safety
  - [Free Speech](#)
  - [General Safety and Security](#)
2. [Graphic Standards](#)
3. Human Resources
  - [Statement of Principles](#)
  - [Workplace Violence Policy](#)
4. Information Resources & Technology
  - [Acceptable Use](#)
  - [Data Governance](#)
  - [General User Password](#)
  - [Information Classification](#)
  - [Information Security](#)
  - [Transmission Sensitive Information](#)
  - [University Mass Notification Systems](#)
5. Medical Schools
  - [Cooper Medical School of Rowan University \(CMSRU\)](#)
  - [Rowan University \(SOM\) School of Osteopathic Medicine](#)
  - The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), Privacy and Security Rules, 45 CFR Part 160, 45 CFR Part 162 and 45 CFR Part 164.
  - The Family Educational Rights and Privacy Act (“FERPA”), 20 U.S.C. 1232g, 34 CFR Part 99
  - 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
6. [Office of Emergency Management](#)
  - [Emergency Preparedness](#)
7. Social Media Sites
  - *Facebook* – an online social utility that connects people and organizations with friends and others who work, study, live and engage around them.
  - *Flickr* – a photo sharing website on which users can view, upload and share photos.
  - *Google+* – integrated social platform that merges with other Google services including YouTube, Gmail and Google Search.
  - *Instagram* – a photo- and video-sharing network owned by Facebook that allows users to upload photos taken with a mobile device, apply special filters and share with their friends.
  - *LinkedIn* – a business-oriented online social utility that allows users to strengthen and extend their existing network of trusted professional contacts.
  - *Periscope* – a streaming service that lets users broadcast and explore the world through live video.
  - *Pinterest* – a website that allows users to “pin,” or bookmark, content they find interesting from around the web to categorized “boards” on their profiles.

- *Snapchat* – a mobile app that allows users to capture videos and pictures and send messages that self-destruct.
- *Twitter* – a real-time, micro-blogging and social utility service that allows users to send and read messages known as “tweets,” which are text-based posts containing no more than 140 characters.
- *Wordpress* – an online, open source content management system, blogging platform, and website creation tool.
- *YouTube* – a video-sharing website that makes it easy to search for and watch online videos.

#### 8. Social Media Terms

- [Facebook](#)
- [Flickr](#)
- [Google+](#)
- [Instagram](#)
- [LinkedIn](#)
- [Periscope](#)
- [Pinterest](#)
- [Snapchat](#)
- [Twitter](#)
- [Wordpress](#)
- [YouTube](#)

#### 9. [Student Life/Student Affairs](#)

- [Student Code of Conduct](#)

#### 10. [Web Content Accessibility Guidelines](#)

## Policies Related to Diversity, Equity, and Inclusion

### Anti-Discrimination Policy

CMSRU Adheres to the [Rowan University Policy for Anti-Discrimination](#)

#### I. Purpose

Rowan University (CMSRU) is committed to providing every Rowan University (CMSRU) employee, prospective Rowan (CMSRU) employee and student with a work and educational environment free from prohibited discrimination or harassment. This policy has been developed to reaffirm these principles and to provide recourse for those individuals whose rights have been violated.

#### II. Accountability

Supervisors and Managers are responsible for maintaining a discrimination and harassment-free work and educational environment. The Office of Employee Equity in Human Resources and the Office of Student Equity & Compliance in the Division of Diversity, Equity and Inclusion are responsible for the promotion and implementation of this policy, as well as responding to any and all complaints of violations of this policy.

#### III. Applicability

As a New Jersey state institution, Rowan University is subject to state legislation prohibiting discrimination, described more fully at N.J.A.C. 4A:7-3. This Policy, modeled after the New Jersey State Policy Prohibiting

Discrimination in the Workplace, is applicable to all Rowan University employees, prospective employees and students bringing forth complaints against university employees for alleged discrimination.

As a recipient of Federal financial assistance, Rowan University is also subject to Title IX of the Education Amendments of 1972. Title IX is a federal law that prohibits sex discrimination in the University's programs and activities. It reads: "No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance." Student/employee complaints of sexual harassment/sexual assault (as defined by Title IX) against students and University employees raise Title IX concerns and, therefore, are governed by the University's Title IX Sexual Harassment/Sexual Assault Policy. Complaints alleging sexual misconduct that falls outside of Title IX's definitional and jurisdictional requirements, may be governed by the University's Student Sexual Misconduct and Harassment Policy or Student Code of Conduct when made against a student; or this Policy Prohibiting Discrimination in the Workplace and Educational Environment or Disruptive Behavior and Workplace Violence Policy when made against a University Employee.

Student Discrimination Complaints Against Other Students: Complaints by students against other students for all forms of discrimination based on protected classifications should be reported to the Associate Vice President of Diversity, Equity and Inclusion, who retains discretion to determine the most appropriate avenue of response, including but not limited to, coordination with other University resources such as Residential Learning, the Office of Community Standards, or the Dean of Students. (See: Office of Student Equity and Compliance, Complaint Form: [https://cm.maxient.com/reportingform.php?RowanUniv&layout\\_id=16](https://cm.maxient.com/reportingform.php?RowanUniv&layout_id=16)). Not all such allegations will warrant a full investigation, but the University reserves the right to investigate any matter in which discrimination based on a protected class is asserted.

#### IV. Definitions

1. *Discrimination/Harassment in the Workplace or Educational Environment* means any employment or educational practice or procedure that treats an individual less favorably based upon any of the protected categories referred to below or as provided under applicable law. It is also a violation of this policy to use derogatory or demeaning references regarding the protected categories listed below or as provided under applicable law.
2. *Sexual Harassment* (when not covered by the Title IX Sexual Harassment/Sexual Assault Policy) means unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when, for example:
  - b. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; or
  - c. Submission to or rejection of such conduct by an individual is used as the basis for employment or educational decisions affecting such individual; or
  - d. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or educational experience, or creating an intimidating, hostile or offensive working environment.
1. *Sexual Misconduct* means the forms of sexual misconduct set forth in the [Student Sexual Misconduct and Harassment policy](#). All of the definitions set forth in that policy apply to such complaints. Prohibited conduct includes Sexual Assault (Rape, Fondling, Incest, Statutory Rape), Sexual Exploitation, Dating Violence, Domestic Violence, Stalking, and Sexual/Gender-Based Harassment.



2. *Third Party Harassment* means unwelcome behavior involving any of the protected categories referred to in the policy below that is not directed at an individual but exists in the workplace and interferes with an individual's ability to do his or her job.
3. *Retaliation* means adverse employment or educational consequences based upon that employee or student bringing forth a complaint, providing information for an investigation, testifying in any proceeding under this policy, or engaging in any other protected activity under this policy or under applicable law.

## V. **Standard of Evidence**

A finding under this policy will be based on the preponderance of the evidence standard. In other words, a finding will be made if the evidence as a whole shows that is more likely than not that a violation of the policy occurred.

## VI. **Policy Statement**

### 1. Protected Categories

Rowan University (CMSRU) is committed to providing every employee, prospective employee and student with a work and educational environment free from prohibited discrimination or harassment. Under this policy, forms of discrimination or harassment based upon the following protected categories are prohibited and will not be tolerated: race, creed, color, national origin/ethnicity, nationality, ancestry, age, sex/gender, pregnancy, marital status, civil union status, domestic partnership status, familial status, religion, affectional or sexual orientation, gender identity or expression, atypical hereditary cellular or blood trait, genetic information, liability for service in the Armed Forces of the United States, disability or any other protected classification (N.J.A.C. 4A:7-3.1).

To achieve the goal of maintaining a work and educational environment free from discrimination and harassment, Rowan University (CMSRU) strictly prohibits the conduct that is described in this policy. This is a zero tolerance policy. This means that the University (CMSRU) reserves the right to take either disciplinary action, if appropriate, or other corrective action, to address any unacceptable conduct that violates this policy, regardless of whether the conduct satisfies the legal definition of discrimination or harassment.

### 2. Applicability

Prohibited discrimination/harassment undermines the integrity of the employment relationship, compromises equal employment opportunity, debilitates morale and interferes with work productivity. Thus, this policy applies to all employees and applicants for employment at Rowan University (CMSRU). Similarly, discrimination/harassment undermines the integrity of the educational relationship and compromises a student's ability to participate in and enjoy the benefits of the University's (CMSRU) education program. Thus, this policy also applies to student complaints alleging discrimination against University (CMSRU) employees, including allegations of sexual misconduct that fall outside the definitional and jurisdictional requirements of Title IX. However, allegations of sexual harassment/sexual assault covered by Title IX will be addressed in accordance with the Title IX Sexual Harassment/Sexual Assault Policy.

The University (CMSRU) will not tolerate harassment or discrimination by anyone in the workplace or educational environment, including supervisors, co-workers, professors, adjunct faculty or persons doing business with the University (CMSRU), including vendors and third party consultants. This policy also applies to both conduct that occurs in the workplace or educational environment and conduct that occurs at any location which can be reasonably regarded as an extension of the workplace or educational environment (any field location, any off-site business-related social function, or any facility where Rowan University (CMSRU) business is being conducted and discussed). This policy further applies to posts on any social

media site and/or electronic device, personal or business, which adversely affects the work or educational environments. At the University's discretion, this policy may also apply to conduct that occurs outside the workplace or educational environment, but has a direct impact on an individual's workplace or educational environment.

This policy also applies to third party harassment. Third party harassment, or hostile environment harassment, is unwelcome behavior involving any of the protected categories referred to above that is not directed at an individual but exists in the workplace or educational environment and interferes with an individual's ability to do his or her job or to participate in and enjoy the benefits of the education program. Third party harassment based upon any of the aforementioned protected categories is prohibited by this policy.

### 3. Prohibited Conduct

It is a violation of this policy to engage in any employment or educational practice or procedure that treats an individual less favorably based upon any of the protected categories referred to above. This policy pertains to all employment practices such as recruitment, selection, hiring, training, promotion, transfer, assignment, layoff, return from layoff, termination, demotion, discipline, compensation, fringe benefits, working conditions, and career development and to all educational practices such as grading student work, providing educational opportunities, and discipline.

- a. It is also a violation of this policy to use derogatory or demeaning references regarding a person's race, gender, age, religion, disability, affectional or sexual orientation, ethnic background, or any other protected category set forth above. A violation of this policy can occur even if there was no intent on the part of an individual to harass or demean another.
- b. Examples of behaviors that may constitute a violation of this policy include, but are not limited to:
  - i. Discriminating against an individual with regard to terms and conditions of employment or education because of being in one or more of the protected categories referred to above;
  - ii. Treating an individual differently because of the individual's race, color, national origin or other protected category, or because an individual has the physical, cultural or linguistic characteristics of a racial, religious, or other protected category;
  - iii. Treating an individual differently because of marriage to, civil union to, domestic partnership with, or association with persons of a racial, religious or other protected category; or due to the individual's membership in or association with an organization identified with the interests of a certain racial, religious or other protected category; or because an individual's name, domestic partner's name, or spouse's name is associated with a certain racial, religious or other protected category;
  - iv. Calling an individual by an unwanted nickname that refers to one or more of the above protected categories, or telling jokes pertaining to one or more protected categories;
  - v. Using derogatory references with regard to any of the protected categories in any communication;
  - vi. Engaging in threatening, intimidating, or hostile acts toward another individual in the workplace or educational environment because that individual belongs to, or is associated with, any of the protected categories; or
  - vii. Displaying or distributing material (including electronic communications) in the workplace or educational environment that contains derogatory or demeaning language or images pertaining to any of the protected categories.

#### 4. Romantic Relationships with University (CMSRU) Employees

- a. Romantic/sexual relationships that occur in the context of employment supervision or evaluation present special problems. These types of romantic/sexual relationships are especially vulnerable to exploitation due to the difference in power and the respect and trust that are often present between a supervisor and a subordinate, or a senior and junior colleague in the same unit. Therefore, the University strongly discourages romantic/sexual relationships between individuals where there is an imbalance of power where one individual is in a position to make decisions, which may affect the standing or employment or career of the other. A subordinate's "voluntary" participation in a romantic/sexual relationship with an individual in a position of power or authority does not alone demonstrate that the conduct was welcome. A supervisor's display of a romantic interest in a subordinate may constitute sexual harassment. Employees in romantic/sexual relationships must recuse themselves from decision making when the decisions at issue may have an impact, either direct or indirect, on the employee with whom they are romantically involved. Those in a position of power who engage in a romantic or sexual relationship deemed unwelcome at any time by the other party may be in violation of this Policy and subject to investigation and possible disciplinary action.
- b. Romantic/sexual relationships that occur in the student-professor context present special problems. These types of romantic/sexual relationships are especially vulnerable to exploitation due to the difference in power and the respect and trust that are often present between a professor and a student. Therefore, the University strongly discourages romantic/sexual relationships between individuals where there is an imbalance of power where one individual is in a position to make decisions, which may affect the educational opportunities or standing of the other. A student's "voluntary" participation in a romantic/sexual relationship with an individual in a position of power or authority does not alone demonstrate that the conduct was welcome. Therefore, the attempts of a professor to show a romantic interest in a student may constitute sexual harassment. University (CMSRU) employees in romantic/sexual relationships must recuse themselves from decision making when the decisions at issue may have an impact, either direct or indirect, on the student with whom they are romantically/sexually involved. Those who abuse their power in such circumstances may be found to have violated this Policy. An abuse of power may be, but is not limited to, inflating a student's grade, or providing preferential academic opportunities to an individual based on a romantic or sexual relationship.
- c. Any individual who engages in a consensual romantic or sexual relationship with someone over whom he or she has supervisory responsibility in the employment context, or educational responsibility in the educational context, must inform his or her immediate supervisor of the consensual relationship, so that the University (CMRU) can take appropriate action to make changes that eliminate the conflict of interest. Failure to give proper notice to the appropriate supervisor may result in the denial of legal representation and indemnification in the event that a lawsuit based on the relationship is filed. In addition, failure to give proper notice to the appropriate supervisor may result in disciplinary action.

#### 5. Sexual Harassment

- a. It is a violation of this policy to engage in sexual (or gender-based) harassment of any kind, including hostile work environment harassment, quid pro quo harassment, or same-sex harassment. For the purposes of this policy, sexual harassment is defined, as in the Equal Employment

Opportunity Commission Guidelines, as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when, for example:

- i. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
  - ii. Submission to or rejection of such conduct by an individual is used as the basis for employment or educational decisions affecting such individual; or
  - iii. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.
- b. Examples of prohibited behaviors that may constitute sexual harassment and are therefore a violation of this policy include, but are not limited to
- i. Generalized gender-based remarks and comments;
  - ii. Unwanted physical contact such as intentional touching, grabbing, pinching, brushing against another's body or impeding or blocking movement;
  - iii. Sexual physical contact or sexual misconduct (as defined in the Student Sexual Misconduct and Harassment Policy) that involves any form of coercion, force, or lack of consent, such as sexual assault, which falls outside of Title IX's definitional and jurisdictional requirements and, therefore, would not otherwise be governed by the University's (CMSRU) Title IX Sexual Harassment/Sexual Assault Policy.
  - iv. Verbal, written or electronic sexually suggestive or obscene comments, jokes or propositions including letters, notes, e-mail, text messages, invitations, gestures or inappropriate comments about a person's clothing;
  - v. Visual contact, such as leering or staring at another's body; gesturing; displaying sexually suggestive objects, cartoons, posters, magazines or pictures of scantily-clad individuals; or displaying sexually suggestive material on a bulletin board, on a locker room wall, or on a screen saver;
  - vi. Explicit or implicit suggestions of sex by a supervisor or manager in return for a favorable employment action such as hiring, compensation, promotion, or retention;
  - vii. Suggesting or implying that failure to accept a request for a date or sex would result in an adverse employment consequence with respect to any employment practice such as performance evaluation or promotional opportunity; or
  - viii. Continuing to engage in certain behaviors of a sexual nature after an objection has been raised by the target of such inappropriate behavior.

6. Student Responsibilities

Any student who believes that she or he has been subjected to any form of prohibited discrimination/harassment by an employee, or who witnesses other students being subjected to such discrimination/harassment, is encouraged to promptly report the incident(s) to the Office of Student Equity & Compliance in the Division of Diversity, Equity and Inclusion. (Complaint Form: [https://cm.maxient.com/reportingform.php?RowanUniv&layout\\_id=16](https://cm.maxient.com/reportingform.php?RowanUniv&layout_id=16)).

7. Employee Responsibilities

Any employee who believes that she or he has been subjected to any form of prohibited discrimination/harassment, or who witnesses others being subjected to such discrimination/harassment, is encouraged to promptly report the incident(s) to a supervisor or directly to the Office of Employee Equity in Human Resources. (Complaint Form: Civil Service Employees

– [https://sites.rowan.edu/equity/\\_docs/discrimination\\_complaint\\_form.pdf](https://sites.rowan.edu/equity/_docs/discrimination_complaint_form.pdf); non-Civil Service Employees – [https://sites.rowan.edu/equity/\\_docs/policies/non-discrimination-complaint-form.pdf](https://sites.rowan.edu/equity/_docs/policies/non-discrimination-complaint-form.pdf)). A person who wishes to take action about prohibited sexual physical contact can file a criminal complaint with law enforcement of the municipality where the incident occurred. That person can also make a criminal report and a report to his/her or their supervisor or the Office of Employee Equity - the individual does not have to choose one or the other.

Any employee who receives a complaint from a student that she or he has been subjected to any form of prohibited discrimination/harassment by an employee, or who witnesses students being subjected to such discrimination/harassment, should promptly report the incident(s) to the Office of Student Equity & Compliance in the Division of Diversity, Equity and Inclusion. (Complaint Form: [https://cm.maxient.com/reportingform.php?RowanUniv&layout\\_id=16](https://cm.maxient.com/reportingform.php?RowanUniv&layout_id=16)).

All employees are expected to cooperate with investigations undertaken pursuant to the Procedures for Internal Discrimination/Harassment Complaints below. Failure to cooperate in an investigation may result in administrative and/or disciplinary action, up to and including termination of employment. Supervisor Responsibilities

Supervisors shall make every effort to maintain a work or educational environment that is free from any form of prohibited discrimination/harassment. Supervisors shall immediately refer allegations of prohibited discrimination/harassment made by employees to the Office of Employee Equity in Human Resources and allegations made by students to the Office of Student Equity & Compliance in the Division of Diversity, Equity and Inclusion.

A supervisor's failure to comply with these requirements may result in administrative and/or disciplinary action, up to and including termination of employment. For purposes of this Policy, a supervisor is defined broadly to include any manager or other individual who has authority to control the work environment of any other staff member (for example, a project leader).

8. Supervisor Responsibilities

Supervisors shall make every effort to maintain a work or educational environment that is free from any form of prohibited discrimination/harassment. Supervisors shall immediately refer allegations of prohibited discrimination/harassment made by employees to the Office of Employee Equity in Human Resources and allegations made by students to the Office of Student Equity & Compliance in the Division of Diversity, Equity and Inclusion.

A supervisor's failure to comply with these requirements may result in administrative and/or disciplinary action, up to and including termination of employment. For purposes of this Policy, a supervisor is defined broadly to include any manager or other individual who has authority to control the work environment of any other staff member (for example, a project leader).

9. Dissemination

The University shall annually distribute the policy described in this section, or a summarized notice of it, to all of its employees and students, including part-time and seasonal employees. The policy can be accessed on the Rowan University website <https://sites.rowan.edu/equity/policies.html> or a hardcopy can be obtained from the Office of Employee Equity in Human Resources. Rowan University will distribute the policy to vendors/contractors with whom it has a direct relationship.

10. Complaint Process

Rowan University (CMSRU) follows the Model Procedures for Processing Internal Discrimination

Complaints with regard to reporting, investigating, and where appropriate, remediating claims of discrimination/harassment (See Procedures for Internal Discrimination / Harassment Complaints, below, and N.J.A.C. 4A:7-3.2).

The Office of Employee Equity in Human Resources is responsible for receiving and investigating complaints of discrimination/harassment made by employees against employees and third parties. The Office of Student Equity & Compliance in the Division of Diversity, Equity and Inclusion is responsible for receiving and investigating complaints of discrimination/harassment made by students against employees and third parties.

All investigations of discrimination/harassment claims shall be conducted in a way that respects, to the extent possible, the privacy of all the persons involved. The investigations shall be conducted in a prompt, thorough and impartial manner. The results of the investigations of complaints against employees shall be forwarded to the Rowan University Vice President of Human Resources (or his/her authorized designee) to make a final decision as to whether a violation of the policy has been substantiated.

Where a violation of this policy is found to have occurred, Rowan University (CMSRU) shall take prompt and appropriate remedial action to stop the behavior and deter its reoccurrence. The University shall also have the authority to take prompt and appropriate remedial action, such as moving two employees or employees and students apart, before a final determination has been made regarding whether a violation of this policy has occurred.

The remedial action taken may include counseling, training, intervention, mediation, and/or the initiation of disciplinary action up to and including termination of employment.

Rowan University shall maintain a written record of the discrimination/harassment complaints received. Written records, consisting of the investigative report and any attachments, including witness statements, shall be maintained as confidential records to the extent practicable and appropriate, and will maintain so indefinitely.

#### 11. Prohibition Against Retaliation

- a. Retaliation against any employee or student who alleges that she or he was the victim of discrimination/harassment, provides information in the course of an investigation into claims of discrimination/harassment in the workplace or educational environment, or opposes a discriminatory practice, is prohibited by this policy. No employee or student bringing a complaint, providing information for an investigation, or testifying in any proceeding under this policy shall be subjected to adverse employment or other consequences based upon such involvement or be the subject of other retaliation.
- b. Following are examples of prohibited actions taken against an employee or student because the employee or student has engaged in activity protected by this subsection:
  - i. Termination of an employee;
  - ii. Failing to promote an employee;
  - iii. Altering an employee's work or a student's course assignment for reasons other than legitimate business or educational reasons;
  - iv. Imposing or threatening to impose disciplinary action on an employee or student for reasons other than legitimate business or educational reasons;

- v. Ostracizing an employee or student (for example, excluding an employee or student from an activity or privilege offered or provided to all other employees or students); or
- vi. Imposing a poor grade or evaluation of a student for other than legitimate educational reasons.

12. False Accusations and Information:

The burden is on the complainant to articulate a sufficient nexus between the alleged conduct to a protected category pursuant to this policy. An employee who knowingly makes a false accusation of prohibited discrimination/harassment or knowingly provides false information in the course of an investigation of a complaint, may be subjected to administrative and/or disciplinary action, up to and including termination of employment. Similarly, a student who knowingly makes a false accusation of prohibited discrimination/harassment or knowingly provides false information in the course of an investigation of a complaint, may be subjected to discipline under the Student Code of Conduct. Complaints made in good faith, however, even if found to be unsubstantiated, shall not be considered a false accusation.

2. Confidentiality:

All complaints and investigations shall be handled, to the extent possible, in a manner that will protect the privacy interests of those involved, and the University (CMSRU) will strive to prevent any unnecessary disruption to the work or educational environment. To the extent practical and appropriate under the circumstances, confidentiality shall be maintained throughout the investigatory process. In the course of an investigation, it may be necessary to discuss the claims with the person(s) against whom the complaint was filed and other persons who may have relevant knowledge or who have a legitimate need to know about the matter. In order to protect the integrity of the investigation, minimize the risk of retaliation against the individuals participating in the investigative process, and protect the important privacy interests of all concerned, all persons interviewed, including witnesses, shall be directed not to discuss any aspect of the investigation with others, unless there is a legitimate business reason to disclose such information. Failure to comply with this confidentiality directive may result in administrative and/or disciplinary action, up to and including termination of employment or student discipline in accord with the Student Code of Conduct.

13. Administrative and/or Disciplinary Action:

Any employee found to have violated any portion or portions of this policy may be subject to appropriate administrative and/or disciplinary action which may include, but which shall not be limited to – referral for training, referral for counseling, written or verbal reprimand, suspension, reassignment, demotion or termination of employment. Referral to another appropriate authority for review for possible violation of State and Federal statutes may also be appropriate.

14. Training:

Rowan University shall provide all new employees with training on the policy and procedures set forth in this section within a reasonable period of time after each new employee's appointment date. Refresher training shall be provided to all employees, including supervisors, within a reasonable period of time. The University shall also provide supervisors with training on a regular basis regarding their obligations and duties under the policy and regarding procedures set forth in this section. University (CMSRU) employees responsible for managing and investigating complaints of harassment or discrimination, shall receive additional training related to response to and prevention of sexual violence. Each such employee shall complete a refresher training course every three years.

## VII. **Procedures for Internal Discrimination/Harassment Complaints**

The following procedures are adapted from the New Jersey Model Procedures for Internal Complaints Alleging Discrimination in the Workplace, N.J.A.C. 4A:7-3.2. Rowan University (CMSRU) will follow the procedures below in the receipt and investigation of discrimination complaints.

- a. All employees, applicants for employment, and students have the right and are encouraged to immediately report suspected violations of the Rowan University (CMSRU) Policy Prohibiting Discrimination in the Workplace and Educational Environment (as adapted from N.J.A.C. 4A:7-3.1).
- b. Complaints of prohibited discrimination/harassment made by employees against employees should be reported to the Assistant Vice President of Employee Equity & Labor Relations and/or HR Investigation Manager in Human Resources, or to any supervisory employee of Rowan University (CMSRU).  
(Complaint Form: Civil Service Employees  
– [https://sites.rowan.edu/equity/\\_docs/discrimination\\_complaint\\_form.pdf](https://sites.rowan.edu/equity/_docs/discrimination_complaint_form.pdf); non-Civil Service Employees  
– [https://sites.rowan.edu/equity/\\_docs/policies/non-discrimination-complaint-form.pdf](https://sites.rowan.edu/equity/_docs/policies/non-discrimination-complaint-form.pdf)). Complaints of prohibited discrimination/harassment made by students against employees should be reported to the Associate Vice President of Diversity, Equity and Inclusion or the DEI Investigation Manager in the Division of Diversity, Equity and Inclusion. (Complaint Form: [https://cm.maxient.com/reportingform.php?RowanUniv&layout\\_id=16](https://cm.maxient.com/reportingform.php?RowanUniv&layout_id=16)).
- c. Every effort should be made to report complaints promptly. Delays in reporting may not only hinder a proper investigation, but may also unnecessarily subject the victim to continued prohibited conduct.
- d. Supervisory employees shall immediately report all alleged violations of the Rowan University (CMSRU) Policy Prohibiting Discrimination in the Workplace and Educational Environment. Complaints made by employees shall be reported to the Assistant Vice President of Employee Equity & Labor Relations and/or HR Investigation Manager in Human Resources. Complaints made by students shall be reported to the Associate Vice President of Diversity, Equity and Inclusion or DEI Investigation Manager in the Division of Diversity, Equity and Inclusion. Such a report shall include both alleged violations reported to a supervisor, and those alleged violations directly observed by the supervisor.
- e. If reporting a complaint to any of the persons set forth in paragraphs b. or d. above presents a conflict of interest, Civil Service employees can file the complaint directly with the Division of EEO/AA, P.O. Box 315, Trenton, NJ 08625, and non-Civil Service employees can file a complaint directly with the Associate Vice President of Human Resources. An example of such a conflict would be where the individual against whom the complaint is made is involved in the intake, investigative or decision-making process.
- f. In order to facilitate a prompt, thorough and impartial investigation, all employee complainants are encouraged to submit a Complaint Form, which can be found at: Civil Service Employees  
– [https://sites.rowan.edu/equity/\\_docs/discrimination\\_complaint\\_form.pdf](https://sites.rowan.edu/equity/_docs/discrimination_complaint_form.pdf); non-Civil Service Employees  
– [https://sites.rowan.edu/equity/\\_docs/policies/non-discrimination-complaint-form.pdf](https://sites.rowan.edu/equity/_docs/policies/non-discrimination-complaint-form.pdf). [https://sites.rowan.edu/equity/\\_docs/policies/non-discrimination-complaint-form.pdf](https://sites.rowan.edu/equity/_docs/policies/non-discrimination-complaint-form.pdf). Student complainants are encouraged to submit a Complaint Form, which can be found at [https://cm.maxient.com/reportingform.php?RowanUniv&layout\\_id=16](https://cm.maxient.com/reportingform.php?RowanUniv&layout_id=16). An investigation may be conducted whether or not the form is completed.
- g. To the extent required, Rowan University shall maintain a written record of the discrimination/harassment complaints received. Written records shall be maintained as confidential records to the extent practicable and appropriate. A copy of all complaints (regardless of the format in which submitted) must be submitted to the Civil Service Commission, Division of EEO/AA, by the University's Office of Employee Equity, along with a copy of the acknowledgement letter(s) sent to the person(s) who filed the



complaint and, if applicable, the complaint notification letter sent to the person(s) against whom the complaint has been filed, including the basis for the complaint and whether or not an investigation will be initiated. When a complaint on its face is insufficient to determine the nature and scope of the allegations, the Assistant Vice President of Employee Equity & Labor Relations (or designee) shall interview the person submitting the complaint for additional information to determine whether the allegations implicate this policy. If after conducting the interview of a complainant, the Assistant Vice President of Employee Equity & Labor Relations (or designee) determines that an investigation is not warranted, a letter shall be sent to the complainant explaining the basis for the decision not to investigate. If a written complaint has not been filed, the Office of Employee Equity must submit to the Division of EEO/AA a brief summary of the allegations that have been made. Copies of complaints filed with the New Jersey Division on Civil Rights, the U.S. Equal Employment Opportunity Commission, or in court also must be submitted to the Division of EEO/AA.

- h. During the initial intake of a complaint, the representative of the Office of Employee Equity or representative from the Office of Student Equity & Compliance, or an authorized designee, will obtain information regarding the complaint, and determine if interim corrective measures are necessary to prevent continued violations of the Rowan University (CMSRU) Policy Prohibiting Discrimination in the Workplace and Educational Environment. Interim corrective actions include, but are not limited to:
  - i. Separation of parties;
  - ii. Removal of parties from the workplace or educational environment; and
  - iii. Involvement of law enforcement, when appropriate, for instances involving bodily harm or serious bodily harm.
- i. At the discretion of the Assistant Vice President of Employee Equity & Labor Relations or Associate Vice President of Diversity, Equity and Inclusion (or designees), whichever is applicable, a prompt, thorough, and impartial investigation into the alleged harassment or discrimination will take place. The complainant shall have the burden to articulate a sufficient nexus between the alleged conduct to a protected category pursuant to this policy.

In determining whether or not a thorough investigation is warranted, the Assistant Vice President of Employee Equity & Labor Relations (or designee) when reviewing complaints shall consider, but is not limited to considering, the following factors: the facts presented, whether the complainant articulated sufficient nexus between the alleged conduct to a protected category referred to above, the time the incident(s) occurred, the time the incident was reported, and whether the complainant and/or respondent is a current University (CMSRU) employee (regardless of when the incident occurred).

- j. An investigatory report will be prepared by the Assistant Vice President of Employee Equity & Labor Relations or the Associate Vice President of Diversity, Equity and Inclusion, whichever is applicable, or his or her designee, when the investigation is completed. The report will include, at a minimum:
  - i. A summary of the complaint;
  - ii. A summary of the parties' positions;
  - iii. A summary of the facts developed through the investigation; and
  - iv. An analysis of the allegations and the facts

The investigatory report will be submitted to the Vice President of Human Resources (or his/her authorized designee), who will issue a final letter of determination to the parties.
- k. The Vice President of Human Resources (or his/her authorized designee) will review the investigatory report issued by the Assistant Vice President of Employee Equity & Labor Relations or the Associate Vice President of Diversity, Equity and Inclusion, whichever is applicable, or his or her authorized

designee, and make a determination as to whether the allegation of a violation of the Rowan University Policy Prohibiting Discrimination in the Workplace and Educational Environment has been substantiated. If a violation has occurred, and the respondent is a management employee, the Vice President of Human Resources (or his/her authorized designee) will determine appropriate corrective measures necessary to immediately remedy the violation. If a violation has occurred, and the respondent is a union and/or non-management employee, the Vice President of Human Resources (or his/her authorized designee) will refer the matter to the Assistant Vice President of Employee Equity & Labor Relations to determine the appropriate corrective measures necessary to immediately remedy the violation.

- l. The Vice President of Human Resources (or his/her authorized designee) will issue a final letter of determination to both the complainant(s) and the person(s) against whom the complaint was filed, setting forth the results of the investigation and the right of appeal as set forth in the Paragraphs below. To the extent possible, the privacy of all parties involved in the process shall be maintained in the final letter of determination. The Civil Service Commission, Division of EEO/AA shall be furnished with a copy of the final letter of determination.
  - i. The letter shall include, at a minimum:
    1. A brief summary of the parties' positions;
    2. A brief summary of the facts developed during the investigation; and
    3. An explanation of the determination, which shall include whether:
      - a. The allegations were either substantiated or not substantiated; and
      - b. A violation of the Rowan University Policy Prohibiting Discrimination in the Workplace and Educational Environment did or did not occur.
  - ii. The investigation of a complaint shall be completed and a final letter of determination shall be issued no later than 120 days after the initial intake of the complaint is completed.
  - iii. The time for completion of the investigation and issuance of the final letter of determination may be extended by Rowan University for up to 60 additional days in cases involving exceptional circumstances. When applicable, the Office of Employee Equity shall provide the Division of EEO/AA and all parties with written notice of any extension and shall include in the notice an explanation of the exceptional circumstances supporting the extension.
- m. A complainant who is in the career, unclassified or senior executive service, or who is an applicant for employment, who disagrees with the determination of the Vice President of Human Resources (or his/her authorized designee), may submit a written appeal to the New Jersey Civil Service Commission ("NJCSC"), Division of Merit System Practices and Labor Relations, Written Record Appeals Unit, P.O. Box 312, Trenton, NJ 08625-0312, postmarked or delivered within 20 days of the receipt of the determination from the Vice President of Human Resources (or his/her authorized designee). The appeal shall be in writing and include all materials presented by the complainant at the University level, the final letter of determination, the reason for the appeal and the specific relief requested. Please be advised that there is a fee for appeals. Please include a check or money order along with the appeal, payable to NJCSC. Persons receiving public assistance and those qualifying for NJCSC Veterans Preference are exempt from this fee.
  - i. Civil Service employees filing appeals which raise issues for which there is another specific appeal procedure must utilize those procedures. The Civil Service Commission may require any appeal, which raises issues of alleged discrimination and other issues, such as examination appeals, to be processed using the procedures set forth in this section or a combination of procedures as the Commission deems appropriate. See N.J.A.C. 4A:2-1.7.

- ii. If an appeal under this policy raises issues concerning the employee not receiving an advancement appointment, the Commission shall decide those issues in the course of its determination.
  - iii. The Civil Service Commission shall decide the appeal on a review of the written record or such other proceeding as it deems appropriate. See N.J.A.C. 4A:2-1.1(d).
  - iv. The appellant shall have the burden of proof in all discrimination appeals brought before the Civil Service Commission.
- n. In a case where a violation has been substantiated, and no disciplinary action recommended, the party(ies) against whom the complaint was filed, and who are in the career, unclassified or senior executive service, may appeal the determination to the Civil Service Commission at the address indicated above, within 20 days of receipt of the final letter of determination by the Vice President of Human Resources (or his/her authorized designee).
  - i. The burden of proof shall be on the appellant.
  - ii. The appeal shall be in writing and include the final letter of determination, the reason for the appeal, and the specific relief requested.
  - iii. If disciplinary action has been recommended in the final letter of determination, the party(ies) charged, who are in the career, unclassified or senior executive service may appeal using the procedures set forth in N.J.A.C. 4A:2-2 (Major Discipline) and 3 (Minor Discipline and Grievances)
- o. A complainant or respondent (an individual against whom the complaint was filed) who is NOT in the career, unclassified or senior executive service, or who is NOT an applicant for employment, or who is a student of Rowan University (CMSRU), who disagrees with the determination of the Vice President of Human Resources (or his/her authorized designee), may submit a written appeal to the Chief of Staff, postmarked or delivered within 20 days of the receipt of the determination from the Vice President of Human Resources (or his/her authorized designee). The appeal shall be in writing, presented by the complainant or respondent to the Chief of Staff, with a copy to the Assistant Vice President of Employee Equity & Labor Relations in Human Resources, as set forth below. The Chief of Staff (or his/her authorized designee) will forward the appeal to an Appeals Panel, consisting of representatives of senior leadership, to review the appeal. The Appeals Panel may or may not elect to review a decision. The Chief of Staff (or his/her authorized designee) shall respond to a request for review within 15 days.
  - i. The complainant or respondent may request an appeal of the determination only if the complainant or respondent is able to produce new information not previously submitted or can produce information demonstrating that the determination was arbitrary and capricious. This means that the determination will be considered for review only if new information exists or if information exists demonstrating that the determination was invalid because it was made on unreasonable grounds or without consideration of the circumstances.
  - ii. The complainant or respondent should send either the new information or a brief explanation of why they believe the finding is arbitrary and capricious based upon the facts presented to the Chief of Staff (with a copy to the Assistant Vice President of Employee Equity & Labor Relations in Human Resources) within 20 days of receipt of the determination letter. The appeal shall be in writing and shall include only those materials supporting the request for review and the specific relief requested. You need not include the original materials submitted with the complaint or in response to the complaint as these documents will be provided by the original office to whom the complaint was submitted. The Appeals Panel may elect to review the materials only if it is

believed the determination is arbitrary and capricious, or if the new materials were not previously considered in the original determination.

- iii. The appellant shall have the burden of proof in all discrimination appeals brought before the Chief of Staff (or his/her authorized designee).
- p. When required, the Director of the Division of EEO/AA shall be placed on notice of, and given the opportunity to submit comments on, appeals filed with the Civil Service Commission of decisions on discrimination complaints, regardless of whether or not the complaint was initially filed directly with the Director of Division of EEO/AA.

#### **VIII. External Agencies**

Any employee or applicant for employment can file a complaint directly with external agencies that investigate discrimination/harassment charges in addition to utilizing this internal procedure. The timeframes for filing complaints with external agencies indicated below are provided for informational purposes only. An individual should contact the specific agency to obtain exact timeframes for filing a complaint. The deadlines run from the date of the last incident of alleged discrimination/harassment, not from the date that the final letter of determination is issued by the Vice President of Human Resources (or his/her authorized designee).

#### **Division on Civil Rights**

##### **N. J. Department of Law & Public Safety (Within 180 days of the discriminatory act)**

The DCR may be contacted at:

[www.njCivilRights.gov](http://www.njCivilRights.gov) or

1-833-NJDCR4U (833-653-2748)

The Regional Offices are located:

##### **Northern Regional Office**

31 Clinton Street, 3rd Floor

Newark, NJ 07102

973-648-2700

##### **Central Regional Office**

140 East Front Street: 6th Floor

PO Box 090

Trenton, NJ 08625

609-292-4605

##### **Southern Regional Office**

5 Executive Campus, Suite 107

Cherry Hill, NJ 08034

856-486-4080

##### **South Shore Regional Office**

1325 Boardwalk, 1st Floor

Tennessee Ave & Boardwalk

Atlantic City, NJ 08401  
609-441-3100

**United States Equal Employment Opportunity  
Commission (EEOC)  
(Within 300 days of the discriminatory act)  
National Call Center – 1 800-669-4000**

Newark Area Office  
Two Gateway Center  
Suite 1703  
283-299 Market Street  
Newark, NJ 07102  
1-800-669-4000 / 973-645-4684

The Newark Area Office has jurisdiction over the State of New Jersey Counties of Bergen, Essex, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Passaic, Somerset, Sussex, Union and Warren.

Philadelphia District Office  
801 Market Street, Suite 1000  
Philadelphia, PA 19107-3126  
1-800-669-4000 / 267-589-9700 / or email [PDOContact@eeoc.gov](mailto:PDOContact@eeoc.gov).

The Philadelphia District Office has jurisdiction over the State of New Jersey Counties of Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean and Salem.

## **IX. References**

1. [N.J.A.C. 4A:7 Equal Employment Opportunity and Affirmative Action](#)
2. [New Jersey Policy Prohibiting Discrimination in the Workplace](#)
3. [New Jersey Model Procedures for Internal Complaints Alleging Discrimination in the Workplace](#)
4. [Non-Civil Service Employee Discrimination Complaint Processing Form](#)
5. [Civil Service Employee Discrimination Complaint Processing Form](#)
6. [Student Discrimination Complaint Processing Form](#)
7. [Student Sexual Misconduct and Harassment Policy](#)
8. [Title IX Sexual Harassment/Sexual Assault Policy](#)

## **Student Mistreatment Policy**

### **POLICY:**

Cooper Medical School of Rowan University (“CMSRU”) is committed to promoting student success in an atmosphere dependent upon mutual respect, collegiality, fairness, trust, and accountability within its respective community. Student mistreatment, abuse, harassment, intimidation, or bullying 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. CMSRU adheres to the standards described in the Association of American Medical Colleges (“AAMC”) Teacher-Learner Compact (see Teacher-Learner Interaction Policy located in the Student Handbook, the Faculty Handbook, and the CMSRU Compendium of Policies for Faculty, Residents, and Staff). Students are expected to abide by the tenets of the CMSRU Professional Conduct Policy.

**PURPOSE:**

The purpose of this policy is to outline expectations of behaviors that promote a positive learning environment for CMSRU medical students, to provide mechanisms and procedures for students to report alleged mistreatment, and to identify procedures to address alleged violations. This policy defines these expectations, provides examples and definitions of unacceptable treatment of medical students, describes the procedures available to report incidents of mistreatment, and informs what actions will be taken to monitor, investigate, and respond to reports.

**SCOPE:**

This policy applies to all CMSRU medical students and those who serve as teachers, mentors or other CMSRU community members with whom students interact throughout all years and areas of the educational experience.

**DEFINITIONS:**

Discrimination: An educational practice or procedure that treats an individual less favorably based upon any of the following protected categories: race, creed, color, national origin/ethnicity, nationality, ancestry, age, sex/gender, pregnancy, marital status, civil union status, domestic partnership status, familial status, religion, affectional or sexual orientation, gender identity or expression, atypical hereditary cellular or blood trait, genetic information, liability for service in the Armed Forces of the United States, disability or any other protected classification (N.J.A.C. 4A:7-3.1).

Mistreatment: The Liaison Committee on Medical Education (“LCME”) states, “Mistreatment, either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others or unreasonably interferes with the learning process.” It can take the form of physical punishment, harassment, psychological cruelty, and discrimination based on race, religion, ethnicity, sex, age or sexual orientation or any other protected class. The CMSRU End Mistreatment Task Force determined and compiled a list of mistreatment never behaviors. The following behaviors represent mistreatment of patients, colleagues, or learners and should never occur.

**Never Behaviors:**

- Never make disparaging comments to or about other professionals.
- Never make disrespectful comments to or about patients, their friends, or family members.
- Never belittle, humiliate, harass, or bully a learner.
- Never subject anyone to physical harm or threat of physical harm.
- Never require learners to perform non-team-centric, non-patient-centric personal services.
- Never require learners to perform tasks intended to punish, belittle, humiliate or control the learner.
- Never subject learners to discriminatory exclusion from learning opportunities, a hostile learning/working environment, or intentional neglect.
- Never subject learners to offensive, sexist remarks or subject them to unwanted sexual advances (physical or verbal).
- Never ask anyone to exchange sexual favors for rewards.
- Never engage in an intimate relationship with a learner one is responsible for supervising, evaluating, mentoring, or coaching.
- Never deny learners opportunities for training or rewards because of gender, age, race, disability, ethnicity, sexual orientation, or religion.
- Never subject anyone to negative or offensive comments or behaviors because of gender, age, race, disability, ethnicity, sexual orientation, or religion.
- Never pressure a learner to perform a medical procedure for which they are insufficiently trained or insufficiently supervised.
- Never subject anyone to inappropriate comments about their appearance.
- Never subject learners to retaliation or threats of retaliation for making a good-faith report of mistreatment or unprofessional behavior.

**Retaliation:** Adverse action taken against an individual in response to, motivated by, or in connection with an individual's complaint of mistreatment, participation in an investigation of such complaint and/or opposition to reported mistreatment in the educational or workplace setting.

**STUDENT REPORTING PROCEDURE:** It is strongly suggested that students submit an electronic Mistreatment Report in real-time for all alleged mistreatment-related events to ensure proper follow-up and resolution. A student can report an incident by using any of the following methods/venues of reporting:

- Office of Student Affairs
  - Douglas Reifler, MD; Senior Associate Dean for Student Affairs, [reifler@rowan.edu](mailto:reifler@rowan.edu)
  - Marion Lombardi, EdD; Assistant Dean for Student Affairs, [lombardim@rowan.edu](mailto:lombardim@rowan.edu)
  - Alisa Modena, MD; Director of Student Affairs, [modena@rowan.edu](mailto:modena@rowan.edu)
- Office of Diversity and Community Affairs
  - Guy Hewlett, MD; Associate Dean for Diversity and Community Affairs, [hewlett@rowan.edu](mailto:hewlett@rowan.edu)
  - Kristyn Kent Wuillermin, Asst. Director of Community Affairs, [kentk@rowan.edu](mailto:kentk@rowan.edu)
  - Taruna Chugeria, MEd, Director – Pathway Programs and Diversity Initiatives, [chugeria@rowan.edu](mailto:chugeria@rowan.edu)
- CMSRU Ombuds Office
  - Debrah Meislich, MD; Ombudsperson, [meislich-debrah@cooperhealth.edu](mailto:meislich-debrah@cooperhealth.edu)
- Title IX Coordinator
  - Marion Lombardi, EdD; Asst. Dean for Student Affairs, [lombardim@rowan.edu](mailto:lombardim@rowan.edu)
- Disabilities/Accommodations
  - Marion Lombardi, EdD; Asst. Dean for Student Affairs, [lombardim@rowan.edu](mailto:lombardim@rowan.edu)
- Via Course and Clerkship Evaluations
  - Issues of mistreatment can be voiced through the course and clerkship evaluations distributed at the end of the course/clerkship
- Deans and Directors
  - To provide easier access to reporting, students may report an incident to any Dean or Director they feel comfortable approaching
  - The Dean or Director will then convey the complaint to the Senior Associate Dean for Student Affairs or designee

## CONFIDENTIALITY OF REPORTING MECHANISMS

- As set forth above, CMSRU provides several mechanisms for both informally discussing and/or reporting allegations of mistreatment. These mechanisms, whenever possible, are designed to respect the student's wishes in deciding how to report and respond to the incident. However, CMSRU cannot guarantee confidentiality when there is a concern for the immediate safety of the student or the community. Students are strongly encouraged to ask any questions about confidentiality before revealing details they prefer to keep private.
- While there are several anonymous and confidential ways to report inappropriate treatment of students, full disclosure of the persons involved and the behaviors witnessed can lead to more effective action to correct the problem. Therefore, CMSRU encourages full reporting of incidents of inappropriate treatment of students and people involved in them. However, anonymous reports will also be investigated to the extent that specific information is provided. A student can report anonymously by utilizing the CMSRU Student Mistreatment Form. [https://cmsruapps.rowan.edu/surveys/report\\_mistreatment](https://cmsruapps.rowan.edu/surveys/report_mistreatment)
- If a student chooses not to remain anonymous, CMSRU will discuss with the reporting student whether they want their name shared with the mistreatment source and the timing of contact (e.g., delay until relevant course/clerkship has been completed). However, if the report concerns the safety of the student or the community, it will need to be addressed immediately. Retaliation is prohibited at CMSRU and can result in significant consequences for faculty members.

- CMSRU will keep confidential all records of complaints and investigations to the extent permitted by law. However, behaviors that violate Title IX of the 1972 Education Amendments to the Higher Education Act, which include discrimination or harassment based on sex or gender, must be reported by a CMSRU official so that they can be promptly acted upon to be compliant with Federal Law.
- Behaviors that pose an immediate danger to others (e.g., violence or threats of physical violence, illegal drug use by caregivers in a clinical setting, deliberate violation of patient safety procedures) or are illegal (e.g., stealing narcotics, falsifying patient records) must also result in immediate reporting so that action can be taken. These behaviors will be investigated, via Rowan University/CMSRU (RU/CMSRU) and Cooper University Health Care (CUHC) policies and protocols (e.g. RU/CMSRU Anti-Violence, Impaired Student Process, Professional Conduct, Student Code of Conduct, (CUHC) Prevention and Suspected Drug Diversion, Theft, Loss, and Reporting Policy and Violence Prevention Plan).
- The Office of Student Affairs and the Office of Medical Education are responsible for the oversight of mistreatment of students. After a mistreatment report is filed, the appropriate parties will review the complaint and determine the course of action based on the severity and circumstances of the incident. If the event is reported via a course or clerkship evaluation, it will be addressed with the respective departments and faculty. In the event of an electronic mistreatment submission, the student, where identified, will be contacted within three (3) business days confirming receipt of the complaint. The student, when self-identified, will participate in the investigatory process. An action plan will be formulated within fourteen (14) days from the filing. The Standard Operating Procedures for the Office of Student Affairs and Office of Medical Education are listed as appendices.

**RETALIATION:** Threats, other forms of intimidation, and retaliation against a student for bringing a complaint of mistreatment or for assisting another in bringing a complaint are prohibited. Reporting mistreatment will have no impact on a student's performance assessment. Retaliation against those reporting mistreatment or participating in an investigation of mistreatment is also regarded as a form of mistreatment. Complaints of retaliation will be investigated by OME or OSA, or if applicable, may be forwarded to the appropriate CMSRU and/or CUHC administrator for investigation.

**MALICIOUS ACCUSATIONS:** A complainant or witness found to have been dishonest or malicious in making allegations at any point during the investigation process may be subject to disciplinary action.

#### **ADDITIONAL NOTES:**

1. This process does not apply to the student's personal preferences regarding the faculty/professional staff members' physical appearance, personal values, sexual orientation, or the right to academic freedom or freedom of expression.
2. To the extent possible, the student will be responsible for documentation of their allegations in all grievance matters.
3. All students, faculty, professional staff, department chairs, supervisors, deans, and directors are expected to follow the steps outlined in this policy.

If not reported anonymously, the reporting student will be notified of the outcome of the investigation when a remediation plan has been made, and the general approach that is being taken; however, the specific details of those plans are generally protected in nature.

#### **OTHER APPLICABLE POLICIES**



CMSRU recognizes that this Mistreatment Policy is only one of several grievance procedures that may be used by a student depending on the nature of their complaint. Depending on the circumstances, a student may choose to pursue a remedy by alternative pathways for the alleged abusive conduct by filing a complaint as follows:

- Complaints of Sexual Harassment/Sexual Assault are referred to the Office of Student Equity and Compliance, Division of Diversity, Equity and Inclusion, at Rowan University to be reviewed in accordance with:
  - (i) Title IX Sexual Harassment/Sexual Assault Policy at:  
<https://confluence.rowan.edu/pages/viewpage.action?pageId=132646706>  
 (addresses allegations of sexual misconduct that meet the definition of Title IX sexual harassment/sexual assault occurring within a University program or activity); or
  - (ii) Student Sexual Misconduct and Harassment Policy at:  
<https://confluence.rowan.edu/display/POLICY/Student+Sexual+Misconduct+and+Harassment+Policy>  
 (applies to forms of sexual misconduct against a student that does not fall within the scope of the Title IX Sexual Harassment/Sexual Assault policy).
- Complaints of Discrimination are referred to the Office of Student Equity & Compliance in the Division of Diversity, Equity and Inclusion to be reviewed in accordance with:
  - (i) Policy Prohibiting Discrimination in the Workplace and Educational Environment  
<https://confluence.rowan.edu/display/POLICY/Policy+Prohibiting+Discrimination+in+the+Workplace+and+Educational+Environment>  
 (reaffirms the principles that students have the right to an educational environment free from prohibited discrimination or harassment and provides recourse for those individuals whose rights have been violated); or
  - (ii) Procedure for Resolving Student v. Student Discrimination Complaints  
[https://sites.rowan.edu/diversity-equity-inclusion/\\_docs/procedure-for-t6.pdf](https://sites.rowan.edu/diversity-equity-inclusion/_docs/procedure-for-t6.pdf)

## Appendices

### STANDARD OPERATING PROCEDURES

#### MISTREATMENT INVESTIGATION PROCESS FOR OFFICE OF STUDENT AFFAIRS

SOP name/title: Mistreatment Review Process for Office of Student Affairs		
SOP originator: Assistant Dean for Student Affairs	SOP Approval: Assistant Dean for Student Affairs, CMSRU	Effective Date:  August 8, 2020
Signature:	Signature:	Last Edited Date: July 25, 2023

1. Reports of student mistreatment can initiate from a variety of reporting options including the anonymous mistreatment system provided via the Office of Student Affairs (OSA), the direct reporting of the incident to any member of the leadership team at CMSRU or a course/clerkship director, and via the course evaluation system established by the

Office of Medical Education (OME). **The OSA addresses mistreatment events outside of activities pertaining to the curriculum and other allegations of mistreatment deemed appropriate to investigate.** When student mistreatment is reported, the following steps are taken to ensure proper review and resolution:

- Allegations of student mistreatment occurring outside of the educational program are communicated to the Assoc. Dean for Student Affairs (ASDA), Asst. Dean for Student Affairs and/or the Director of Student Affairs for review and investigation. If the allegation of student mistreatment is a Title IX issue, the issue is directed to the Rowan University Office of Student Equity and Compliance. If an allegation of student mistreatment is a Title IX issue and involves a Cooper University Health Care (CUHC) employee, the issue is co-investigated by the Rowan University Office of Student Equity and Compliance and the Cooper University Health Care Office of Human Resources.
  - Findings of the student mistreatment investigation are reported to the Senior Associate Dean for Student Affairs.
  - The ADSA reports all incidents of mistreatment to the CMSRU Dean. If an allegation of mistreatment involves a CUHC employee or occurs at CUHC or a CUHC ambulatory site, the Dean notifies CUHC leadership personnel.
  - After discussion with the Dean and after presentation and discussion at the executive cabinet, a plan is developed concerning the actions that need to be taken relative to the mistreatment incident. This plan is formulated as soon as possible and within ten (10) days of completion of the investigational report. Immediate action is taken if there is a threat to student safety or well-being.
  - The student (if they supplied their name and were not anonymous) can participate in the investigatory process and is made aware of the findings of the investigation and actions taken. If the student disagrees with the final determination of the investigatory findings, the issue is directed to, and investigated by, the Rowan University Office of Student Equity and Compliance. No further investigation is undertaken once the Rowan University Office of Student Equity and Compliance finalizes its investigation and conclusions unless new information is brought forward. The OSA carries out any required actions/recommendations.
  - The Executive Cabinet of Deans reviews the mistreatment event and the investigational report, including actions leading to resolution or appeal.
2. Information regarding the case (de-identified) is provided to the Committee for a Positive Learning Environment in the standing Mistreatment Report that they receive on an ongoing basis.
  3. All mistreatment information is kept confidential and maintained in a locked, fire-safe cabinet in the Office of Student Affairs.

### STANDARD OPERATING PROCEDURES MISTREATMENT INVESTIGATION PROCESS FOR OFFICE OF MEDICAL EDUCATION

SOP name/title: Mistreatment Review Process for Courses and Clerkships			
SOP originator: Sundip Patel MD Asst Dean for Curriculum, Phase II	SOP originator:	SOP Approval: Senior Assoc Dean for Medical Education  Dean, CMSRU	Effective Date:  October 7, 2020
Signature:	Signature:	Signature:	Last Edited Date: July 25, 2023; updated June 4, 2024

When a student files a Mistreatment Report concerning activities pertaining to a Phase I or Phase II course or clerkship or describes a mistreatment event in a course or clerkship evaluation form, the following process is followed to review the incident, investigate it, and determine proper resolution.

1. The appropriate Assistant Dean of Phase I or Phase 2 courses or clerkships receives reports of student mistreatment and conducts the review and investigation, supported by the Senior Associate Dean for Medical Education (SADME). Reports of mistreatment can initiate from a variety of reporting options including the anonymous mistreatment system provided by the Office of Student Affairs (OSA), the direct reporting of the incident to any member of the leadership team at CMSRU, or to a course/clerkship director, and via the course evaluation system established by the Office of Medical Education (OME). (The OSA addresses mistreatment events outside of the curriculum according to their policies.) The OME addresses all incidents of student mistreatment related to the educational program.
2. If an allegation of mistreatment involves a CUHC employee or occurs at Cooper University Hospital or a CUHC ambulatory site, the Dean notifies CUHC leadership, including the Senior Vice President of Human Resources and the Chief Physician Executive. If a faculty member is involved, the Departmental Chair is notified; if a resident or fellow is involved, the Program Director and the Designated Institutional Official (DIO) are notified; and if a nurse is involved, the Chief Nursing Officer is notified.
3. If the allegation of student mistreatment is a Title IX issue, it is directed immediately to the Rowan University Office of Student Equity and Compliance. If an allegation of student mistreatment is a Title IX issue and involves a Cooper University Health Care (CUHC) employee, the issue is co-investigated by the Rowan University Office of Student Equity and Compliance and the CUHC Office of Human Resources.
4. For incidents within the educational program, the appropriate Assistant Dean, Phase 1 or Phase 2, notifies the SADME.
5. The SADME reports all incidents of student mistreatment to the CMSRU Dean. After discussion, a preliminary investigational and action plan is developed. Immediate action is taken if there is a threat to student safety or well-being.
6. The Assistant Dean of Phase 1 or Phase 2, investigates the mistreatment event and reports their findings to the SADME and the Dean.
7. After discussion with the Dean, and after presentation and discussion at the executive cabinet, the plan may be revised concerning the actions that need to be taken relative to the mistreatment incident. This plan is formulated as soon as possible and within ten (10) days of completion of the investigational report.
8. The student (if they supplied their name and were not anonymous) can participate in the investigatory process and is made aware of the findings of the investigation and actions taken. If the student disagrees with the final determination of the investigation, the issue is directed to, and investigated by, the Rowan University Office of Student Equity and Compliance. Unless new information is brought forward, no further investigation is undertaken once the Rowan University Office of Student Equity and Compliance finalizes its investigation and conclusions. The OME carries out any required actions/recommendations.
9. Information regarding the case (de-identified) is provided to the Committee for a Positive Learning Environment in the standing Mistreatment Report that they receive on an ongoing basis.
10. The mistreatment event and actions taken are recorded in the appropriate dashboard.

## **TIPS FOR CREATING A POSITIVE LEARNING AND WORKING ENVIRONMENT FOR ALL FACULTY, RESIDENTS, AND FELLOWS**

Before each rotation or course, please review the following guidelines:

Set the stage: how medical educators (attending physicians, residents, fellows, etc.) can form a cohesive team:

- 5-minute orientation to goals, objectives, expectations and the mechanics of the rotation or course.
- Ask learners what they most want to learn.
- Embrace the learners as part of the patient care team.
- Affirm your shared commitment to the primacy of patient care and a positive learning environment.
- Emphasize the ethos of psychological safety.
- Frame the work of the team (crucial work, fraught with uncertainty).
- Admit that we all make mistakes and may need each other's help.

Provide students with authentic roles: medical educators should encourage their learners to take an active role in patient care.

- Students learn best by doing, not by shadowing or taking a back seat.
- Encourage students to know their patients and advocate for their care.
- Students should be helpful by tracking down outside test results and by performing other important supportive activities.
- Provide adequate space and time to debrief after emergencies and high-intensity moments, so students can learn from them and not feel neglected.

Challenge learners: medical educators should promote an environment of intellectual curiosity while inspiring learners to apply critical thinking skills to complex patient problems:


- Encourage all team members to ask thought-provoking questions, of anyone, at any time.
- Let learners know you will ask thought-provoking questions to encourage learning.
- Embrace the messengers: thank those who ask useful questions or bring useful information.

The CMSRU End Mistreatment Task Force determined and compiled a list of mistreatment never behaviors. The following behaviors represent the mistreatment of patients, colleagues, or learners and should never occur.

### **Never Behaviors**

- Never make disparaging comments to or about other professionals.
- Never make disrespectful comments to or about patients, their friends, or family members.
- Never belittle, humiliate, harass, or bully a learner.
- Never subject anyone to physical harm or threat of physical harm.
- Never require learners to perform non-team-centric, non-patient-centric personal services.
- Never require learners to perform tasks intended to punish, belittle, humiliate or control the learner.
- Never subject learners to discriminatory exclusion from learning opportunities, a hostile learning/working environment, or intentional neglect.
- Never subject learners to offensive, sexist remarks or subject them to unwanted sexual advances (physical or verbal).
- Never ask anyone to exchange sexual favors for rewards.
- Never engage in an intimate relationship with a learner one is responsible for supervising, evaluating, mentoring, or coaching.

- Never deny learners opportunities for training or rewards because of gender, age, race, disability, ethnicity, sexual orientation, or religion.
- Never subject anyone to negative or offensive comments or behaviors because of gender, age, race, disability, ethnicity, sexual orientation, or religion.
- Never pressure a learner to perform a medical procedure for which they are insufficiently trained or insufficiently supervised.
- Never subject anyone to inappropriate comments about their appearance.
- Never subject learners to retaliation or threats of retaliation for making a good-faith report of mistreatment or unprofessional behavior.

<b>POLICY AND PROCEDURES FOR REPORTING MISTREATMENT</b> <b>Cooper Medical School of Rowan University</b>		
<p><b>Cooper Medical School of Rowan University will establish and sustain an atmosphere that promotes:</b></p> <ul style="list-style-type: none"> <li>• Integrity</li> <li>• Trust</li> <li>• Fairness</li> <li>• Collegiality</li> <li>• Mutual Respect</li> <li>• Accountability</li> <li>• Positive Learning Environment</li> </ul> <div style="text-align: center;">  <p><b>Click QR Code to Access Mistreatment Reporting Form</b></p> </div>	<p><b>Mistreatment "Never Behaviors" deemed unacceptable include:</b></p> <ul style="list-style-type: none"> <li>• Never make disparaging comments to or about other professionals.</li> <li>• Never make disrespectful comments to or about patients, their friends, or family members.</li> <li>• Never belittle, humiliate, harass, or bully a learner.</li> <li>• Never subject anyone to physical harm or threat of physical harm.</li> <li>• Never require learners to perform non-team-centric, non-patient-centric personal services.</li> <li>• Never require learners to perform tasks intended to punish, belittle, humiliate or control the learner.</li> <li>• Never subject learners to discriminatory exclusion from learning opportunities, a hostile learning/working environment, or intentional neglect.</li> <li>• Never subject learners to offensive, sexist remarks or subject them to unwanted sexual advances (physical or verbal).</li> <li>• Never ask anyone to exchange sexual favors for rewards.</li> <li>• Never engage in an intimate relationship with a learner one is responsible for supervising, evaluating, mentoring, or coaching.</li> <li>• Never deny learners opportunities for training or rewards because of gender, age, race, disability, ethnicity, sexual orientation, or religion.</li> <li>• Never subject anyone to negative or offensive comments or behaviors because of gender, age, race, disability, ethnicity, sexual orientation, or religion.</li> <li>• Never pressure a learner to perform a medical procedure for which they are insufficiently trained or insufficiently supervised.</li> <li>• Never subject anyone to inappropriate comments about their appearance.</li> <li>• Never subject learners to retaliation or threats of retaliation for making a good-faith report of mistreatment or unprofessional behavior.</li> </ul>	<p><b>Avenues to Report Mistreatment:</b></p> <p><b>Online/Anonymous Student Mistreatment Reporting Form</b></p> <p><b>Office of Student Affairs</b>  <b>Douglas Reifler, MD</b>  E: reifler@rowan.edu  <b>Marion Lombardi, EdD</b>  E: lombardim@rowan.edu  <b>Alisa Modena, MD</b>  E: modena@rowan.edu</p> <p><b>Asso. Dean for Diversity and Community Affairs</b>  <b>Guy Hewlett, MD</b>  E: hewlett@rowan.edu</p> <p><b>Asst. Director of Community Affairs</b>  <b>Kristyn Kent Wullermin</b>  E: kentk@rowan.edu</p> <p><b>Director for Pathway Programs and Diversity Initiatives</b>  <b>Taruna Chugeria, MEd</b>  E: chugeria@rowan.edu</p> <p><b>Ombudsperson</b>  <b>Debrah Meislich, MD</b>  E: meislich-debrah@cooperhealth.edu</p> <p><b>Disabilities/Accommodations and Title IX</b>  <b>Marion Lombardi, EdD</b>  E: lombardim@rowan.edu</p> <p><b>Course and Clerkship Evaluations</b>  Issues of mistreatment can be voiced through course and clerkship evaluations at the end of the course</p> <p><b>Deans and Directors</b>  To provide easier access for reporting, students may choose to report incidents to any dean or director who will then disseminate the complaint to the assistant dean for student affairs or designee</p>

## Religious Observance Policy

### POLICY:

Religious Observance Policy

### PURPOSE:

CMSRU respects the diversity of faiths and spiritual practices in its community and recognizes the right for students to observe religious holidays.

### SCOPE:

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

**DEFINITIONS:**

Observance in this policy means a student being absent from a CMSRU class/activity in order to observe a religious holiday.

**PROCEDURE:**

CMSRU recognizes and respects the religious beliefs and practices of its students and seeks to accommodate them reasonably within the requirements of the academic schedule. As a result, CMSRU will not penalize a student who must be absent from a class, examination, study, or work requirement for a religious observance. Students who anticipate being absent because of a religious observance must, as early as possible and in advance of an anticipated absence of a day, days, or portion of a day, inform their course/clerkship director, preceptor, education coordinator and Assistant Dean for Student Affairs as soon as possible, but not less than seven days prior to the scheduled day of observance. CMSRU recognizes that travel intended for religious observances may be required in certain circumstances. Excused absences for travel related to a religious observance will be evaluated on a case by case basis by the Assistant Dean for Student Affairs or designee.

Whenever feasible, faculty should avoid scheduling examinations and assignment deadlines on religious holidays. A student absent from a class because of religious observance shall not be penalized for any class, examination or assignment deadline missed on that day or days and a reasonable accommodation shall be made. In the event an examination or assignment deadline is scheduled on a day of religious observance, a student unable to attend class shall be permitted to make up an examination or to extend any assignment deadline missed. No adverse or prejudicial effect shall result to any student who takes advantage of the provisions of this policy.

If a student believes they are not being granted the full benefits of the policy and has not been successful resolving the matter with the course director, the student may confer with the Associate Dean of Student Affairs. For your convenience, please follow the link to an interfaith calendar of religious holidays.

<http://www.interfaith-calendar.org/>

## **Student Sexual Misconduct and Harassment Policy**

CMSRU Adheres to the [Rowan University Student Sexual Misconduct and Harassment Policy](#)

**PURPOSE**

Students of the Rowan University community have the right to access and benefit from the University's educational and other programs, activities or services, free from any form of Sexual Misconduct. The University does not tolerate Sexual Misconduct of any kind. This policy has been developed to reaffirm these principles and to provide recourse for those individuals whose rights have been violated.

**APPLICABILITY**

This policy applies to all students of Rowan University from the time of their acceptance and admission into the University until the date of their graduation or formal withdrawal. This policy shall not apply to allegations of conduct that do not constitute Sexual Misconduct as defined herein. Notwithstanding, such behavior may be addressed by the University under other policies such as the [Title IX Sexual Harassment/Sexual Assault Policy](#), [Student Code of Conduct](#) or [Procedure for Resolving Student v. Student Discrimination Complaints](#). In addition, this policy shall not apply to allegations of Sexual Misconduct against Rowan employees and vendors – such complaints may be handled under the [Policy Prohibiting Discrimination in the Workplace and Educational Environment](#), [Disruptive Behavior and Workplace Violence Policy](#) or other applicable policy.

**INTRODUCTION:** This Student Sexual Misconduct and Harassment Policy applies to forms of Sexual Misconduct as defined herein, when alleged against a student Respondent. Specifically, this policy applies to forms of Sexual

Misconduct that do not fall under the scope of the [Title IX Sexual Harassment/Sexual Assault Policy](#), including Sexual Exploitation. This policy also applies to complaints against student Respondents alleging certain conduct that would otherwise be prohibited under the [Title IX Sexual Harassment/Sexual Assault Policy](#) (e.g., Dating Violence, Domestic Violence, Sexual Assault and Stalking), but which must be dismissed under the [Title IX Sexual Harassment/Sexual Assault Policy](#) because they do not meet the jurisdictional requirements.

The University will respond to Reports or Formal Complaints (as defined below) of conduct prohibited under this policy with measures designed to stop the prohibited conduct, prevent its recurrence and remediate any adverse effects of such conduct on campus or in University-related programs or activities.

The University will not deprive an individual of rights guaranteed under federal and state law (or federal and state anti-discrimination provisions; or federal and state law prohibiting discrimination on the basis of sex) when responding to any claim of Sexual Misconduct.

Conduct that is prohibited under this policy may also constitute a violation of federal, state or local law and a student may be charged in the criminal justice system, as well as under this policy. Alternatively, charges can occur for violations of this policy which may not be in violation(s) of the law. The criminal justice system is different from this Sexual Misconduct process. The University reserves the right to reach its own determination on violations of this policy, independently of the outcome of any civil or criminal proceeding. The University retains the right to hear a Sexual Misconduct matter before, after or during the pendency of a civil or criminal matter related to the same incident/conduct. If a matter is going through the criminal justice system, and a Report or Formal Complaint has also been made to the University, the Sexual Misconduct process at the University may proceed normally during the pendency of the criminal proceedings. As the Sexual Misconduct process is an educational disciplinary process, the legal rules related to evidence, criminal procedure, civil procedure and administrative procedure do not apply to this process.

## STANDARD OF EVIDENCE

A finding under this policy will be based on the preponderance of the evidence standard. In other words, a finding will be made if the evidence as a whole show that it is more likely than not that a violation of the Student Sexual Misconduct and Harassment Policy occurred. Under this policy, there is a presumption that the Respondent is not responsible for the alleged conduct until a determination regarding responsibility is made at the conclusion of the Grievance Process, or the Respondent admits responsibility.

## DEFINITIONS/TERMINOLOGY

- **Actual Knowledge** – Notice of Sexual Misconduct or allegations of Sexual Misconduct made to the University’s AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance or any official of the University who has authority to institute corrective measures on behalf of the University (such as the Investigator, or Dean of Students). This standard is not met when the only official of the University with Actual Knowledge is also the Respondent. In addition, the mere fact that a third party who works for the University (such as a Responsible Employee) may become aware of allegations of Sexual Misconduct, or that such individuals have the ability or obligation to report Sexual Misconduct, or to inform another about how to report Sexual Misconduct, or having been trained to do so, does not qualify an individual as one who has authority to institute corrective measures on behalf of the University.
- **Complainant** - An individual who is alleged to be the victim of conduct that could constitute Sexual Misconduct, or on whose behalf the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance has filed a Formal Complaint.
- **Consent** – Consent is informed, knowing, voluntarily and freely given permission to engage in mutually agreed upon sexual activity. The University will apply a reasonable person standard in determining whether or not consent was given, unless otherwise required by law.

- The person giving consent must be capable of doing so freely, with the ability to understand what they are doing and the specific details (who, what, when, where and how) of the sexual contact to which they are consenting.
- Consent may be given by words or actions, as long as those words or actions create mutually understandable permission regarding the conditions of sexual activity.
- It is the obligation of the person initiating sexual contact to obtain clear consent for the specific type of sexual contact sought. A person's use of alcohol and/or drugs shall not diminish such person's responsibility to obtain consent.
- Lack of protest does not constitute consent. Silence or passivity without words or actions that communicate mutually understandable permission cannot be assumed to convey consent.
- Use of violence, threats, coercion or intimidation invalidates any consent given.
- A verbal "no" even if it may sound indecisive or insincere, constitutes lack of consent.
- Consent for one form of sexual contact does not imply consent to other forms. For example, consent to oral sex does not imply consent to vaginal/anal sex.
- It is expected that once consent has been established, a person who changes their mind during the sexual act or sexual contact will communicate through words or overt actions their decision to no longer proceed.
- Past consent does not constitute consent for future sexual contact/activity.
- Persons who are unable to give valid consent under New Jersey law, (i.e. minors, individuals with mental health disabilities) are considered unable to give consent under NJ State Policy N.J.S.A.2C:4-2.
- Consent cannot be given by a person who is unconscious or sleeping. If consent has been given while a person is conscious or awake, and then that person becomes unconscious or falls asleep, consent terminates at that point.
- Persons who are incapacitated due to the use of drugs or alcohol cannot give consent.
- **Disciplinary sanctions** - Disciplinary Sanction(s) shall be imposed upon a Respondent where a determination of responsibility for Sexual Misconduct has been made against the Respondent. Disciplinary Sanctions for Respondents may range from a warning to expulsion. Respondents will also be referred to appropriate authorities for criminal prosecution when appropriate, regardless of any Disciplinary Sanctions under this policy.
- **False report**– Intentionally making a report of Sexual Misconduct to a University official, knowing at the time the report was made, that the prohibited conduct did not occur and the report was false. A determination regarding responsibility, alone, will not be sufficient to conclude that any party made a materially false report in bad faith.
- **False statement**– Intentionally making a statement during the Grievance Process or Appeals Process to a University official, knowing at the time the statement was made, that it was false. A determination regarding responsibility, alone, will not be sufficient to conclude that any party or witness made a materially false statement in bad faith.
- **Formal complaint** – A document filed and signed by a Complainant, or signed by the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance, alleging Sexual Misconduct against a Respondent, and requesting that the University investigate the allegations of Sexual Misconduct. The Formal Complaint should include in detail the nature of the complaint, dates and locations of particular events, names/contact information of witnesses (if any), the name of the individual(s) against whom the complaint is



being made and any other relevant information. A Report of Sexual Misconduct may be filed with the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance in person, by mail, by electronic mail or by filling out the report form found [HERE](#). Upon receipt of a Report of possible Sexual Misconduct, the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance, or Designee, will reach out the Complainant to discuss the Complainant's options, including the ability to file a Formal Complaint.

- **Incapacitation** – The physical and/or mental inability to make informed, rational judgements and decisions. States of incapacitation include sleep, unconsciousness and blackouts.
  - Where alcohol or drugs are involved, incapacitation is determined by how the substance impacts a person's decision-making capacity, awareness of consequences and ability to make informed judgements. In evaluating whether a person was incapacitated for purposes of evaluating effective Consent, the University considers two questions:
    - Did the person initiating sexual activity know that their partner was incapacitated?
    - Should a sober, reasonable person in the same situation have known that their partner was incapacitated? If the answer to either of these questions is "yes," effective Consent was absent.
  - For purposes of this policy, incapacitation is a state beyond drunkenness or intoxication. A person is not incapacitated merely because they have been drinking or using drugs. The standard for incapacitation does not turn on technical or medical definitions, but instead focuses on whether a person has the physical and/or mental ability to make informed, rational judgments and decisions.
  - A person who initiates sexual activity must look for the common and obvious warning signs that show that a person may be incapacitated or approaching incapacitation. Although every individual may manifest signs of incapacitation differently, typical signs include slurred or incomprehensible speech, unsteady gait, combativeness, emotional volatility, vomiting or incontinence. A person who is incapacitated may not be able to understand some or all of the following questions: "Do you know where you are?" "Do you know how you got here?," "Do you know what is happening?" or "Do you know whom you are with?"
  - Because the impact of alcohol and other drugs varies from person to person, one should be cautious before engaging in sexual contact or intercourse when either party has been drinking alcohol or using drugs. The introduction of alcohol or other drugs may create ambiguity for either party as to whether effective Consent has been sought or given. If one has doubt about either party's level of intoxication, the safe thing to do is to forgo all sexual activity.
- **Remedies** - Remedies may be provided to a Complainant where a determination of responsibility for Sexual Misconduct has been made against the Respondent. Remedies are designed to restore or preserve the Complainant's equal access to the University's education program or activity. Remedies may include the same individualized services described in the Supportive/Interim Measures section below; however, unlike Supportive/Interim Measures, Remedies need not be non-disciplinary or non-punitive, and need not avoid burdening the Respondent. Remedies provided may include, but not be limited to, a one-way no contact directive; changes to housing/work arrangements; or a leave of absence.
- **Report** - Anyone may file a Report alleging an incident of Sexual Misconduct of which they become aware. The Report should include as much information possible, such as details (if known) of the nature of the incident, dates of particular events, names/contact information of any Complainant, Respondent, witnesses (if any), and any other relevant information. A Report may be filed with the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance, in person, by mail, by electronic mail or by filling out the report form found [HERE](#).

- **Respondent** – An individual who has been reported to be the perpetrator of conduct that could constitute Sexual Misconduct.
- **Responsible employees** – Certain employees, who under this policy, are required, after receiving information regarding Sexual Misconduct, to report it to the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance. These employees include, but are not limited to, Public Safety Police and Security Officers, managers and supervisors, coaches, club and organization advisors, faculty, Deans and Residential Learning staff (Resident Assistants, Community Safety Assistants, Resident Directors and Residential Learning Coordinators). Notwithstanding, knowledge of an incident of Sexual Misconduct by a Responsible Employee (other than those who also have authority to institute corrective measures on behalf of the University) does not constitute Actual Knowledge by the University.
- **Sanctions** – See Disciplinary Sanctions.
- **Supportive/interim measures** – See Section X below.

## PROHIBITED CONDUCT

This policy addresses allegations of Sexual Misconduct, against student Respondents, that occur on the basis of sex that do not fall within the definitional or jurisdictional requirements of the federal regulations underlying the [Title IX Sexual Harassment/Sexual Assault Policy](#). To the extent allegations of inappropriate behavior/misconduct against a student may not be covered by this policy or the Title IX Sexual Harassment/Sexual Assault Policy, they may still be addressed under the [Student Code of Conduct](#), [Procedure for Resolving Student v. Student Discrimination Complaints](#) or other applicable policy/procedure. Allegations against employees that do not fall under the Title IX Sexual Harassment/Sexual Assault Policy, may be addressed under the [Policy Prohibiting Discrimination in the Workplace and Educational Environment](#), [Disruptive Behavior and Workplace Violence](#) Policy or other applicable policy.

Examples of prohibited conduct under this policy, when alleged against a student, may include conduct: (i) that occurs in the local vicinity (i.e., local restaurant) but outside a University program or activity; (ii) occurs outside the United States when the conduct is associated with a University-sponsored program or activity; or (iii) conduct that involves the University's computing and network resources from a remote location, including but not limited to accessing email accounts.

Prohibited conduct (referred to collectively as “Sexual Misconduct” throughout the policy) is the following behaviors if they fall outside the jurisdictional requirements of the Title IX Sexual Harassment/Sexual Assault Policy.

- **Sexual harassment** – Unwelcome sexual or gender based verbal or physical behavior, through any medium, determined by a reasonable person to be so severe, pervasive and objectively offensive that it effectively denies a person of equal access to the University's education program or activity.
- **Sexual assault** – Any sexual act directed against another person, without their consent or where they are incapable of giving consent. An offense that meets the definition of rape, fondling, incest or statutory rape:
  - *Rape*: The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.
  - *Fondling*: The touching of the private body parts of another person for the purpose of sexual gratification, without the consent of the victim, including instances where the victim is incapable of giving consent because of his/her age or because of his/her temporary or permanent mental incapacity.
  - *Incest*: Sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law.

- *Statutory Rape*: Sexual intercourse with a person who is under the statutory age of consent.
- **Stalking** – Engaging in a course of conduct, through any medium, directed at a specific person that would cause a reasonable person to: (a) fear for the person's own safety or the safety of others; or (b) suffer substantial emotional distress. For the purposes of this definition:
  - Course of conduct means two or more acts, including, but not limited to, acts in which the stalker directly, indirectly or through third parties, by any action, method, device or means, follows, monitors, observes, surveils, threatens or communicates to or about a person, or interferes with a person's property;
  - Reasonable person means a reasonable person under similar circumstances and with similar identities to the Complainant;
  - Substantial emotional distress means significant mental suffering or anguish that may, but does not necessarily, require medical or other professional treatment or counseling.
- **Dating violence** – Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with another person. The existence of such a relationship shall be determined based on a consideration of the following factors: (a) the length of the relationship; (b) the type of relationship; and (c) the frequency of interaction between the persons involved in the relationship.
- **Domestic violence** – A felony or misdemeanor crime of violence committed by: (a) a current or former spouse or intimate partner; (b) a person with whom an individual shares a child in common; (c) a person who is cohabitating with, or has cohabitated with, the other person as a spouse or intimate partner; (d) a person similarly situated to a spouse of the other person under the domestic or family violence laws in which the crime of violence occurred; or (e) any other person against an adult or youth who is protected from that person's acts under the domestic or family violence laws of the jurisdiction in which the crime of violence occurred.

In addition, prohibited conduct (Sexual Misconduct), shall include the following conduct which would not otherwise fall under the Title IX Sexual Harassment/Sexual Assault Policy:

- **Sexual exploitation** – Any act whereby one individual violates the sexual privacy of another or takes unjust or abusive sexual advantage of another who has not provided consent, and that does not constitute non-consensual sexual penetration or non-consensual sexual contact. Examples may include: prostituting another person; recording, photographing, transmitting, viewing or distributing intimate or sexual images or sexual information without the knowledge and consent of all parties involved; voyeurism (i.e., spying on others who are in intimate or sexual situations); allowing third parties to observe private sexual activity from a hidden location (e.g., closet) or through electronic means (e.g., Skype or live-streaming of images); or knowingly transmitting a sexually transmitted infection to another person without the other's knowledge.

## REPORTING OPTIONS – HOW TO FILE A REPORT/COMPLAINT

Students who have experienced Sexual Misconduct and those who have knowledge of Sexual Misconduct are strongly encouraged to report this information as soon as possible. Prompt reporting of incidents greatly improves the ability of the University and law enforcement to provide support resources to students and to address the violations effectively. Although there is no time limit for reporting Sexual Misconduct, delays in reporting may reduce the ability of the University and law enforcement to investigate and respond to incidents. After an incident of Sexual Misconduct, the student should consider seeking medical attention as soon as possible. In New Jersey, evidence may be collected even if you chose not to make a report to law enforcement.

It is a violation of this policy for anyone to make a False Report of Sexual Misconduct, or for anyone to make a False Statement. Disciplinary Sanctions may be imposed for intentionally making a False Report or False Statement.

## REPORTING TO LAW ENFORCEMENT

- Where criminal behavior is involved, the University encourages, and will assist students with, reporting to law enforcement. However, students have the right to decline notifying law enforcement. For criminal offenses that occur on the University campus, students should immediately contact Rowan Public Safety, 856-256-4911. Rowan Public Safety can assist students in contacting and filing a report/complaint with any other agency when the incident did not occur on campus.
  - Glassboro campus – Glassboro Police Department, 1 South Main Street, Glassboro, NJ 856-881-1500; <http://www.glassboropd.org/>
  - Camden campuses – Camden County Metro Police, 800 Federal Street, Camden, NJ 856-757-7440; <http://camdencountypd.org/>
  - RowanSOM campus – Stratford Police Department, 315 Union Ave., Stratford, NJ 856-783-8616; <https://som.rowan.edu/oursom/campus/safety.html>
- LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex or Agender/Asexual) students should know that every Rowan Public Safety Officer will assist them should they choose to report Sexual Misconduct. However, if an LGBTQIA+ student would prefer, they can ask to speak directly with the Rowan University LGBTQIA+ police liaison.
- Behavior that constitutes a violation of this policy may also be a crime under the laws of the State of New Jersey.

## REPORTING TO THE UNIVERSITY

- A student may choose to report an incident of Sexual Misconduct to the University before they have made a decision about whether or not to report to law enforcement. A student has the right to file a criminal complaint and a Formal Complaint simultaneously.
- Once a Report of Sexual Misconduct has been received, whether or not a Formal Complaint has been filed, the University will provide written notification to the Complainant about existing counseling, health, mental health, student advocacy, legal assistance, visa and immigration assistance, student financial aid and other services that are available at Rowan and in the surrounding communities. For more information on these services please visit [OSEC's website](#).
- Reports of incidents alleging to involve Sexual Misconduct or sex discrimination in a University program or activity should be made to the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance in person, by mail, by electronic mail or by filling out the report found [HERE](#).
- Brandy Bennett, OSEC Director and Title IX Coordinator  
Office of Student Equity and Compliance  
Hawthorn Hall, Rm 312  
856-256-5440  
[bennettb@rowan.edu](mailto:bennettb@rowan.edu)

In addition, prior to filing a Report or Formal Complaint, a person may reach out to the following individuals to discuss their reporting options. The below individuals are Responsible Employees under this policy and, therefore, should report the incident to the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance. However, their knowledge of any incident does not constitute Actual Knowledge by the University. Thus, if a student wishes to ensure a Report/Formal Complaint has been made, the individual should also reach out to the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance.

**Athletics / LGBTQIA+**

Penny Kempf, Associate Athletic Director  
Athletics Office, Esby Gym  
856-256-4679, [kempf@rowan.edu](mailto:kempf@rowan.edu)

**Cooper Medical School of Rowan University**

Dr. Marion Lombardi, Assistant Dean for Student Affairs  
Room 409B, CMSRU Medical Education Building, Camden, NJ  
856-361-2805, [lombardim@rowan.edu](mailto:lombardim@rowan.edu)

**Rowan University School of Osteopathic Medicine**

Dr. Paula Watkins, Director of Enrollment Services  
Suite 210 Academic Center, One Medical Center Drive, Stratford, NJ  
856-566-7050, [fennerpa@rowan.edu](mailto:fennerpa@rowan.edu)

**Graduate School of Biomedical Sciences**

Dr. Diane Worrada, Director  
42 East Laurel Road, UDP, Suite 2200, Stratford, NJ  
856-566-6282, [worrada@rowan.edu](mailto:worrada@rowan.edu)

**Graduate Medical Education**

Sheila Seddon, Assistant Director  
Academic Center Stratford, NJ  
856-566-2742, [seddonsm@rowan.edu](mailto:seddonsm@rowan.edu)

**POLICY OF IMMUNITY**

The University will grant immunity for using alcohol and drugs to both a Complainant and/or Respondent, unless the alcohol or drug was used knowingly to perpetrate violence. No one should be fearful of obtaining resources or remedies from a violent crime because they were intoxicated. In addition, the University will not pursue disciplinary action for drug or alcohol violations, or most other violations of the Student Code of Conduct, against a party or witness who comes forward in good faith to Report Sexual Misconduct. See [Rowan University Good Samaritan Policy](#)

**OTHER REPORTING OPTIONS**

Student may also file a complaint with the U.S. Department of Education, Office of Civil Rights.

**Office of Civil Rights, U.S. Department of Education**

New Jersey, New York, Puerto Rico, Virgin Islands OCR  
New York Office, U. S. Department of Education  
32 Old Slip, 26th Floor  
New York, NY 10005-2500  
Telephone: (646) 428-3800  
Facsimile: (646) 428-3843  
Email: [OCR.NewYork@ed.gov](mailto:OCR.NewYork@ed.gov)

**CONFIDENTIALITY**

When the University is made aware of a report or allegation of Sexual Misconduct, the University will endeavor to maintain the confidentiality of the matter and of all individuals involved to the extent permitted by law. The University will balance the needs of the individuals involved (Complainant and Respondent) with its obligation to fully investigate allegations and to protect the safety and wellbeing of the community at large. In all cases, the University and its employees will respect the dignity and rights of all individuals involved.

- **Responsible Employees:** When consulting campus resources, students should be aware that certain employees are Responsible Employees who, under this policy, are required, after receiving information regarding Sexual Misconduct, to report it to the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance. These include, but are not limited to, Public Safety Police and Security Officers, managers and supervisors, coaches, club and organization advisors, faculty, Deans, and Residential Learning staff (Resident Assistants, Community Safety Assistants, Resident Directors, and Residential Learning Coordinators). Knowledge of an incident of Sexual Misconduct by a Responsible Employee (other than those who also have authority to institute corrective measures on behalf of the University) does not constitute Actual Knowledge by the University.

If an individual has reported information to a Responsible Employee, but the individual would like for the report to remain confidential, the student should contact the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance, who will evaluate the individual's request for confidentiality. The Grievance Process will only be initiated when a Formal Complaint has been filed with or by the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance.

- **Confidential Resources:** Students who desire that details of an incident be kept confidential can receive confidential services through the Counseling & Psychological Services Center (856-256-4333), which is located in the Wellness Center at Winans Hall. Counselors with specialized training are available to support students who report Sexual Misconduct. Counselors are available to help you free of charge, and can be seen on an emergency basis. The Student Health Center (856-256-4222) can also provide confidential consultation with students and may offer treatment to prevent sexually transmitted infections or pregnancy. In circumstances where the Health Center is unable to offer these services, they will provide a referral to an appropriate medical resource. In addition, you may speak with members of the clergy, who will also keep reports made to them confidential. LGBTQIA+ students who would like to speak with a confidential resource should know that every counselor at the Wellness Center is committed to supporting students of all gender identities, gender expressions, and sexual orientations. When speaking with these resources, a student's right to confidentiality is legally protected. However, there are limits to this protection in specific situations. For example, if a student discloses that the incident involved the use of a weapon or other contraband as defined by New Jersey law, or there is an ongoing threat or danger to the safety of another person (particularly children or the elderly), these resources may be required to report the incident to police.
- **Federal Statistical Reporting and Federal Timely Warning Obligations:** Certain campus officials have a duty to report Sexual Misconduct for federal statistical reporting purposes. All personally identifiable information is kept confidential, but statistical information must be passed along to campus law enforcement regarding the type of incident and its general location (on or off-campus, in the surrounding area, etc. – with addresses withheld), for publication in the annual Campus Security Report. This report helps to provide the community with a clear picture of the extent and nature of campus crime to ensure greater community safety.

Individuals who report Sexual Misconduct should also be aware that University administrators may be required to issue timely warnings for certain incidents reported to them that pose a substantial threat of bodily harm or danger to members of the community, to aid in the prevention of similar occurrences. The University will withhold the names and other personally identifiable information of individuals as confidential, while still providing enough information for community members to make decisions related to their safety in light of the danger.

## SUPPORTIVE/INTERIM MEASURES

Non-disciplinary, non-punitive individualized services will be offered to the Complainant and/or Respondent, as appropriate and as reasonably available, without fee or charge, where no Formal Complaint has been filed, or before or after the filing of a Formal Complaint. Such measures are designed to restore or preserve equal access to the University's

education program or activity without unreasonably burdening the other party, including measures designed to protect the safety of all parties, the University's educational environment and/or to deter Sexual Misconduct.

Supportive/Interim Measures may include, but are not limited to, the provision of information related to counseling, academic support, mental health services; extensions of deadlines or other course-related adjustments; modifications of work or class schedules; campus escort services; mutual restrictions on contact between the parties (no contact directives); changes in work or housing locations; leaves of absence; increased security; and other similar measures.

In addition, the University may place a student on an Interim Suspension, pending the outcome of the Grievance Process. This decision will be made in accordance with the University's [Student Code of Conduct](#).

The University will maintain as confidential any Supportive/Interim Measures provided to the Complainant or Respondent, to the extent that maintaining such confidentiality would not impair the University's ability to provide the Supportive/Interim Measure(s).

## **ADVISORS**

A Complainant and Respondent each have the right to an Advisor of their choice during the Grievance Process (discussed below). An Advisor may be a family member, a friend, an attorney or any third party (i.e., a trusted employee). However, an Advisor may not otherwise be involved in the Grievance Process (i.e., a witness, co-Complainant or co-Respondent). Advisors are present to support the parties and to provide advice on procedural matters, but may not speak on behalf of the party.

Advisors must adhere to all conditions and obligations under this policy and as required by the University's process.

The Advisor has the right to accompany the Complainant or Respondent to any meetings with the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance, Investigator (or their Designee) or University administrators, and the party has the right to communicate with their Advisor during any meeting. The Advisor may also assist the Complainant or Respondent during the investigation, preparing/submitting a response to the investigation report, attend the live hearing or assist with the filing of an appeal.

The Advisor does not have speaking privileges during the investigation/investigatory interviews. The AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance or designee will exercise control over the investigation. Anyone who disrupts an investigatory interview or who fails to adhere to University policies may be asked to leave an investigatory interview.

With respect to the Hearing, an Advisor may attend the Hearing, but may not actively participate in the Hearing.

Regardless of whether a party has an Advisor, the Title IX Coordinator, Investigator or Designee will correspond and communicate directly with the parties. If a party wishes for their Advisor to be copied on any correspondence or communications, the party should advise the Title IX Coordinator or Investigator.

## **GRIEVANCE PROCESS/PROCEDURES**

Upon receipt of a Report of Sexual Misconduct, the Title IX Coordinator or Designee, will contact the Complainant to: (i) discuss available Supportive/Interim Measures, while taking into consideration the Complainant's wishes; (ii) inform the Complainant that the Supportive/Interim Measures are available with or without a Formal Complaint; and (iii) explain the process for filing of a Formal Complaint.

Upon receipt of a Formal Complaint, the University will initiate the Grievance Process.

The University will treat Complainants and Respondents equitably by providing Remedies to a Complainant where a determination of responsibility for Sexual Misconduct has been made against the Respondent, and by following the



Grievance Process before the imposition of any Disciplinary Sanctions or other actions, that are not Supportive/Interim Measures, are taken against a Respondent.

Throughout the Grievance Process, there will be an objective evaluation of all relevant evidence, including both inculpatory (evidence implying or imputing responsibility) and exculpatory (evidence exonerating responsibility) evidence. In addition, credibility determinations will not be based on an individual's status as a Complainant, Respondent, or witness.

Individuals involved in the Grievance Process (Title IX Coordinator, investigator, decision-maker, or any person designated by the University to facilitate an informal resolution process) shall not have a conflict of interest or bias for or against Complainants or Respondents generally, or an individual Complainant or Respondent. Such individuals shall also have the appropriate training as set forth in the Training Section of this policy.

It is presumed that a Respondent is not responsible for the alleged conduct until a determination regarding responsibility is made at the conclusion of the Grievance Process, or if a Respondent admits to responsibility.

It is a violation of this policy for anyone to make a False Report of Sexual Misconduct, or for anyone to make a False Statement during the Grievance Process. Disciplinary Sanctions may be imposed for intentionally making a False Report or False Statement.

**1. Dismissal of a Formal Complaint**

- a. The Title IX Coordinator must dismiss the Formal Complaint, or allegations therein, at any time, if it is determined that the conduct alleged would not constitute Sexual Misconduct, even if proved. Such a dismissal does not preclude the University from taking action under another provision of the University's policies.
- b. The Title IX Coordinator, in his/her discretion, may also dismiss the Formal Complaint, or allegations therein, if at any time during the Grievance Process, the following occurs: (i) the Complainant notifies the Title IX Coordinator, in writing that the Complainant would like to withdraw the Formal Complaint, or any allegations therein; (ii) the Respondent is no longer enrolled by the University; or (iii) specific circumstances prevent the University from gathering evidence sufficient to reach a determination as to the Formal Complaint or allegations therein.
- c. Written notice of any required or permitted dismissal, including any reason(s) therefore, shall be promptly sent to the parties simultaneously. This notice will also advise the parties of their appeal rights in accordance with this policy.

**2. Consolidation of Formal Complaints** – Formal Complaints as to allegations of Sexual Misconduct against more than one Respondent, or by more than one Complainant against one or more Respondents, or by one party against the other party, may be consolidated where the allegations of Sexual Misconduct arise out of the same facts or circumstances.

**3. Notice of Allegations** – Upon receipt of a Formal Complaint, the Title IX Coordinator, or Designee, will provide written notice to the known parties, which includes:

- a. A link to the University's Student Sexual Misconduct and Harassment Policy, so the parties can review the University's Grievance Process, including the Informal Resolution Process;
- b. Sufficient detail, of what is known at the time, related to the allegations of Sexual Misconduct, including details such as the identities of the parties involved, the conduct allegedly constituting Sexual Misconduct, and the date(s) and location(s) of the alleged incident(s);
- c. A statement that the Respondent is presumed not responsible for the alleged conduct, and that a determination regarding responsibility will be made at the conclusion of the Grievance Process;
- d. Information that the parties may have an Advisor of their choice, who may be, but is not required to be, an attorney;



- e. A statement that the parties and their Advisors will have the right to inspect and review evidence during the investigation of a Formal Complaint; and
  - f. Reference to the provisions within the Student Sexual Misconduct and Harassment Policy that prohibits knowingly making False Reports or False Statements.
- Such notice will be provided to the parties within a reasonable period of time prior to conducting any investigatory interview, so that the parties have time to prepare and meaningfully respond.
- If, in the course of an investigation, the University decides to investigate allegations about the Complainant or Respondent that were not included in the initial notice, the University will provide notice of the additional allegations to be investigated, to the known parties.

#### 4. Formal Resolution Process

- a. Written Notice of Meetings, Interviews, Hearings – Written notice of the date, time, location, participants, and purpose of all investigative interviews, hearings, or any other meetings, will be provided to any party whose participation is invited or expected, with sufficient time for the party to prepare to participate.
- b. Investigation of a Formal Complaint – After notification of the allegations in the Formal Complaint has been sent, the Investigator, or Designee, will promptly initiate an investigation within seven (7) calendar days. The investigation shall be completed in a reasonably prompt manner, and should be completed within ninety (90) calendar days from the time the Formal Complaint is filed.
  - i. The investigation will include interviews of the Complainant(s), Respondent(s) and any witnesses/individuals believed to have information relevant to the allegations, as well as the collection of any relevant evidence.
  - ii. Each party is permitted to have their Advisor present during any investigatory interview, or other meeting. However, while the party has the right to communicate with their Advisor during any meeting, the Advisor does not have speaking privileges during the investigation/investigatory interviews.
  - iii. The investigator will not access, consider, disclose, or otherwise use a party's records that are made or maintained by a physician, psychiatrist, psychologist, or other recognized professional/paraprofessional acting in the professional/paraprofessional's capacity, or assisting in that capacity, and which are made and maintained in connection with the provision of treatment to the party, unless the investigator obtains that party's voluntary, written consent to do so for a Grievance Process.
  - iv. The parties and their Advisors are not restricted from discussing the allegations under investigation for the purpose of gathering and presenting evidence to the investigator.
  - v. During the investigation, the parties will be provided the opportunity to present witnesses, including fact and expert witnesses, and other inculpatory (evidence implying or imputing responsibility) and exculpatory (evidence exonerating responsibility) evidence.
- c. Investigation Report – The Investigator or Designee will prepare an Investigation Report that fairly summarizes relevant evidence and party/witness statements.
  - i. Prior to an Investigation Report being prepared, all of the evidence gathered by the investigator (any evidence obtained as part of the investigation, that is related to the allegations in the Formal Complaint, including information that will not be relied upon in reaching a determination and without regard to the source of the information), will be shared with the parties and their Advisors (if any) simultaneously. Names and other identifying information of individuals may be redacted if required by the Family Educational Rights and Privacy Act ("FERPA"). The parties and their Advisors must keep the evidence confidential and not share it with anyone, except for the purpose of gathering and presenting relevant evidence to provide to the investigator within the 10-day period. Failure to abide by this confidentiality obligation may subject a party or Advisor to disciplinary action by the University.

- ii. Each party may respond to the investigator in writing, within ten (10) calendar days of receipt of the evidence.
  - iii. After reviewing any timely submitted responses by the parties, the investigator will prepare an Investigation Report. The Investigation Report will fairly summarize the relevant evidence and party/witness statements.
  - iv. The parties and their Advisors (if any) will be simultaneously provided with an electronic or hard copy of the final Investigation Report. The parties may choose to provide a written response to the Investigation Report, which must be submitted to the investigator within ten (10) calendar days of receipt. The parties and their Advisors (if any) will be provided with an electronic or hard copy of the other party's written response, if any, to the Investigation Report.
  - v. A copy of the Investigation Report and any written response(es) will then be forwarded to the Office of Community Standards, for the scheduling of a Hearing.
- d. Hearing – A Hearing should be scheduled by the Office of Community Standards no later than thirty (30) calendar days after receipt of the final Investigation Report.
- i. Each party may have one Advisor attend the Hearing. While a party may communicate with their Advisor, the Advisor may not actively participate in the Hearing. Prior to the scheduled Hearing, each party will be asked to identify their Advisor, if any, who will be present for the Hearing.
  - ii. Prior to the scheduled Hearing, the parties will be provided an opportunity to make a request for witnesses to participate in the Hearing on their behalf. The parties must notify the Assistant Dean of Students, or Designee, of any witnesses at least seven (7) calendar days prior to the Hearing. The parties will also be advised of potential Hearing Officer(s), and provided the opportunity to object to a specific Hearing Officer based on a conflict of interest.
  - iii. If the matter to be heard had originally attempted, but was unsuccessful at, the Informal Resolution Process, any information related to the Informal Resolution Process will not be admissible during the Hearing. In addition, the individual who facilitated the Informal Resolution Process may not be called as a witness at the Hearing.
  - iv. The matter will be heard by a Hearing Officer. The Hearing Officer will exercise control over the manner in which the Hearing is conducted, including being responsible for managing the questioning process and make decisions regarding responsibility and any Disciplinary Sanctions, if applicable.
  - v. Hearings may be conducted with all parties physically present in the same geographic location or, at the University's discretion, any or all parties, witnesses, and other participants may appear at the Hearing virtually, with technology enabling participants simultaneously to see and hear each other. For Hearings occurring in-person, at the request of a party, the University will provide for the Hearing to occur with the parties located in separate rooms with technology enabling the Hearing Officer, parties and their Advisors to simultaneously see and hear the party or the witness answering questions.
  - vi. Both/all parties shall be permitted to be present during testimony of all witnesses and presentation of the evidence throughout the Hearing.
  - vii. The Hearing Officer will be provided access to the final Investigation Report and evidence at least twenty-four (24) hours prior to the Hearing. However, while the Hearing Officer may consider the final Investigation Report as evidence, the Hearing Officer will function as an independent adjudicator and will not be bound by any findings made by the investigator.
  - viii. At the beginning of the Hearing, the Hearing Officer, will enter his/her/ their name into the recording. The parties and their Advisors (if applicable) will also enter their names into the recording.
  - ix. The Hearing Officer will ask if the Respondent has received the original notice of allegation(s) letter, and understands the nature of the charges.

- x. The Hearing Officer will then confirm that the parties have received copies of the Formal Complaint, notice of allegation(s) letter, list of witnesses, along with the final Investigation Report.
- xi. The remainder of the Hearing will customarily proceed in the following order:
  - 1. Opening statement from the Complainant;
  - 2. Opening statement from the Respondent;
  - 3. Questioning of Complainant;
  - 4. Questioning of Respondent;
  - 5. Questioning of witnesses – each witness will be called one at a time, questioned separately, and dismissed at the conclusion of their testimony;
  - 6. Final questions of the Complainant(s)/Respondent(s) from the Hearing Officer;
  - 7. Respondent's final statement; and
  - 8. Complainant's final
- xii. Each party will have the opportunity to cross examine the other party (and relevant witnesses, if any) by submitting cross-examination questions to the Hearing Officer for consideration. Only relevant cross-examination questions may be asked of a party or witness. The Hearing Officer has the sole discretion to determine what questions are relevant.
- xiii. Questions and evidence about the Complainant's sexual predisposition or prior sexual behavior are not relevant, unless such questions and evidence: (1) are offered to prove that someone other than the Respondent committed the conduct alleged by the Complainant, or (2) concern specific incidents of the Complainant's prior sexual behavior with respect to the Respondent, and are offered to prove Consent.
- xiv. The presentation of evidence by a party (including opening statements), cross-examination questions proposed, and final statements may be constrained to specified time periods when cumulative or as otherwise deemed appropriate by the Hearing Officer.
- xv. The Hearing Officer may not draw an inference about the determination regarding responsibility based solely on a party or witness's absence from the Hearing, or refusal to answer cross-examination or other questions.
- xvi. Formal rules of evidence that are applicable to civil and criminal trials are not applicable to the Hearing.
- xvii. All Hearings will be closed to the public, and the only individuals who are permitted to attend are the Complainant(s), Respondent(s), their Advisors, the Hearing Officer, and any witnesses called to provide testimony. In addition, University administrators (i.e., legal counsel) may also attend the Hearing with prior approval from the Hearing Officer.
- xviii. All Hearings will be audio and/or video. Upon request, a digital file will be made available to the parties for inspection and review.
- e. Written Determination Regarding Responsibility/Disciplinary Sanctions – Within fourteen (14) calendar days following the Hearing, the decision-maker(s) will issue a written determination regarding responsibility, and Disciplinary Sanctions and/or Remedies (if applicable).
  - i. If a Respondent has a record of prior disciplinary violations by the University, unless otherwise permissible, this information will not be considered by the Hearing Officer until after a determination of responsibility has been made, to assist the Hearing Officer in determining appropriate Disciplinary Sanctions.
  - ii. The written determination will include:
    - 1. A summary of the allegations of Sexual Misconduct;
    - 2. A description of the procedural steps taken from the receipt of the Formal Complaint through the determination, including any notices to the parties, interviews with parties

- and witnesses, site visits, methods used to gather other evidence, evidence considered, and hearings held;
- 3. Findings of fact supporting the determination;
- 4. Conclusions regarding the application of the University's Student Sexual Misconduct and Harassment Policy to the facts;
- 5. A statement of, and rationale for, the result as to each allegation, including a determination regarding responsibility, any Disciplinary Sanction(s) the University will impose on the Respondent, and whether Remedies designed to restore or preserve equal access to the University's education programs or activities will be provided by the University to the Complainant; and
- 6. Information regarding the University's process and permissible bases for the Complainant and Respondent to appeal.
- 7. The University will provide the written determination to the parties simultaneously.
- 8. The determination regarding responsibility becomes final either on the date that the University provides the parties with the written determination of the result of an appeal, if any appeal is filed; or if an appeal is not filed, the date on which an appeal would no longer be considered timely.

**f. Informal Resolution Process**

At any point after a Formal Complaint has been filed, but before a determination of responsibility has been made, the University offers the opportunity for the parties to take part in an Informal Resolution Process, as an alternative to the Formal Resolution Process.

Informal Resolution is an opportunity for the parties to settle their matter, without going through the entire Formal Resolution Process, and without a finding by the University related to responsibility. The University will not pursue disciplinary action against a Respondent during the Informal Resolution Process. And, if the parties seek an Informal Resolution after an investigation has already begun, the investigation will be suspended, pending the outcome of the Informal Resolution.

Any party interested in pursuing an Informal Resolution should advise the Title IX Coordinator. Engagement in the Informal Resolution Process is completely voluntary, and each party must provide their written consent prior to beginning the process. If both/all parties do not agree to the Informal Resolution Process, the Formal Complaint will be addressed through the Formal Resolution Process. Most matters will be eligible for the Informal Resolution Process; however, the Title IX Coordinator, in his /her discretion, may determine, based on the allegations in the Formal Complaint, that a matter is not appropriate for Informal Resolution.

The Informal Resolution Process will be facilitated by the Title IX Coordinator or Designee. The Informal Resolution Process will be initiated within ten (10) calendar days of the receipt of the written consent of both/all parties. The Title IX Coordinator, or Designee, will work with the parties to complete the Informal Resolution Process within thirty (30) days.

Prior to engaging in the Informal Resolution Process, the parties will receive written notice providing the following information: (i) disclosure of the allegations, (ii) the requirements of the informal resolution process, including the circumstances under which it precludes the parties from resuming a Formal Complaint arising from the same allegations; (iii) notice that prior to agreeing to a resolution, any party has the right to withdraw from the Informal Resolution Process and resume the Formal Resolution Process; and (iv) the consequences resulting from participating in the Informal Resolution Process, including the records that will be maintained or could be shared.

If the parties reach an Informal Resolution of a Formal Complaint, an agreement that outlines the terms agreed upon by the parties will be prepared and signed by all parties. Each/all parties will be provided with a copy of the signed agreement, and the University will retain a copy in accordance with applicable law and its recordkeeping requirements.

Agreements reached via the Informal Resolution Process shall be final and cannot be appealed. Any agreement reached through the Informal Resolution Process will provide that a student's failure to comply with the terms of the signed agreement may result in disciplinary action in accordance with the Student Code of Conduct.

If the Informal Resolution Process is unsuccessful, or a party requests to end the process before a resolution is reached, or if at any time the Title IX Coordinator, or Designee, determines an Informal Resolution is no longer appropriate, the matter will be addressed through the Formal Resolution Process.

If a matter is unsuccessful in reaching an informal resolution, and is to be addressed through the Formal Resolution Process, any information related to the Informal Resolution Process will not be admissible during a Hearing. In addition, the individual who facilitated the Informal Resolution Process may not be called as a witness at a Hearing.

### **XIII. APPEALS PROCESS**

Complainants or Respondents may appeal the University's dismissal of a Formal Complaint (or any allegations therein); or a determination regarding responsibility, including any Disciplinary Sanction(s) imposed.

1. **Time to File an Appeal** – An appeal must be in writing, and filed within seven (7) calendar days of the date of the letter informing the parties of the dismissal decision; or the determination regarding responsibility, including any imposition of Disciplinary Sanctions, if If an appeal is not filed within seven (7) calendar days, the dismissal decision or determination regarding responsibility (including Disciplinary Sanctions, if applicable) will be deemed final.
2. **Bases for Appeal** – Review of an appeal will be limited to the following bases:
  - a. Procedural irregularity or substantive error that affected the outcome of the Deviations from the University's policy/procedures will not be a basis for sustaining an appeal unless significant prejudice resulted;
  - b. New evidence that was not reasonably available at the time the determination regarding responsibility or dismissal was made, that could affect the outcome of the matter;
  - c. The Title IX Coordinator, investigator(s), or decision-maker(s) had a conflict of interest or bias for or against complainants or respondents generally or the individual Complainant or Respondent that affected the outcome of the matter; or
  - d. The Disciplinary Sanction(s) imposed were substantially disproportionate or not appropriate in light of the violation(s).
3. **Procedure for Appeal of Dismissal of Formal Complaint or Allegations** – A party who wishes to appeal the Title IX Coordinator's decision to dismiss the Formal Complaint or an allegation therein, must submit the appeal in writing to the Vice President for Student Life and Dean of Students ("VP for Student Life"), explaining in detail the basis of the request, and including any supporting documentation. The VP for Student Life, or Designee, will review the appeal, any submission from the other party, Formal Complaint and the Title IX Coordinator's decision to dismiss, and then issue a written decision resolving the appeal, that includes the rationale for the decision, within fourteen (14) calendar days of receipt of the appeal. The appeal decision will be issued simultaneously to both/all parties. An assigned Designee shall not be the Title IX Coordinator, Investigator (or Designee), or anyone who would be involved in the determination regarding responsibility.
4. **Procedure for Appeal of Determination Regarding Responsibility/Sanctions** – A party who wishes to appeal a determination of responsibility, including any Disciplinary Sanction(s) imposed, if applicable, must submit the appeal in writing to the Vice President for Student Life and Dean of Students ("VP for Student Life"), explaining in detail the basis of the request, and including any supporting The VP for Student Life, or Designee, will review the written appeal, any submission from the other party, and all documentation contained in the case file. The VP

for Student Life, or Designee, will issue a written decision resolving the appeal, that includes the rationale for the decision, within twenty-one (21) calendar days of receipt of the appeal. The written appeal decision will be issued simultaneously to both/all parties. An assigned Designee shall not be the Title IX Coordinator, Investigator (or Designee), or anyone who would be involved in the determination regarding responsibility.

5. Notification of Appeal – If a party files an appeal, the other party(ies) will be notified and may make their own written submission in support of or challenging the decision of dismissal/determination of responsibility, to the VP for Student Life/Designee, no later than seven (7) calendar days after receipt of such notice.
6. Effect of Appeal – If there is an appeal of a determination regarding responsibility, including any Disciplinary Sanction(s) imposed, the imposition of the Disciplinary Sanction(s), if applicable, will be deferred pending the decision of the However, any Interim Suspension, no contact directive or other appropriate Supportive/Interim Measure will remain in effect during the appeal process.
7. Final Decision – An appeal may be resolved in the following manner:
  - a. A dismissal or determination regarding responsibility, including any Disciplinary Sanctions (if applicable), is affirmed;
  - b. A determination regarding responsibility is affirmed, but the Disciplinary Sanction(s)/Remedies is/are modified;
  - c. A dismissal is reversed, and the matter is returned to the Title IX Coordinator to address in accordance with the policy; or
  - d. A determination of responsibility is reversed, and a new outcome is determined, which may include imposition of Disciplinary Sanctions/Remedies or dismissal of the charges.

The decision made on appeal shall be the final action of the University.

#### **XIV. TIMELINES**

All time frames set forth in this policy may be extended by the Title IX Coordinator, Investigator, Hearing Officer, or their Designee for good cause, with written notice to the Complainant(s) and Respondent (s) of the delay and the reason for the delay. Good cause may include, but is not limited to, considerations such as the absence of a party/Advisor, or a witness; the need for language assistance or an interpreter; or a person with disabilities requests a reasonable accommodation.

#### **XV. RETALIATION**

Any harassment, intimidation, coercion, discrimination or adverse action taken against an individual for the purpose of interfering with their rights under this policy, or because of that individual's participation in a complaint or investigation of Sexual Misconduct, will be treated as a separate violation of this policy and will result in immediate action by the University to stop the retaliatory behavior, prevent further violations by the perpetrator, and remedy any adverse impact of the violation.

The University seeking appropriate disciplinary action against any individual who makes a False Report or False Statement does not constitute retaliation.

#### **XVI. RECORDKEEPING**

The University will retain for a period of at least seven (7) years, the records related to complaints, supportive/interim measures provided, investigations, transcripts or recordings of hearings, determinations of responsibility, informal resolutions, disciplinary sanctions, remedies provided, appeals and training.

#### **XVII. TRAINING**

The University will provide appropriate training to University officials with responsibilities under this policy, including the Title IX Coordinator, investigator(s), decision-makers, and any person who will facilitate an informal resolution process.

## **XVIII. REASONABLE ACCOMMODATIONS**

Any student with a disability who needs a reasonable accommodation to assist with reporting Sexual Misconduct, responding to claims made against them, participating in the investigation and/or adjudication process, and/or determining Supportive/Interim Measures, should advise the Title IX Coordinator as soon as possible.

## **XIX. REFERENCES**

[File a Report](#)

[Office of Student Equity and Compliance](#)

[Title IX of the Education Amendments of 1972](#)

[Title IX Sexual Harassment/Sexual Assault Policy](#)

[Policy Prohibiting Discrimination in the Workplace and Educational Environment](#)

[Student Code of Conduct](#)

[Disruptive Behavior and Workplace Violence Policy](#)

[Good Samaritan Policy](#)

# **Title IX Student Sexual Harassment /Sexual Assault Policy**

CMSRU Adheres to the [Rowan University Title IX Sexual Harassment/Sexual Assault Policy](#)

## **PURPOSE**

Students/Employees of the Rowan University community have the right to access and benefit from the University's Education Programs or Activities, free from any form of Sexual Harassment/Sexual Assault. The University does not tolerate Sexual Harassment/Sexual Assault of any kind. This policy has been developed to reaffirm these principles and to provide recourse for those individuals whose rights have been violated.

## **APPLICABILITY**

This policy applies to all students of Rowan University from the time of their acceptance and admission into the University until the date of their graduation or formal withdrawal. This policy also applies to all employees of the University. This policy shall not apply to allegations of sexual misconduct which do not constitute Sexual Harassment/Sexual Assault as defined herein. Notwithstanding, such behavior may be addressed by the University under other policies such as the [Student Sexual Misconduct and Harassment Policy](#), [Student Code of Conduct](#) or [Procedure for Resolving Student v. Student Discrimination Complaints](#) (for student Respondents); or the [Policy Prohibiting Discrimination in the Workplace and Educational Environment](#), [Disruptive Behavior and Workplace Violence Policy](#) or other applicable policy (for employee Respondents).

## **INTRODUCTION**

[Title IX of the Education Amendments of 1972](#) is a federal law that prohibits sex discrimination in the University's programs and activities. It reads: "No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal

financial assistance.” As a recipient of Federal financial assistance, Rowan University has jurisdiction over complaints alleging sex discrimination, including Sexual Harassment/Sexual Assault.

The University will respond to Reports or Formal Complaints (as defined below) of conduct prohibited under this policy with measures designed to stop the prohibited conduct, prevent its recurrence and remediate any adverse effects of such conduct on campus or in University-related programs or activities.

The University will not deprive an individual of rights guaranteed under federal and state law (or federal and state anti-discrimination provisions; or federal and state law prohibiting discrimination on the basis of sex) when responding to any claim of Title IX Sexual Harassment/Sexual Assault.

Conduct that is prohibited under this policy may also constitute a violation of federal, state or local law and a student/employee may be charged in the criminal justice system, as well as under this policy. Alternatively, charges can occur for violations of this policy which may not be violations of the law. The criminal justice system is different from this Title IX process. The University reserves the right to reach its own determination on violations of this policy, independently of the outcome of any civil or criminal proceeding. The University retains the right to hear a Sexual Harassment/Sexual Assault matter before, after or during the pendency of a civil or criminal matter related to the same incident/conduct. If a matter is going through the criminal justice system, and a Report or Formal Complaint has also been made to the University, the Title IX process at the University may proceed normally during the pendency of the criminal proceedings. As the Title IX process is an educational disciplinary process, the legal rules related to evidence, criminal procedure, civil procedure and administrative procedure do not apply to this process.

## **STANDARD OF EVIDENCE**

A finding under this policy will be based on the preponderance of the evidence standard. In other words, a finding will be made if the evidence as a whole show that it is more likely than not that a violation of the Title IX Sexual Harassment/Sexual Assault Policy occurred. Under this policy, there is a presumption that the Respondent is not responsible for the alleged conduct until a determination regarding responsibility is made at the conclusion of the Grievance Process or the Respondent admits responsibility.

## **DEFINITIONS/TERMINOLOGY**

- **Actual knowledge** – Notice of Sexual Harassment/Sexual Assault or allegations of Sexual Harassment/Sexual Assault made to the University’s Title IX Coordinator or any official of the University who has authority to institute corrective measures on behalf of the University (such as the Investigator, or Dean of Students). This standard is not met when the only official of the University with Actual Knowledge is also the Respondent. In addition, the mere fact that a third party who works for the University (such as a Responsible Employee) may become aware of allegations of Sexual Harassment/Sexual Assault, or that such individuals have the ability or obligation to report Sexual Harassment/Sexual Assault, or to inform another about how to report Sexual Harassment/Sexual Assault, or having been trained to do so, does not qualify an individual as one who has authority to institute corrective measures on behalf of the University.
- **Complainant** – An individual who is alleged to be the victim of conduct that could constitute Sexual Harassment/Sexual Assault, or on whose behalf the Title IX Coordinator has filed a Formal Complaint.
- **Consent** – Consent is informed, knowing, voluntarily and freely given permission to engage in mutually agreed upon sexual activity. The University will apply a reasonable person standard in determining whether or not consent was given, unless otherwise required by law.
  - The person giving consent must be capable of doing so freely, with the ability to understand what they are doing and the specific details (who, what, when, where and how) of the sexual contact to which they are consenting.



- Consent may be given by words or actions, as long as those words or actions create mutually understandable permission regarding the conditions of sexual activity.
- It is the obligation of the person initiating sexual contact to obtain clear consent for the specific type of sexual contact sought. A person's use of alcohol and/or drugs shall not diminish such person's responsibility to obtain consent.
- Lack of protest does not constitute consent. Silence or passivity without words or actions that communicate mutually understandable permission cannot be assumed to convey consent.
- Use of violence, threats, coercion or intimidation invalidates any consent given.
- A verbal "no" even if it may sound indecisive or insincere, constitutes lack of consent.
- Consent for one form of sexual contact does not imply consent to other forms. For example, consent to oral sex does not imply consent to vaginal/anal sex.
- It is expected that once consent has been established, a person who changes their mind during the sexual act or sexual contact will communicate through words or overt actions their decision to no longer proceed.
- Past consent does not constitute consent for future sexual contact/activity.
- Persons who are unable to give valid consent under New Jersey law, (i.e. minors, individuals with mental health disabilities, etc.) are considered unable to give consent under NJ State Policy N.J.S.A.2C:4-2.
- Consent cannot be given by a person who is unconscious or sleeping. If consent has been given while a person is conscious or awake, and then that person becomes unconscious or falls asleep, consent terminates at that point.
- Persons who are incapacitated due to the use of drugs or alcohol cannot give consent.
- **Disciplinary sanctions** – Disciplinary Sanction(s) shall be imposed upon a Respondent where a determination of responsibility for Sexual Harassment/Sexual Assault has been made against the Respondent. Disciplinary Sanctions for student Respondents may range from a warning to expulsion. Disciplinary Sanctions for employee Respondents may range from an oral reprimand, to initiation of revocation of tenure proceedings and termination of employment, subject to applicable laws and collective bargaining agreements. Student/employee Respondents will also be referred to appropriate authorities for criminal prosecution when appropriate, regardless of any Disciplinary Sanctions under this policy.
- **Education program or activity** – Includes any location, event, or circumstance over which the University exercises substantial control over both the Respondent and the context in which the alleged Sexual Harassment/Sexual Assault occurs. This includes all of the University's education programs or activities, whether occurring on or off-campus, and any building owned or controlled by a student organization that is officially recognized by the University (i.e., a house owned or controlled by a University-recognized fraternity or sorority).
- **False report** – Intentionally making a report of Sexual Harassment/Sexual Assault, to a University official knowing, at the time the report was made, that the prohibited conduct did not occur and the report was false. A determination regarding responsibility, alone, will not be sufficient to conclude that any party made a materially false report in bad faith.
- **False statement** – Intentionally making a statement during the Grievance Process or Appeals Process to a University official knowing, at the time the statement was made, that it was false. A determination regarding responsibility, alone, will not be sufficient to conclude that any party or witness made a materially false statement in bad faith.

- **Formal complaint** – A document filed and signed by a Complainant, or signed by the Title IX Coordinator, alleging Sexual Harassment/Sexual Assault against a Respondent, and requesting that the University investigate the allegations of Sexual Harassment/Sexual Assault. The Formal Complaint should include in detail the nature of the complaint, dates and locations of particular events, names/contact information of witnesses (if any), the name of the individual(s) against whom the complaint is being made, and any other relevant information. At the time of filing a Formal Complaint, a Complainant must be either participating in or attempting to participate in the Education Program or Activity of the University. A Report of Sexual Harassment/Sexual Assault may be filed with the Title IX Coordinator in person, by mail, by electronic mail, or by filling out the report form found [HERE](#). Upon receipt of a Report of possible Sexual Harassment/Sexual Assault, the Title IX Coordinator, or Designee, will reach out the Complainant to discuss the Complainant’s options, including the ability to file a Formal Complaint.
- **Incapacitation** – The physical and/or mental inability to make informed, rational judgements and decisions. States of incapacitation include sleep, unconsciousness and blackouts.
  - Where alcohol or drugs are involved, incapacitation is determined by how the substance impacts a person’s decision-making capacity, awareness of consequences, and ability to make informed judgements. In evaluating whether a person was incapacitated for purposes of evaluating effective Consent, the University considers two questions:
    - Did the person initiating sexual activity know that their partner was incapacitated?
    - Should a sober, reasonable person in the same situation have known that their partner was incapacitated? If the answer to either of these questions is “yes” effective Consent was absent.
  - For purposes of this policy, incapacitation is a state beyond drunkenness or intoxication. A person is not incapacitated merely because they have been drinking or using drugs. The standard for incapacitation does not turn on technical or medical definitions, but instead focuses on whether a person has the physical and/or mental ability to make informed, rational judgments and decisions.
  - A person who initiates sexual activity must look for the common and obvious warning signs that show that a person may be incapacitated or approaching incapacitation. Although every individual may manifest signs of incapacitation differently, typical signs include slurred or incomprehensible speech, unsteady gait, combativeness, emotional volatility, vomiting, or incontinence. A person who is incapacitated may not be able to understand some or all of the following questions: “Do you know where you are?” “Do you know how you got here?” “Do you know what is happening?” or “Do you know whom you are with?”
  - Because the impact of alcohol and other drugs varies from person to person, one should be cautious before engaging in sexual contact or intercourse when either party has been drinking alcohol or using drugs. The introduction of alcohol or other drugs may create ambiguity for either party as to whether effective Consent has been sought or given. If one has doubt about either party’s level of intoxication, the safe thing to do is to forgo all sexual activity.
- **Remedies** – Remedies may be provided to a Complainant where a determination of responsibility for Sexual Harassment/Sexual Assault has been made against the Respondent. Remedies are designed to restore or preserve the Complainant’s equal access to the University’s Education Program or Activity. Remedies may include the same individualized services described in the Supportive/Interim Measures section below; however, unlike Supportive/Interim Measures, Remedies need not be non-disciplinary or non-punitive, and need not avoid burdening the Respondent. Remedies provided may include, but not be limited to, a one-way no contact directive; changes to housing/work arrangements; or a leave of absence.

- **Report** – Anyone may file a Report alleging an incident of Sexual Harassment/Sexual Assault of which they become aware. The Report should include as much information possible, such as details (if known) of the nature of the incident, dates of particular events, names/contact information of any Complainant, Respondent, witnesses (if any) and any other relevant information. A Report may be filed with the Title IX Coordinator in person, by mail, by electronic mail or by filling out the report form found [HERE](#).
- **Respondent** – An individual who has been reported to be the perpetrator of conduct that could constitute Sexual Harassment/Sexual Assault.
- **Responsible employees** – Certain employees, who under this policy, are required, after receiving information regarding Sexual Harassment/Sexual Assault, to report it to the Title IX Coordinator. These employees include, but are not limited to, Public Safety Police and Security Officers, managers and supervisors, coaches, club and organization advisors, faculty, Deans and Residential Learning staff (Resident Assistants, Community Safety Assistants, Resident Directors, and Residential Learning Coordinators). Notwithstanding, knowledge of an incident of Sexual Harassment/Sexual Assault by a Responsible Employee (other than those who also have authority to institute corrective measures on behalf of the University) does not constitute Actual Knowledge by the University.
- **Sanctions** – See Disciplinary Sanctions.
- **Supportive/interim measures** – See Section X below.

## PROHIBITED CONDUCT

This policy addresses allegations of sexual misconduct that meet the definition of Title IX Sexual Harassment/Sexual Assault, which encompasses all of the prohibited conduct defined below that occurs on the basis of sex and meets the following requirements: (i) occurs within the United States; (ii) occurs within the University’s Education Program or Activity; and (iii) at the time of the filing of the Formal Complaint, the Complainant was participating in, or attempting to participate in, the Education Program or Activity.

Allegations of sexual misconduct that do not fall under this policy because they do not constitute prohibited conduct as defined in this section, may be addressed under the [Student Sexual Misconduct and Harassment Policy](#), [Student Code of Conduct](#) or [Procedure for Resolving Student v. Student Discrimination Complaints](#) (for student Respondents); or the [Policy Prohibiting Discrimination in the Workplace and Educational Environment](#), [Disruptive Behavior and Workplace Violence Policy](#) or other applicable policy (for employee Respondents).

**Prohibited conduct** (referred to collectively as “Sexual Harassment/Sexual Assault” throughout the policy) is:

- **Sexual harassment** – Conduct on the basis of sex, through any medium, that satisfies one or more of the following:
  - An employee of the University conditions the provision of aid, benefit or service of the University on an individual’s participation in unwelcome sexual conduct; or
  - Unwelcome conduct determined by a reasonable person to be so severe, pervasive and objectively offensive that it effectively denies a person of equal access to the University’s Education Program or Activity.
- **Sexual assault** – Any sexual act directed against another person, without their consent or where they are incapable of giving consent. An offense that meets the definition of rape, fondling, incest or statutory rape:
  - *Rape*: The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.

- *Fondling*: The touching of the private body parts of another person for the purpose of sexual gratification, without the consent of the victim, including instances where the victim is incapable of giving consent because of his/her age or because of his/her temporary or permanent mental incapacity.
- *Incest*: Sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law.
- *Statutory Rape*: Sexual intercourse with a person who is under the statutory age of consent.
- **Stalking** – Engaging in a course of conduct, through any medium, directed at a specific person that would cause a reasonable person to: (a) fear for the person's own safety or the safety of others; or (b) suffer substantial emotional distress. For the purposes of this definition:
  - Course of conduct means two or more acts, including, but not limited to, acts in which the stalker directly, indirectly or through third parties, by any action, method, device or means, follows, monitors, observes, surveils, threatens or communicates to or about a person, or interferes with a person's property;
  - Reasonable person means a reasonable person under similar circumstances and with similar identities to the Complainant;
  - Substantial emotional distress means significant mental suffering or anguish that may, but does not necessarily, require medical or other professional treatment or counseling.
- **Dating violence** – Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with another person. The existence of such a relationship shall be determined based on a consideration of the following factors: (a) the length of the relationship; (b) the type of relationship; and (c) the frequency of interaction between the persons involved in the relationship.
- **Domestic violence** – A felony or misdemeanor crime of violence committed by: (a) a current or former spouse or intimate partner; (b) a person with whom an individual shares a child in common; (c) a person who is cohabitating with, or has cohabitated with, the other person as a spouse or intimate partner; (d) a person similarly situated to a spouse of the other person under the domestic or family violence laws in which the crime of violence occurred; or (e) any other person against an adult or youth who is protected from that person's acts under the domestic or family violence laws of the jurisdiction in which the crime of violence occurred.

## REPORTING OPTIONS – HOW TO FILE A REPORT/COMPLAINT

Students/Employees who have experienced Sexual Harassment/Sexual Assault or sex discrimination in the University's programs and activities, and those who have knowledge of Sexual Harassment/Sexual Assault or sex discrimination in the University's programs and activities, are strongly encouraged to report this information as soon as possible. Prompt reporting of incidents greatly improves the ability of the University and law enforcement to provide support resources to students/employees and to address the violations effectively. Although there is no time limit for reporting Sexual Harassment/Sexual Assault, delays in reporting may reduce the ability of the University and law enforcement to investigate and respond to incidents. After an incident of Sexual Harassment/Sexual Assault, the student/employee should consider seeking medical attention as soon as possible. In New Jersey, evidence may be collected even if you chose not to make a report to law enforcement.

It is a violation of this policy for anyone to make a False Report of Sexual Harassment/Sexual Assault, or for anyone to make a False Statement. Disciplinary Sanctions may be imposed for intentionally making a False Report or False Statement.

## REPORTING TO LAW ENFORCEMENT

- Where criminal behavior is involved, the University encourages, and will assist students/employees with, reporting to law enforcement. However, students/employees have the right to decline notifying law enforcement. For criminal offenses that occur on the University campus, students/employees should immediately contact Rowan Public Safety, 856-256-4911. Rowan Public Safety can assist students/employees in contacting and filing a report/complaint with any other agency when the incident did not occur on campus.
  - Glassboro campus – Glassboro Police Department, 1 South Main Street, Glassboro, NJ 856-881-1500; <http://www.glassboropd.org/>
  - Camden campuses – Camden County Metro Police, 800 Federal Street, Camden, NJ 856-757-7440; <http://camdencountypd.org/>
  - RowanSOM campus – Stratford Police Department, 315 Union Ave., Stratford, NJ 856-783-8616; <https://som.rowan.edu/oursom/campus/safety.html>
- LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, or Agender/Asexual) students/employees should know that every Rowan Public Safety Officer will assist them should they choose to report Sexual Harassment/Sexual Assault. However, if an LGBTQIA+ student/employee would prefer, they can ask to speak directly with the Rowan University LGBTQIA+ police liaison.
- Behavior that constitutes a violation of this policy may also be a crime under the laws of the State of New Jersey.

## REPORTING TO THE UNIVERSITY

- A student/employee may choose to report an incident of Sexual Harassment/Sexual Assault to the University before they have made a decision about whether or not to report to law enforcement. A student/employee has the right to file a criminal complaint and a Title IX Formal Complaint simultaneously.
- Once a Report of Sexual Harassment/Sexual Assault has been received, whether or not a Formal Complaint has been filed, the University will provide written notification to the Complainant about existing counseling, health, mental health, student advocacy, employee advocacy, legal assistance, visa and immigration assistance, student financial aid and other services that are available at Rowan and in the surrounding communities. For more information on these services please visit [OSEC's website](#).
- Reports of incidents alleging to involve Sexual Harassment/Sexual Assault or sex discrimination in a University program or activity should be made to the Title IX Coordinator in person, by mail, by electronic mail or by filling out the report found [HERE](#).

Brandy Bennett, OSEC Director and Title IX Coordinator  
Office of Student Equity and Compliance  
Hawthorn Hall, Rm 312  
856-256-5440  
[bennettb@rowan.edu](mailto:bennettb@rowan.edu)

In addition, prior to filing a Report or Formal Complaint, a person may reach out to the following individuals to discuss their reporting options. The below individuals are Responsible Employees under this policy and therefore, should report the incident to the Title IX Coordinator. However, their knowledge of any incident does not constitute Actual Knowledge by the University. Thus, if a student/employee wishes to ensure a Report/Formal Complaint has been made, the individual should also reach out to the Title IX Coordinator.

**Athletics / LGBTQIA+**

Penny Kempf, Associate Athletic Director  
Athletics Office, Esby Gym  
856-256-4679, [kempf@rowan.edu](mailto:kempf@rowan.edu)

**Cooper Medical School of Rowan University**

Dr. Marion Lombardi, Assistant Dean for Student Affairs  
Room 409B, CMSRU Medical Education Building, Camden, NJ  
856-361-2805, [lombardim@rowan.edu](mailto:lombardim@rowan.edu)

**Rowan University School of Osteopathic Medicine**

Dr. Paula Watkins, Director of Enrollment Services  
Suite 210 Academic Center, One Medical Center Drive, Stratford, NJ  
856-566-7050, [fennerpa@rowan.edu](mailto:fennerpa@rowan.edu)

**Graduate School of Biomedical Sciences**

Dr. Diane Worrada, Director  
42 East Laurel Road, UDP, Suite 2200, Stratford, NJ  
856-566-6282, [worrada@rowan.edu](mailto:worrada@rowan.edu)

**Graduate Medical Education**

Sheila Seddon, Assistant Director  
Academic Center Stratford, NJ  
856-566-2742, [seddonsm@rowan.edu](mailto:seddonsm@rowan.edu)

**POLICY OF IMMUNITY**

The University will grant immunity for using alcohol and drugs to both a Complainant and/or Respondent unless the alcohol or drug was used knowingly to perpetrate violence. No one should be fearful of obtaining resources or remedies from a violent crime because they were intoxicated. In addition, the University will not pursue disciplinary action for drug or alcohol violations, or most other violations of the Student Code of Conduct, against a party or witness who comes forward in good faith to Report Sexual Harassment/Sexual Assault. See [Rowan University Good Samaritan Policy](#).

**OTHER REPORTING OPTIONS**

Individuals also have the right to file a complaint with federal/state agencies that investigate Sexual Harassment, Sexual Assault and discrimination. An external complaint must be filed directly with the agency, and each agency should be consulted to determine proper deadlines for filing.

**[Office of Civil Rights, U.S. Department of Education](#)**

New Jersey, New York, Puerto Rico, Virgin Islands OCR  
New York Office, U. S. Department of Education  
32 Old Slip, 26th Floor  
New York, NY 10005-2500  
Telephone: (646) 428-3800  
Facsimile: (646) 428-3843  
Email: [OCR.NewYork@ed.gov](mailto:OCR.NewYork@ed.gov)

**[Equal Employment Opportunity Commission](#)**

Philadelphia District Office  
801 Market Street, Suite 1000

Philadelphia, PA 19107-3126  
Telephone: (800) 669-4000 / (267) 589-9700  
Facsimile: (215) 440-2606  
Email: [PDOContact@eeoc.gov](mailto:PDOContact@eeoc.gov)

#### New Jersey Division on Civil Rights

Southern Regional Office  
5 Executive Campus, Suite 107  
Cherry Hill, NJ 08034 map  
Telephone: 856-486-4080  
Facsimile: 856-486-2255

### **CONFIDENTIALITY**

When the University is made aware of a report or allegation of Sexual Harassment/Sexual Assault, the University will endeavor to maintain the confidentiality of the matter and of all individuals involved to the extent permitted by law. The University will balance the needs of the individuals involved (Complainant and Respondent) with its obligation to fully investigate allegations and to protect the safety and wellbeing of the community at large. In all cases, the University and its employees will respect the dignity and rights of all individuals involved.

- **Responsible Employees:** When consulting campus resources, individuals should be aware that certain employees are Responsible Employees who under this policy are required, after receiving information regarding Sexual Harassment/Sexual Assault, to report it to the Title IX Coordinator. These include, but are not limited to, Public Safety Police and Security Officers, managers and supervisors, coaches, club and organization advisors, faculty, Deans and Residential Learning staff (Resident Assistants, Community Safety Assistants, Resident Directors and Residential Learning Coordinators). Knowledge of an incident of Sexual Harassment/Sexual Assault by a Responsible Employee (other than those who also have authority to institute corrective measures on behalf of the University) does not constitute Actual Knowledge by the University.

If an individual has reported information to a Responsible Employee, but the individual would like for the report to remain confidential, the student should contact the Title IX Coordinator, who will evaluate the individual's request for confidentiality. The Grievance Process will only be initiated when a Formal Complaint has been filed with or by the Title IX Coordinator.

- **Confidential Resources – Students:** Students who desire that details of an incident be kept confidential can receive confidential services through the Counseling & Psychological Services Center (856-256-4333), which is located in the Wellness Center at Winans Hall. Counselors with specialized training are available to support students who report Sexual Harassment/Sexual Assault. Counselors are available to help you free of charge and can be seen on an emergency basis. The Student Health Center (856-256-4222) can also provide confidential consultation with students and may offer treatment to prevent sexually transmitted infections or pregnancy. In circumstances where the Health Center is unable to offer these services, they will provide a referral to an appropriate medical resource. In addition, you may speak with members of the clergy, who will also keep reports made to them confidential. LGBTQIA+ students who would like to speak with a confidential resource should know that every counselor at the Wellness Center is committed to supporting students of all gender identities, gender expressions, and sexual orientations. When speaking with these resources, a student's right to confidentiality is legally protected. However, there are limits to this protection in specific situations. For example, if a student discloses that the incident involved the use of a weapon or other contraband as defined by New Jersey law, or there is an ongoing threat or danger to the safety of another person (particularly children or the elderly), these resources may be required to report the incident to police.



- **Confidential Resources – Employees:** Employees who desire that details of an incident be kept confidential can receive confidential services through the New Jersey Employee Advisory Service (1-866-327-9133).
- **Federal Statistical Reporting and Federal Timely Warning Obligations:** Certain campus officials have a duty to report Sexual Harassment/Sexual Assault for federal statistical reporting purposes. All personally identifiable information is kept confidential, but statistical information must be passed along to campus law enforcement regarding the type of incident and its general location (on or off-campus, in the surrounding area, etc. – with addresses withheld), for publication in the annual Campus Security Report. This report helps to provide the community with a clear picture of the extent and nature of campus crime to ensure greater community safety.

Individuals who report Sexual Harassment/Sexual Assault should also be aware that University administrators may be required to issue timely warnings for certain incidents reported to them that pose a substantial threat of bodily harm or danger to members of the community, to aid in the prevention of similar occurrences. The University will withhold the names and other personally identifiable information of individuals as confidential, while still providing enough information for community members to make decisions related to their safety in light of the danger.

## **SUPPORTIVE/INTERIM MEASURES**

Non-disciplinary, non-punitive individualized services will be offered to the Complainant and/or Respondent, as appropriate and as reasonably available, without fee or charge, where no Formal Complaint has been filed, or before or after the filing of a Formal Complaint. Such measures are designed to restore or preserve equal access to the University's Education Program or Activity without unreasonably burdening the other party, including measures designed to protect the safety of all parties, the University's educational environment and/or to deter Sexual Harassment/Sexual Assault.

Supportive/Interim Measures may include, but are not limited to, the provision of information related to counseling, academic support, mental health services; extensions of deadlines or other course-related adjustments; modifications of work or class schedules; campus escort services; mutual restrictions on contact between the parties (no contact directives); changes in work or housing locations; leaves of absence; increased security; and other similar measures.

In addition, the University may place a student on an Interim Suspension, pending the outcome of the Grievance Process. This decision will be made in accordance with the University's [Student Code of Conduct](#). And, an employee may be placed on an Administrative leave (paid or unpaid), pending the outcome of the Grievance Process.

The University will maintain as confidential any Supportive/Interim Measures provided to the Complainant or Respondent, to the extent that maintaining such confidentiality would not impair the University's ability to provide the Supportive/Interim Measure(s).

## **ADVISORS**

A Complainant and Respondent each have the right to an Advisor of their choice during the Grievance Process (discussed below). An Advisor may be a family member, a friend, an attorney or any third party (i.e., a trusted employee for a student; or a union representative for an employee). However, an Advisor may not otherwise be involved in the Grievance Process (i.e., a witness, co-Complainant or co-Respondent). Advisors are present to support the parties and to provide advice on procedural matters, as well as conduct cross-examination during any Hearing.

Other than as provided in this policy, Advisors may not speak on behalf of the party.

Advisors must adhere to all conditions and obligations under this policy and as required by the University's process.

The Advisor has the right to accompany the Complainant or Respondent to any meetings with the Title IX Coordinator, Investigator (or their Designee), or University administrators, and the party has the right to communicate with their



Advisor during any meeting. The Advisor may also assist the Complainant or Respondent during the investigation, preparing/submitting a response to the investigation report, attend the live hearing or assist with the filing of an appeal.

The Advisor does not have speaking privileges during the investigation/investigatory interviews. The Title IX Coordinator or designee will exercise control over the investigation. Anyone who disrupts an investigatory interview or who fails to adhere to University policies may be asked to leave an investigatory interview.

With respect to the Hearing, if a Complainant or Respondent does not have an Advisor, one will be provided by the University. The Advisor is to conduct cross examination on behalf of the party at the Hearing, as the parties may not conduct cross-examination on their own behalf.

Regardless of whether a party has an Advisor, the Title IX Coordinator, Investigator or Designee will correspond and communicate directly with the parties. If a party wishes for their Advisor to be copied on any correspondence or communications, the party should advise the Title IX Coordinator or Investigator.

### **GRIEVANCE PROCESS/PROCEDURES**

Upon receipt of a Report of Sexual Harassment/Sexual Assault, the Title IX Coordinator or Designee, will contact the Complainant to: (i) discuss available Supportive/Interim Measures, while taking into consideration the Complainant's wishes; (ii) inform the Complainant that the Supportive/Interim Measures are available with or without a Formal Complaint; and (iii) explain the process for filing of a Formal Complaint.

Upon receipt of a Formal Complaint, the University will initiate the Grievance Process.

The University will treat Complainants and Respondents equitably by providing Remedies to a Complainant where a determination of responsibility for Sexual Harassment/Sexual Assault has been made against the Respondent, and by following the Grievance Process before the imposition of any Disciplinary Sanctions or other actions, that are not Supportive/Interim Measures, are taken against a Respondent.

Throughout the Grievance Process, there will be an objective evaluation of all relevant evidence, including both inculpatory (evidence implying or imputing responsibility) and exculpatory (evidence exonerating responsibility) evidence. In addition, credibility determinations will not be based on an individual's status as a Complainant, Respondent or witness.

Individual(s) involved in the Grievance Process (Title IX Coordinator, investigator, decision-maker or any person designated by the University to facilitate an informal resolution process) shall not have a conflict of interest or bias for or against Complainants or Respondents generally, or an individual Complainant or Respondent. Such individual(s) shall also have the appropriate training as set forth in the Training Section of this policy.

It is presumed that a Respondent is not responsible for the alleged conduct until a determination regarding responsibility is made at the conclusion of the Grievance Process, or if a Respondent admits to responsibility.

It is a violation of this policy for anyone to make a False Report of Sexual Harassment/ Sexual Assault, or for anyone to make a False Statement during the Grievance Process. Disciplinary Sanctions may be imposed for intentionally making a False Report or False Statement.

### **DISMISSAL OF A FORMAL COMPLAINT**

- The Title IX Coordinator must dismiss the Formal Complaint, or allegations therein, at any time, if it is determined that the conduct alleged: (i) would not constitute Sexual Harassment/Sexual Assault, even if proven; (ii) did not occur while the Complainant was participating in, or attempting to participate in, the University's Education Program or Activity; or (iii) did not occur against a person in the United States. Such a dismissal does not preclude the University from taking action under another provision of the University's policies.

- The Title IX Coordinator, in his/her discretion, may also dismiss the Formal Complaint, or allegations therein, if at any time during the Grievance Process, the following occurs: (1) the Complainant notifies the Title IX Coordinator in writing that the Complainant would like to withdraw the Formal Complaint, or any allegations therein; (ii) the Respondent is no longer enrolled or employed by the University; or (iii) specific circumstances prevent the University from gathering evidence sufficient to reach a determination as to the Formal Complaint or allegations therein.
- Written notice of any required or permitted dismissal, including any reason(s) therefore, shall be promptly sent to the parties simultaneously. This notice will also advise the parties of their appeal rights in accordance with this policy.

**Consolidation of Formal Complaints** – Formal Complaints as to allegations of Sexual Harassment/Sexual Assault against more than one Respondent, or by more than one Complainant against one or more Respondents, or by one party against the other party, may be consolidated where the allegations of Sexual Harassment/Sexual Assault arise out of the same facts or circumstances.

**Notice of Allegations** – Upon receipt of a Formal Complaint, the Title IX Coordinator, or Designee, will provide written notice to the known parties, which includes:

- A link to the University's Title IX Sexual Harassment/Sexual Assault Policy, so the parties can review the University's Grievance Process, including the Informal Resolution Process;
- Sufficient detail, of what is known at the time, related to the allegations of Sexual Harassment/Sexual Assault, including details such as the identities of the parties involved, the conduct allegedly constituting Sexual Harassment/Sexual Assault, and the date(s) and location(s) of the alleged incident(s);
- A statement that the Respondent is presumed not responsible for the alleged conduct, and that a determination regarding responsibility will be made at the conclusion of the Grievance Process;
- Information that the parties may have an Advisor of their choice, who may be, but is not required to be, an attorney;
- A statement that the parties and their Advisors will have the right to inspect and review evidence during the investigation of a Formal Complaint; and
- Reference to the provisions within the Title IX Sexual Harassment/Sexual Assault Policy that prohibits knowingly making False Reports or False Statements.

Such notice will be provided to the parties within a reasonable period of time prior to conducting any investigatory interview, so that the parties have time to prepare and meaningfully respond.

If, in the course of an investigation, the University decides to investigate allegations about the Complainant or Respondent that were not included in the initial notice, the University will provide notice of the additional allegations to be investigated, to the known parties.

#### **FORMAL RESOLUTION PROCESS**

- **Written Notice of Meetings, Interviews, Hearings** – Written notice of the date, time, location, participants and purpose of all investigative interviews, hearings or any other meetings, will be provided to any party whose participation is invited or expected, with sufficient time for the party to prepare to participate.
- **Investigation of a Formal Complaint** – After notification of the allegations in the Formal Complaint has been sent, the Investigator, or Designee, will promptly initiate an investigation within seven (7) calendar days. The

investigation shall be completed in a reasonably prompt manner, and should be completed within ninety (90) calendar days from the time the Formal Complaint is filed.

- The investigation will include interviews of the Complainant(s), Respondent(s) and any witnesses/individuals believed to have information relevant to the allegations, as well as the collection of any relevant evidence.
- Each party is permitted to have their Advisor present during any investigatory interview, or other meeting. However, while the party has the right to communicate with their Advisor during any meeting, the Advisor does not have speaking privileges during the investigation/investigatory interviews.
- The investigator will not access, consider, disclose or otherwise use a party's records that are made or maintained by a physician, psychiatrist, psychologist or other recognized professional/paraprofessional acting in the professional/paraprofessional's capacity or assisting in that capacity, and which are made and maintained in connection with the provision of treatment to the party, unless the investigator obtains that party's voluntary, written consent to do so for a Grievance Process.
- The parties and their Advisors are not restricted from discussing the allegations under investigation for the purpose of gathering and presenting evidence to the investigator.
- During the investigation, the parties will be provided the opportunity to present witnesses, including fact and expert witnesses, and other inculpatory (evidence implying or imputing responsibility) and exculpatory (evidence exonerating responsibility) evidence.
- **Investigation Report** – The Investigator or Designee will prepare an Investigation Report that fairly summarizes relevant evidence and preliminary findings of fact.
  - An initial Investigation Report, along with all of the evidence gathered by the investigator (any evidence obtained as part of the investigation, that is related to the allegations in the Formal Complaint, including information that will not be relied upon in reaching a determination and without regard to the source of the information), will be shared with the parties and their Advisors (if any) simultaneously. Names and other identifying information of individuals in the report/evidence may be redacted if required by the Family Educational Rights and Privacy Act ("FERPA"). The parties and their Advisors must keep the evidence confidential and not share it with anyone, except for the purpose of gathering and presenting relevant evidence to provide to the investigator within the 10-day period. Failure to abide by this confidentiality obligation may subject a party or Advisor to disciplinary action by the University.
  - Each party may respond to the investigator in writing, within ten (10) calendar days of receipt of the initial report/evidence.\
  - After reviewing any timely submitted responses by the parties, within fourteen (14) calendar days, the investigator will prepare a final Investigation Report. The final Investigation Report will fairly summarize the relevant evidence and findings of fact.
  - The parties and their Advisors (if any) will be simultaneously provided with an electronic or hard copy of the final Investigation Report. A copy of the final Investigation Report will also be forwarded at the same time to the Office of Community Standards, for the scheduling of a Hearing.
  - A copy of the Investigation Report and any written response(es) will then be forwarded to the Office of Community Standards, for the scheduling of a Hearing.
- **Hearing** – A Hearing should be scheduled by the Office of Community Standards no later than thirty (30) calendar days after receipt of the final Investigation Report.

- Each party may have one Advisor attend the Hearing, who will be responsible for conducting cross-examination and questioning on behalf of the party. Prior to the scheduled Hearing, each party will be asked to identify their Advisor who will be present for the Hearing. If a party does not have an Advisor, the University will provide one to them.
- Prior to the scheduled Hearing, the parties will be provided an opportunity to make a request for witnesses to participate in the Hearing on their behalf. The parties must notify the Assistant Dean of Students, or Designee, of any witnesses at least seven (7) calendar days prior to the Hearing. The parties will also be advised of potential Hearing Officer(s), and provided the opportunity to object to a specific Hearing Officer based on a conflict of interest.
- If the matter to be heard had originally attempted, but was unsuccessful at, the Informal Resolution Process, any information related to the Informal Resolution Process will not be admissible during the Hearing. In addition, the individual who facilitated the Informal Resolution Process may not be called as a witness at the Hearing.
- The matter will be heard by a Hearing Officer who will exercise control over the manner in which the Hearing is conducted, including being responsible for managing the cross-examination and questioning process in accordance with applicable law/policy. The Hearing Officer will make decisions regarding responsibility and any Disciplinary Sanctions, if applicable.
- Hearings may be conducted with all parties physically present in the same geographic location or, at the University's discretion, any or all parties, witnesses, and other participants may appear at the Hearing virtually, with technology enabling participants simultaneously to see and hear each other. For Hearings occurring in-person, at the request of a party, the University will provide for the Hearing to occur with the parties located in separate rooms with technology enabling the Hearing Officer, parties and their Advisors to simultaneously see and hear the party or the witness answering questions.
- Both/all parties shall be permitted to be present during testimony of all witnesses and presentation of the evidence throughout the Hearing.
- The Hearing Officer will be provided access to the final Investigation Report and evidence at least twenty-four (24) hours prior to the Hearing. However, while the Hearing Officer may consider the final Investigation Report as evidence, the Hearing Officer will function as an independent adjudicator and will not be bound by any findings made by the investigator.
- At the beginning of the Hearing, the Hearing Officer will enter his, her or their name into the recording. The parties and their Advisors will also enter their names into the recording.
- The Hearing Officer will ask if the Respondent has received the original notice of allegation(s) letter, and understands the nature of the charges.
- The Hearing Officer will then confirm that the parties have received copies of the Formal Complaint, notice of allegation(s) letter, list of witnesses, along with the final Investigation Report.
  - The remainder of the Hearing will customarily proceed in the following order:
    - i. Opening statement from the Complainant;
    - ii. Opening statement from the Respondent;
    - iii. Questioning of Complainant by Hearing Officer;
    - iv. Cross-examination of Complainant by Respondent's Advisor;
    - v. Questioning of Respondent by Hearing Officer;
    - vi. Cross-examination of Respondent by Complainant's Advisor;
    - vii. Questioning of witnesses – each witness will be called one at a time, questioned separately, and dismissed at the conclusion of their testimony. Each witness may be questioned by the Hearing Officer, as well as the parties' Advisors;
    - viii. Final questions of the Complainant(s)/Respondent(s) from the Hearing Officer;

- ix. Respondent's final statement; and
- x. Complainant's final statement.
- Each party's Advisor will be permitted to ask the other party and any witnesses all relevant questions and follow-up questions, including those challenging credibility. Cross-examination conducted by the Advisors must be done directly, orally and in real time.
- Only relevant cross-examination and other questions may be asked of a party or witness. Before a Complainant, Respondent, or witness answers a cross-examination or other question, the Hearing Chair will first determine whether the question is relevant and then explain any decision to exclude a question as not relevant.
- Questions and evidence about the Complainant's sexual predisposition or prior sexual behavior are not relevant, unless such questions and evidence: (1) are offered to prove that someone other than the Respondent committed the conduct alleged by the Complainant, or (2) concern specific incidents of the Complainant's prior sexual behavior with respect to the Respondent and are offered to prove Consent.
- The presentation of evidence by a party (including opening statements), questions directed to participants and final statements may be constrained to specified time periods when cumulative or as otherwise deemed appropriate by the Hearing Chair.
- The Hearing Officer may not draw an inference about the determination regarding responsibility based solely on a party or witness's absence from the Hearing, or refusal to answer cross-examination or other questions.
- Formal rules of evidence that are applicable to civil and criminal trials are not applicable to the Hearing.
- All Hearings will be closed to the public, and the only individuals who are permitted to attend are the Complainant(s), Respondent(s), their Advisors, the Hearing Officer and any witnesses called to provide testimony. In addition, University administrators (i.e., legal counsel) may also attend the Hearing with prior approval from the Hearing Officer.
- All Hearings will be audio and/or video recorded. Upon request, a digital file will be made available to the parties for inspection and review.
- **Written Determination Regarding Responsibility/Disciplinary Sanctions** – Within fourteen (14) calendar days following the Hearing, the decision-maker(s) will issue a written determination regarding responsibility, and Disciplinary Sanctions and/or Remedies (if applicable).
  - If a Respondent has a record of prior disciplinary violations by the University, unless otherwise permissible, this information will not be considered by the Hearing Panel until after a determination of responsibility has been made, to assist the Hearing Panel in determining appropriate Disciplinary Sanctions.
  - The written determination will include:
    - A summary of the allegations of Sexual Harassment/Sexual Assault;
    - A description of the procedural steps taken from the receipt of the Formal Complaint through the determination, including any notices to the parties, interviews with parties and witnesses, site visits, methods used to gather other evidence, evidence considered and hearings held;
    - Findings of fact supporting the determination;

- Conclusions regarding the application of the University's Title IX Sexual Harassment/Sexual Assault Policy to the facts;
  - A statement of, and rationale for, the result as to each allegation, including a determination regarding responsibility, any Disciplinary Sanction(s) the University will impose on the Respondent, and whether Remedies designed to restore or preserve equal access to the University's Education Program or Activity will be provided by the University to the Complainant; and
  - Information regarding the University's process and permissible bases for the Complainant and Respondent to appeal.
- The University will provide the written determination to the parties simultaneously.
  - The determination regarding responsibility becomes final either on the date that the University provides the parties with the written determination of the result of an appeal, if any appeal is filed; or if an appeal is not filed, the date on which an appeal would no longer be considered timely.

### **INFORMAL RESOLUTION PROCESS**

At any point after a Formal Complaint has been filed, but before a determination of responsibility has been made, the University offers the opportunity for the parties to take part in an Informal Resolution Process, as an alternative to the Formal Resolution Process. Allegations of Sexual Harassment/Sexual Assault made by a student against an employee may not be resolved through Informal Resolution.

Informal Resolution is an opportunity for the parties to settle their matter, without going through the entire Formal Resolution Process, and without a finding by the University related to responsibility. The University will not pursue disciplinary action against a Respondent during the Informal Resolution Process. If the parties seek an Informal Resolution after an investigation has already begun, the investigation will be suspended, pending the outcome of the Informal Resolution.

Any party interested in pursuing an Informal Resolution should advise the Title IX Coordinator. Engagement in the Informal Resolution Process is completely voluntary, and each party must provide their written consent prior to beginning the process. If both/all parties do not agree to the Informal Resolution Process, the Formal Complaint will be addressed through the Formal Resolution Process. Most matters will be eligible for the Informal Resolution Process; however, the Title IX Coordinator, in his/her discretion, may determine, based on the allegations in the Formal Complaint, that a matter is not appropriate for Informal Resolution.

The Informal Resolution Process will be facilitated by the Title IX Coordinator or Designee. The Informal Resolution Process will be initiated within ten (10) calendar days of the receipt of the written consent of both/all parties. The Title IX Coordinator, or Designee, will work with the parties to complete the Informal Resolution Process within thirty (30) days.

Prior to engaging in the Informal Resolution Process, the parties will receive written notice providing the following information: (i) disclosure of the allegations, (ii) the requirements of the informal resolution process, including the circumstances under which it precludes the parties from resuming a Formal Complaint arising from the same allegations; (iii) notice that prior to agreeing to a resolution, any party has the right to withdraw from the Informal Resolution Process and resume the Formal Resolution Process; and (iv) the consequences resulting from participating in the Informal Resolution Process, including the records that will be maintained or could be shared.

If the parties reach an Informal Resolution of a Formal Complaint, an agreement that outlines the terms agreed upon by the parties will be prepared and signed by all parties. Each/all parties will be provided with a copy of the signed agreement, and the University will retain a copy in accordance with applicable law and its recordkeeping requirements. Agreements reached via the Informal Resolution Process shall be final and cannot be appealed. Any agreement reached through the Informal Resolution Process will provide that a student's failure to comply with the terms of the signed

agreement may result in disciplinary action in accordance with the Student Code of Conduct; and an employee's failure to comply with the terms of a signed agreement may result in disciplinary action, up to and including termination.

If the Informal Resolution Process is unsuccessful, or a party requests to end the process before a resolution is reached, or if at any time the Title IX Coordinator, or Designee, determines an Informal Resolution is no longer appropriate, the matter will be addressed through the Formal Resolution Process.

If a matter is unsuccessful in reaching an informal resolution and is to be addressed through the Formal Resolution Process, any information related to the Informal Resolution Process will not be admissible during a Hearing. In addition, the individual who facilitated the Informal Resolution Process may not be called as a witness at a Hearing.

## **APPEALS PROCESS**

Complainants or Respondents may appeal the University's dismissal of a Formal Complaint (or any allegations therein); or a determination regarding responsibility, including any Disciplinary Sanction(s) imposed.

- **Time to File an Appeal** – An appeal must be in writing and filed within seven (7) calendar days of the date of the letter informing the parties of the dismissal decision; or the determination regarding responsibility, including any imposition of Disciplinary Sanctions, if applicable. If an appeal is not filed within seven (7) calendar days, the dismissal decision or determination regarding responsibility (including Disciplinary Sanctions, if applicable) will be deemed final.
- **Bases for Appeal** – Review of an appeal will be limited to the following bases:
  - Procedural irregularity or substantive error that affected the outcome of the matter. Deviations from the University's policy/procedures will not be a basis for sustaining an appeal unless significant prejudice resulted;
  - New evidence that was not reasonably available at the time the determination regarding responsibility or dismissal was made, that could affect the outcome of the matter;
  - The Title IX Coordinator, investigator(s), or decision-maker(s) had a conflict of interest or bias for or against complainants or respondents generally or the individual Complainant or Respondent that affected the outcome of the matter; or
  - The Disciplinary Sanction(s) imposed were substantially disproportionate or not appropriate in light of the violation(s).
- **Procedure for Appeal of Dismissal of Formal Complaint or Allegations** – A party who wishes to appeal the Title IX Coordinator's decision to dismiss the Formal Complaint or an allegation therein, must submit the appeal in writing to the Vice President for Student Affairs and Dean of Students ("VP for Student Affairs"), explaining in detail the basis of the request, and including any supporting documentation. The VP for Student Affairs, or Designee, will review the appeal, any submission from the other party, Formal Complaint and the Title IX Coordinator's decision to dismiss, and then issue a written decision resolving the appeal that includes the rationale for the decision, within fourteen (14) calendar days of receipt of the appeal. The appeal decision will be issued simultaneously to both/all parties. An assigned Designee shall not be the Title IX Coordinator, DEI Investigator (or Designee), or anyone who would be involved in the determination regarding responsibility.
- **Procedure for Appeal of Determination Regarding Responsibility/Sanctions** – A party who wishes to appeal a determination of responsibility, including any Disciplinary Sanction(s) imposed, if applicable, must submit the appeal in writing to the Vice President for Student Affairs and Dean of Students ("VP for Student Affairs") explaining in detail the basis of the request, and including any supporting documentation. The VP for Student Affairs, or Designee, will review the written appeal, any submission from the other party, and all documentation

contained in the case file. The VP for Student Affairs, or Designee, will issue a written decision resolving the appeal, that includes the rationale for the decision, within twenty-one (21) calendar days of receipt of the appeal. The written appeal decision will be issued simultaneously to both/all parties. An assigned Designee shall not be the Title IX Coordinator, Investigator (or Designee), or anyone who would be involved in the determination regarding responsibility.

- **Notification of Appeal** – If a party files an appeal, the other party/parties will be notified and may make their own written submission in support of or challenging the decision of dismissal/determination of responsibility, to the VP for Student Affairs/Designee, no later than seven (7) calendar days after receipt of such notice.
- **Effect of Appeal** – If there is an appeal of a determination regarding responsibility, including any Disciplinary Sanction(s) imposed, the imposition of the Disciplinary Sanction(s), if applicable, will be deferred pending the decision of the appeal. However, any Interim Suspension, no contact directive or other appropriate Supportive/Interim Measure will remain in effect during the appeal process.
- **Final Decision** – An appeal may be resolved in the following manner:
  - A dismissal or determination regarding responsibility, including any Disciplinary Sanctions (if applicable), is affirmed;
  - A determination regarding responsibility is affirmed, but the Disciplinary Sanction(s)/Remedies is/are modified;
  - A dismissal is reversed, and the matter is returned to the Title IX Coordinator to address in accordance with the policy; or
  - A determination of responsibility is reversed, and a new outcome is determined, which may include imposition of Disciplinary Sanctions/Remedies or dismissal of the charges.

The decision made on appeal shall be the final action of the University.

## **TIMELINES**

All time frames set forth in this policy may be extended by the Title IX Coordinator, Investigator, Hearing Panel Chair, or their Designee for good cause, with written notice to the Complainant(s) and Respondent(s) of the delay and the reason for the delay. Good cause may include, but is not limited to, considerations such as the absence of a party/Advisor, or a witness; the need for language assistance or an interpreter; or a person with disabilities requests a reasonable accommodation.

## **RETALIATION**

Any harassment, intimidation, coercion, discrimination or adverse action taken against an individual for the purpose of interfering with their rights under this policy, or because of that individual's participation in a complaint or investigation of Sexual Harassment/Sexual Assault, will be treated as a separate violation of this policy and will result in immediate action by the University to stop the retaliatory behavior, prevent further violations by the perpetrator and remedy any adverse impact of the violation.

The University seeking appropriate disciplinary action against any individual who makes a False Report or False Statement does not constitute retaliation.

## **RECORDKEEPING**

The University will retain for a period of at least seven (7) years, the records related to complaints, supportive/interim measures provided, investigations, transcripts or recordings of hearings, determinations of responsibility, informal resolutions, disciplinary sanctions, remedies provided, appeals and training.



## TRAINING

The University's Title IX Coordinator, investigator(s), decision-makers, and any person who will facilitate an informal resolution process, shall receive training, as applicable, on the definition of Sexual Harassment/Sexual Assault, the scope of the University's Title IX Sexual Harassment/Sexual Assault Policy, the University's Education Program or Activity, how to conduct an investigation, how to conduct a hearing, the appeal process and informal resolution process. They will also receive training on how to serve impartially, including by avoiding prejudgment of the facts at issue, conflicts of interest and bias.

Individuals who will investigate Title IX matters under this policy shall also receive training on issues of relevance to create an investigative report that fairly summarizes relevant evidence.

In addition, any decision-makers shall receive training on the technology to be used at a live hearing as well as on issues of relevance of questions and evidence, including when questions and evidence about the Complainant's sexual predisposition or prior sexual behavior are not relevant.

The University will use materials to train the Title IX Coordinator, investigator(s), decision-makers and any person who will facilitate an informal resolution process, that do not rely on sex stereotypes and promote impartial investigations and adjudications of Formal Complaints of Sexual Harassment. These training materials will be made available on the University's website.

## REASONABLE ACCOMMODATIONS

Any student or employee with a disability who needs a reasonable accommodation to assist with reporting Sexual Harassment/Sexual Assault, responding to claims made against them, participating in the investigation and/or adjudication process and/or determining Supportive/Interim Measures, should advise the Title IX Coordinator as soon as possible.

## REFERENCES

- [File a Report](#)
- [File a Formal Complaint](#)
- [Office of Student Equity and Compliance](#)
- [Title IX of the Education Amendments of 1972](#)
- [Student Sexual Misconduct and Harassment Policy](#)
- [Policy Prohibiting Discrimination in the Workplace and Educational Environment](#)
- [Student Code of Conduct](#)
- [Disruptive Behavior and Workplace Violence Policy](#)
- [Good Samaritan Policy](#)

## Technical Standards required for admission to and completion of the MD Degree

**POLICY:** Technical Standards required for admission to and completion of the MD Degree.

**PURPOSE:** To delineate the technical and behavioral requirements essential to the successful completion of the MD program at CMSRU.

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

### PROCEDURE:

#### 1. TECHNICAL STANDARDS

**Technical Standards** delineate the essential abilities and characteristics required for completion of the MD degree and are not intended to deter any students for whom reasonable accommodation will allow them to

fulfill the requirements of the program. They consist of certain minimum physical, cognitive abilities and emotional characteristics to assure candidates for admission, promotion and graduation are able to participate fully in all aspects of medical training with or without reasonable accommodation. The technical standards are annually approved by the Executive Council acting on behalf of the faculty. Each year students, by signing the CMSRU Student Handbook attestation, will review and attest to their continued ability to meet the technical standards with or without reasonable accommodations.

CMSRU applicants and students shall have the following abilities and skills:

- a. **Observation:**  
Students should be able to obtain information from demonstrations and experiments in the basic sciences. Students should be able to assess a patient and evaluate findings accurately. These skills require the use of vision, hearing and touch or the functional equivalent.
- b. **Communication:**  
Students should be able to communicate with patients in order to elicit information, detect changes in mood, activity, and to establish a therapeutic relationship. Students should be able to communicate effectively and sensitively with patients and all members of the health care team both in person and in writing.
- c. **Motor:**  
Students should, after a reasonable period of time, possess the capacity to perform a physical examination and perform diagnostic maneuvers. Students should be able to execute some motor movements required to provide general care to patients and provide or direct the provision of emergency treatment of patients. Such actions require some coordination of both gross and fine muscular movements, balance, and equilibrium.
- d. **Intellectual-Conceptual, Integrative and Quantitative Abilities:**  
Students should be able to assimilate detailed and complex information presented in both didactic and clinical coursework and engage in problem solving. Candidates are expected to possess the ability to measure, calculate, reason, analyze, synthesize, and transmit information. In addition, students should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures and to adapt to different learning environments and modalities.
- e. **Behavioral and Social Attributes:**  
Students should possess the emotional health required for full utilization of their 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, fellow students, faculty and staff. Students should be able to tolerate physically taxing workloads and to function effectively under stress. They should 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, professionalism, interest, and motivation are all personal qualities that are expected during the education processes.
- f. **Ethics and Professionalism:**  
Students should maintain and display ethical and moral behaviors commensurate with the role of a future physician in all interactions with patients, faculty, staff, students and the public. The candidate is expected to understand the legal and ethical aspects of the practice of medicine and function within the law and ethical standards of the medical profession.

## 2. COMMITMENT TO EQUAL ACCESS:

CMSRU is committed to diversity and to attracting and educating students who will make the population of health care professionals' representative of the national population, including those with disabilities. As

such, CMSRU actively collaborates with students to develop innovative ways to ensure accessibility and to create a respectful and accountable culture through our confidential and specialized disability support. Admitted students with disabilities are accommodated individually. We are committed to excellence in accessibility; we encourage students with disabilities to disclose and seek accommodations.

### 3. **REASONABLE ACCOMMODATIONS**

- a. CMSRU is committed to making reasonable accommodations for qualified students with disabilities who are able to fulfill the essential requirements and technical standards of CMSRU's program. We wish to ensure that access to our facilities, programs, and services are available to students with disabilities. CMSRU provides reasonable accommodations to students on a non-discriminatory basis consistent with legal requirements as outlined in the Americans with Disabilities Act (ADA) of 1990, the Americans with Disabilities Act Amendments ACT (ADAAA) of 2008, and the Rehabilitation Act of 1973.
- b. Admitted candidates with disabilities are confidentially reviewed by the Office of Student Affairs to determine whether there are any reasonable accommodations or alternative mechanisms that would permit the candidate to satisfy the standards. This process is informed by the knowledge that students with varied types of disability have the ability to become successful health professionals. If you are an applicant with a disability who may require accommodations in our program, we encourage you to contact Dr. Marion Lombardi at [lombardim@rowan.edu](mailto:lombardim@rowan.edu) or (856) 361-2805 for a confidential consultation.

## **Attestation**

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

[Click Here to Complete Attestation Form](#)