Cooper Medical School of Rowan University

WELCOME TO CMSRU!

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CMSRU Overview

Mission Statement

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

Vision

Cooper Medical School of Rowan University will distinguish itself as an innovator in medical education and biomedical research that will lead to the transformation of healthcare.

A Message from Dean Reboli

Welcome to Cooper Medical School of Rowan University (CMSRU)! As you embark on this amazing journey to become a physician, you will encounter intriguing experiences, challenges, and moments that test your resolve. However, I am confident that the rewards you will reap will be immensely fulfilling.

Since our establishment in 2012, CMSRU has been at the forefront of transforming medical education. Our innovative curriculum—which includes small group learning, self-directed study, early patient care exposure through our student-run clinic, and immersive experiences during Week on the Wards—sets CMSRU apart and elevates the standards for both new and established medical schools. Our graduates are excelling as residents, fellows, and practicing physicians nationwide, earning recognition not only for their clinical expertise but also for their professionalism and compassion.

At CMSRU, you will benefit from the guidance of over 800 dedicated faculty members who are leaders in their respective fields, engaged in pioneering research and clinical practice. Their commitment to your education is unparalleled, and they are eager to equip you with the knowledge and tools necessary for success in medical school. I encourage you to connect with these remarkable individuals and to appreciate the wealth of insights and experiences they are ready to share.

As you become part of the CMSRU community, it is essential to understand your rights and responsibilities as a student. I am pleased to share the updated CMSRU Medical Student Handbook, which serves as a comprehensive resource outlining academic policies, procedures, and the various opportunities available to you. I strongly recommend that you take the time to familiarize yourself with this important document early in the year.

Wishing you a successful and enriching academic year ahead!

Warmest regards,

Annette C. Reboli, M.D.
Dean
Professor of Medicine
Cooper Medical School of Rowan University

The Origins of Cooper Medical School of Rowan University

Cooper Medical School of Rowan University (CMSRU) was conceptually created by the executive order of Governor Jon Corzine, on June 25, 2009. This act was the culmination of a more than 30-year effort by Cooper University Hospital to become the hospital partner of a four-year allopathic medical school in southern New Jersey. CMSRU linked two institutions that continue to experience a meteoric rise in prestige in the Delaware Valley. Rowan University and The Cooper Health System both share a commitment to education and research and to enriching the lives of the citizens of our region. A formal affiliation agreement between Cooper and Rowan University was entered into on September 21, 2010, to support a program of classroom, laboratory, and clinical education meeting the highest academic standards of the Liaison Committee on Medical Education (LCME).

About Rowan University

Rowan University is a Carnegie-classified national doctoral research institution dedicated to excellence in undergraduate education. It offers bachelor's through doctoral degrees and professional programs to 19,500 students through its campuses in Glassboro, Camden and Stratford, New Jersey. Home to Cooper Medical School of Rowan University and the School of Osteopathic Medicine, it also comprises the William G. Rohrer College of Business; the Henry M. Rowan College of Engineering; the Colleges of Communication & Creative Arts, Education, Humanities & Social Sciences, Performing Arts, and Science & Mathematics; the Schools of Health Professions and Earth & Environment; the Graduate School of Biomedical Sciences; and a multidisciplinary honors college. Rowan is collaborating with regional leaders to create research and academic programs in health sciences. The University has earned national recognition for innovation; commitment to high-quality, affordable education; and developing public-private partnerships.

More information about Rowan University can be found on the About Rowan page of the Rowan University website.

About the Cooper Health System

Cooper University Health Care is a leading academic medical center and the only state-designated Level 1 Trauma Center in South Jersey. With a network of more than 100 medical offices and four urgent care centers throughout the region, Cooper is home to MD Anderson Cancer Center at Cooper and the Children's Regional Hospital at Cooper. Cooper offers signature programs in cardiology, critical care, neurosciences, pediatrics, orthopedics, and surgical specialties.

More information about the Cooper Health System can be found on the About Us page of the Cooper University Health Care website.

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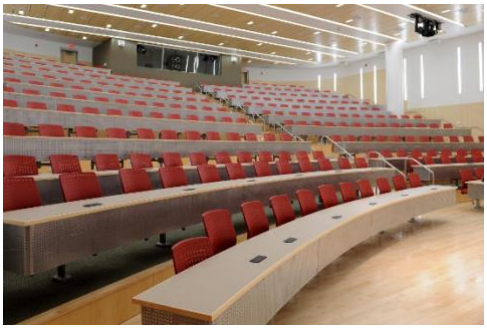
Our Locations

Our Medical Education Facility

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



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

Integral to the curriculum design are twenty-five active learning rooms (ALRs) which seat ten to twelve and are the "home" for each group of roughly eight or nine students and two faculty facilitators for the first two years of medical education. These rooms are on the 2nd, 3rd, and 4th floors of the MEB.

Outside each ALR are ten lockers for the students and faculty assigned to the space; and inside there are additional cabinets for use by the students. These rooms are used for formal educational sessions, small group discussion, and, when formal classes are not scheduled, for quiet individual or small group study.

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

The Learning Commons is located on the first floor, and provides a casual space for studying, collaboration, and relaxation for students, faculty, and staff. Food service is located immediately adjacent to this area, providing beverages and food. The CMSRU Learning Commons Food and Beverage policy permits the bringing in and consumption of beverages from containers with lids and dry snack food items only. Any other food and beverages are not permitted in the Learning Commons. If a utensil is needed to consume the food, it is not permitted in the library. Students may possess closed, concealed lunch bags/containers while utilizing the Learning Commons area but are encouraged to eat on the second-floor breezeway.

Examples of Acceptable Items:

- Beverage containers with lids, including pop-top cans. Lids should be kept on bottles and containers except when drinking.

- Individual “snack size” containers of chips, cookies, candy, and other snack foods; small amounts of finger foods (e.g., pretzels, chips, dried fruits and nuts); candy bars, granola bars, muffins, power bars, etc.; and other non-messy, individual snack foods.

Examples of Unacceptable Items:

- Beverage containers without lids, such as open topped coffee mugs, disposable coffee cups without lids, and soda cups without lids.
- Food items such as hot entrees, burgers, French fries, pizza, noodles, subs/hoagies, sandwiches, wraps, burritos, tacos, salads, soup, and other hot, fragrant or messy items.
- Any wet food items (such as yogurt, fruit, oatmeal) or strongly scented food items (such as hard-boiled eggs, some cheeses).
- As is with all NJ state educational institutions, no alcohol of any type is permitted.

The CMSRU Simulation and Clinical Skills Center is a state-of-the-art facility housed on the second and third floors of the Joint Health Sciences Center, which is located at the intersection of Broadway and Martin Luther King Boulevard. CMSRU medical students, Cooper residents, Cooper nursing staff, pre-hospital emergency medical services/paramedics and practicing physicians all utilize the Sim Center for a wide variety of educational activities. The Sim Center includes 12 simulated outpatient exam rooms, 5 high fidelity simulated inpatient rooms, a virtual reality lab, multiple classrooms and the Sim Center staff offices.

The Sim Center faculty, staff, simulated/standardized patients (SPs) are all committed to helping our medical students develop their critical clinical skills. Students begin working in the Sim Center within the first few weeks of their M1 year and continue participating in simulation and clinical skills activities through their M4 year. The educational programs include, but are not limited to, physical exam and communication skills teaching sessions, formative and summative assessments with SPs and procedural teaching sessions and critical patient management case scenarios utilizing high fidelity simulation. A Simulation Society offers students interested in simulation the opportunity to further explore the field.

Camden Campus

Medical Education Building

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

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

Cooper University Hospital

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

Address:
1 Cooper Plaza
Camden, NJ 08103

Joint Health Sciences Building

Located at the intersection of Martin Luther King, Jr. Boulevard and Broadway, the Joint Health Sciences Center is the site of Cooper Medical School of Rowan University's advanced Simulation and Clinical Skills Center. The 60,000 square-foot, $70 million building opened in 2019 and also houses several other Rowan University programs, as well as initiatives from Rutgers-Camden and Camden County College. CMSRU's Sim Center is located on the 2nd and 3rd floors of the four-story facility.

Address:
201 Broadway
Camden, NJ 08103

The Glassboro Campus of Rowan University

Rowan University is located in the southern New Jersey town of Glassboro, 18 miles southeast of Philadelphia. The campus is easily reached from the N.J. Turnpike, the Atlantic City Expressway or any of the Delaware River Bridges.

Address:
Rowan University Welcome Gate
57 Mullica Hill Road
Glassboro, NJ 08028

Student Life

On-Campus Dining

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

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

ID/Access Cards

Students will be issued a RowanCard (CMSRU ID badge) during orientation week. The RowanCard (CMSRU ID badge) serves as the official University identification and must be worn at all times when on school or hospital property. The RowanCard (CMSRU ID badge) provides access to hospital and medical school buildings and entrance to and privileges at the library facilities, as well as access to reserved educational spaces. For security purposes, individuals without an official RowanCard (CMSRU ID badge) should be reported to the security office.

Medical Education Building Lockers

Assigned and temporary lockers are available for first and second year students.

M1 and M2 students will each be assigned a CMSRU locker located near their Active Learning Group (ALG) room. Lockers will be assigned prior to the start of the academic year to M1 and M2 students.

The contents of a student's locker must be emptied at the close of each school year. Locks not claimed by the end of the school year will be removed by the school facilities department and personal belongings will be emptied. Unclaimed personal belongings will be donated to local community outreach programs.

Temporary lockers for fitness classes and wellness programs are available for students in the hallway outside of the Wellness spaces on the 4th floor of CMSRU. Students may secure their belongings with a personal combination or keyed lock for the hallway locker. Locks should not remain on lockers after a student has used the wellness space. Personal belongings must not remain in wellness lockers overnight. It is recommended that your personal belongings be kept secured at all times. Cooper Medical School of Rowan University is not responsible for lost or stolen items.

An additional locker adjacent to the anatomy lab will be provided once students begin anatomy.

Cooper University HealthCare Lockers

In 2019, Cooper (CUHC) installed 228 new lockers on the 4th floor of the CUHC Dorrance Building (exit left from 4th floor elevators), to provide an individual locker to M3 and M4 students to store personal belongings while on site for clinical duties. Each M3 and M4 student is assigned a CMSRU locker prior to the start of the academic year. Students will supply a combination or keyed lock for their assigned locker. It is recommended lockers be kept secured at all times.

The contents of a student's locker must be emptied at the close of a student's fourth year, prior to graduation. Locks not claimed following graduation, will be removed by the Cooper Facilities department and personal belongings will be emptied. Unclaimed personal belongings will be donated to local community outreach programs. CMSRU and CUHC are not responsible for lost or stolen items.

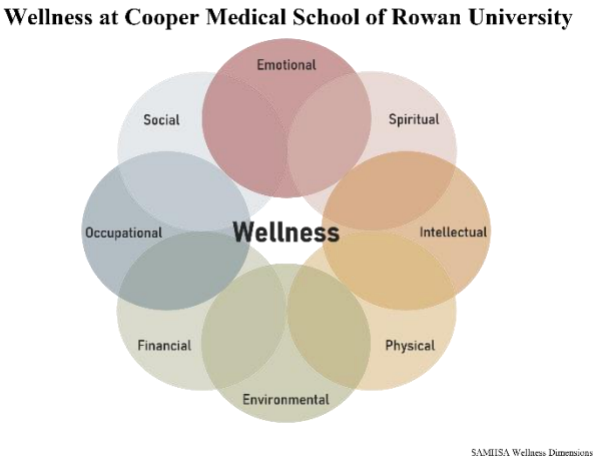
The Medical Student Lounge located at Cooper

The Medical Student Lounge, located at Cooper University HealthCare (CUHC), is accessible to CMSRU third- and fourth-year students. The addition of the medical student lounge aligns with CMSRU's commitment to promote and sustain a culture of wellness and well-being, by providing a private space for M3 and M4 students to relax and enjoy, when participating clinically at Cooper.

The student lounge, located in CUHC Pavilion 1st floor (Room 132), is a 550 square ft. area space with counter seating for 10, a coffee bar, and refrigerator. An on-site community work area includes several computers and printer workstation. The lounge space also includes a soft seating area, more than 60 storage cubicles and coat hooks available for short term use and is equipped with multiple perimeter electrical outlets to support laptop and other mobile device use.

To access the medical student lounge located inside Cooper, using an in-house phone, enter **108-CMSR**. If you are calling the medical student lounge from outside of Cooper, please dial 856-342-2000 and enter **108-CMSR** when prompted for an extension.

Wellness at CMSRU



CMSRU OSA, in collaboration with staff, faculty, and student leadership, has created a comprehensive system of programming to support students' well-being and adjustment to the physical and emotional demands of medical school.

The OSA has adopted a culture of wellness that supplements students' classroom learning and contributes to their personal development through an array of programs, advisory college resources, and clubs/organizations designed to promote and sustain the wellbeing of our students. The OSA incorporates the Substance Abuse and Mental Health Services Administration (SAMHSA) eight dimensions of wellness (social, intellectual, physical, spiritual, environmental, emotional, financial, and occupational) to offer programs and resources that align with each dimension of wellness, to best meet the needs of the student when providing supplemental information and facilitating wellness.

The CMSRU Wellness Center is located on the fourth floor of the MEB, as well as a convenient location for students to exercise and expend energy. The 1,508 square foot wellness center includes one large exercise room with a variety of fitness equipment. In addition to certified instructor-led classes, students participate in group exercise using fitness audiotapes available in the wellness space. The cardio room is outfitted with a treadmill, a rowing machine, and stationary bicycles, and an elliptical machine. The fourth-floor private meditation room offers this space to be utilized as a lactation room, quiet meditation or prayer room. A changing room with showers is located across from the wellness exercise room.

In addition to the Wellness Center, students participate in many other wellness activities. CMSRU offers activities including: Yoga, Pilates; fitness classes; wellness days; trivia games and events; pet therapy events; messages of positivity; stair challenges; study snack breaks; ping-pong; interactive sessions on stress, well-being and mindfulness, among others. CMSRU encourages students to collaborate with the Advisory College Learning Communities and Wellness Program Specialist to facilitate other wellness activities and programming.

Public Safety

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

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

In addition to the above staffing, CMSRU contracts with the Camden County Sheriff's Department to provide augmented foot and vehicle patrols throughout the health sciences campus 24 hours per day, seven days per week.

Student Selection

Cooper Medical School of Rowan University (CMSRU) seeks students who demonstrate academic readiness, who resonate with our mission, and who possess the special personal attributes required of physicians. More specifically, CMSRU is committed to selecting students who demonstrate a record of academic excellence; the potential to deliver competent and compassionate care; a passion for lifelong learning; intellectual curiosity; personal and professional integrity; ethical conduct; inclusivity and tolerance; and community-oriented service. Student selection is based on a holistic review of a candidate's application and is not influenced by political or financial factors. To be eligible for admission, an applicant must be a citizen or permanent resident of the United States of America. Verifying documents of residency status must be provided at time of application. All applicants are required to complete a bachelor's degree from an accredited four-year college or university in the United States or Canada prior to enrollment in the MD Program.

Requirements

To be eligible for admission, an applicant must be a citizen or permanent resident of the United States of America. Verifying documents of status must be provided at the time of application.

A verified AMCAS application is required for consideration of an applicant.

Applicants must take the MCAT and MCAT scores must be submitted through AMCAS. Test scores may not be more than 3 years old (at the time of application) and only MCAT 2015 results will be accepted. The "highest" MCAT score will be based on the aggregate best performance on an individual examination. The Admissions Committee will not compile a composite "highest" score by considering best performance on individual sections from multiple examinations.

Required and Recommended Coursework

CMSRU welcomes applicants with a wide range of academic interests. All majors are welcome to apply to CMSRU, as long as minimum academic requirements are met. All applicants are required to complete a bachelor's degree from an accredited four-year college or university in the United States or Canada prior to enrollment in the MD Program. Applicants to CMSRU must take the following required courses from an accredited four-year college or university in the United States or Canada. Advanced Placement (AP) credit or on-line courses will not be accepted to satisfy these basic requirements. For applicants with credits obtained by advanced placement or through a community or junior college, it is acceptable to satisfy this requirement by taking advanced level courses, in the disciplines specified, at their degree-granting institution. In addition to the required coursework, several recommended courses are listed below. These recommended (but not required) courses have been identified as being beneficial to students enrolled at CMSRU. Students are encouraged to take a broad array of courses as undergraduates.

Required Courses

- Biology (any two courses with lab), 8 credits total
- Chemistry (any two courses with lab), 8 credits total
- English or Composition, 3 credits total

Recommended Courses

- Physics (any two courses with lab)
- Organic Chemistry (any two courses with lab)
- Biochemistry
- Behavioral Sciences (e.g., Psychology, Sociology)
- Ethics
- Biostatistics
- Humanities
- Spanish

The Admissions Process

AMCAS Application

Candidates for admission to CMSRU are required to complete an application through the online American Medical College Application Service (AMCAS) at www.aamc.org. Applicants are required to complete this application and submit an application fee. This initial process requires letters of recommendation submitted through the candidate's AMCAS application. Letters of recommendation may be obtained from: 1) Undergraduate Pre-medical Committees (preferred); and/or 2) individuals, such as faculty and supervisors, who are well-acquainted with the candidate. At least two letters should be from academic faculty. Additional information about this service can be found on the Applying to Medical School: Understanding the Process page of the AAMC website. CMSRU will not consider incomplete AMCAS applications and only students with verified AMCAS applications will be considered for secondary applications and interviews. No transcripts or supplementary materials should be forwarded to CMSRU, as admission decisions are based only on the candidate's verified AMCAS file and the results of the candidate's interview. Beginning with the 2023 application cycle, to expand our holistic review process and better assess non-cognitive skills of candidates, CMSRU recommends all applicants take the AAMC PREview™ exam.

Secondary Application

Upon receipt of verified AMCAS applications, the Office of Admissions will invite selected applicants, based on preliminary screening, to complete a CMSRU-specific secondary application. Preliminary screening of applicants includes an evaluation of academic readiness. Indicators of academic readiness are determined by data analysis from the Office of Assessment, which is annually presented to and approved by the Admissions Committee. The secondary application also includes several attestations from the candidate, indicating that they meet the academic requirements described previously, and that they have reviewed the technical standards developed by CMSRU. This screening step was developed to ensure that applicants who fail to meet academic qualifications can be notified of rejection prior to remitting additional application fees. The secondary application includes responses to short-answer questions to help further determine a candidate's match to the CMSRU mission and community. The secondary application also includes several attestations from the candidate, indicating that they meet the academic requirements described previously, as well as the technical standards developed by CMSRU. The secondary application fee is $100, which may be waived upon submission of the AMCAS Fee Assistance Program (FAP) waiver documents. Applicants not selected to receive a secondary application will be notified of this decision.

Screening for Interview

All candidates who submit a completed secondary application will have their entire application screened manually, by specially trained individuals, under the authority of the Admissions Committee, to decide which applicants will be invited for an interview. This screening includes a holistic review of the primary and secondary applications to determine academic readiness and mission match. The holistic review includes an assessment of personal qualities, activities, and experiences that will positively contribute to the culture and diversity of CMSRU. In this regard, there are no absolute criteria, and each applicant is considered individually. Interview selection criteria will be annually reviewed and approved by the Admissions Committee. Each year, individuals involved in screening applications will be formally charged by the Dean, so that a consistent approach to screening can be ensured. Because of the volume of applications received, this process may take several weeks to months to complete. Applications will be screened in the chronological order in which they are received.

Interview

Interviews are scheduled on an invitation-only basis. Following screening of their primary and secondary applications, selected students will be invited for an in-person interview at CMSRU in Camden, New Jersey. The admissions process is highly competitive and the likelihood of being invited to interview, will depend on the overall size and qualifications of the applicant pool. Upon completion of the interview cycle for the current application year, unsuccessful applicants will be notified that they will not to be offered an interview (rejection). Once invited, candidates may schedule their own interview date but must receive

authorization from the admissions office to reschedule their interview date. Applicants interviewing are responsible for making their own travel arrangements.

The interview day consists of an introductory orientation session with the Dean, informational sessions presented by the Offices of Medical Education and Student Affairs, a traditional interview jointly conducted by a member of the Admissions Committee and a "blinded" faculty or student member. The interview day will also include a student-led tour of CMSRU and a demonstration in our simulation center. Upon completion of the formal interview day program, applicants will have an opportunity to informally meet with CMSRU students.

Admission Committee Presentation and Voting

Generally, in the week following each interview date, all interviewed applicants are presented to the Admissions Committee for consideration and vote. The presentation to the Admissions Committee is made by the committee member who interviewed the applicant. Following presentation of the applicant, there is an opportunity for further discussion of the candidate by all members of the Admissions Committee. Performance during the actual interview, in conjunction with the candidate's overall application, are significant factors considered by committee members in the evaluation of each applicant. Following any discussion, an anonymous vote is taken by the full voting membership of the Admissions Committee. Based on the results of this vote, one of the following decisions is applied: 1) Immediate Acceptance, 2) Priority Waitlist, 3) Regular Waitlist, or 4) Rejection. All interviewed applicants will be notified of their updated status, either via telephone call or email, in a timely fashion. As specified by Liaison Committee on Medical Education (LCME) standards, the authority for selection of prospective students rests in the hands of the faculty, under the auspices of the Admissions Committee. All decisions of the Admissions Committee are final.

Acceptance Offers

Selected applicants will be offered admission by the Admissions Committee, based on committee vote, on a rolling basis. Possible admissions actions, as described above, are defined and approved annually by the Admissions Committee. A vote of "Immediate Acceptance" indicates that the candidate will receive immediate notification of acceptance to CMSRU. A vote of "Priority or Regular Waitlist" indicates that the candidate is approved for admission and will receive notice of acceptance only if a seat in the class becomes available due to withdrawals from the candidates accepted previously (i.e. delayed acceptance). As indicated, applicants with priority waitlist status will be considered first among those candidates eligible for delayed acceptance. Guidelines for ranking of waitlisted candidates will be developed annually by the Waitlist Subcommittee (see below) of the Admissions Committee. A vote of "Rejection" indicates that a student will receive immediate notification that the Admission Committee will not offer them a seat in the class. The Dean will be notified of the decision of the Admission Committee on each candidate, but the Dean will have no role in admissions decisions.

The waitlist subcommittee is charged with the yearly development of a rubric for ranking students on both the priority and regular waitlists and is chaired by either the chair or the vice chair of the full admissions committee. Development of a ranking system ensures a uniform approach to the selection of students for acceptance from the waitlist, independent of outside influence or political pressure. This ranking system may be based upon various parameters, including (but not limited to) initial committee vote, under-represented status, and other factors related to the mission of CMSRU. Once developed, the ranking system is presented to the full committee for further discussion and approval. Upon committee approval, the ranking system is applied to all waitlisted candidates by the Office of Admissions, who then, as seats become available and in accordance with the ranking rubric, notify candidates of the change in their status to that of an accepted student.

Admitted students must submit an acceptance deposit within two weeks of receipt of an acceptance offer. The deposit will be applied to first semester tuition and is refundable prior to May 1st, if the applicant chooses to withdraw their acceptance. A decision to withdraw after May 1st may result in forfeiture of the $100 deposit. Deposit requirements may be waived in cases of extreme financial disadvantage. Failure to submit an acceptance deposit in a timely fashion may result in rescindment of the original acceptance offer.

Early Decision Program

CMSRU participates in the Early Decision Program (EDP). Eligibility requirements to be considered as an early decision candidate include: an overall undergraduate GPA of 3.5 or higher, an overall undergraduate science GPA of 3.6 or higher, and an MCAT score of 507 or higher.

The Medical Education Program

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

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

Note:
This handbook is not intended to present a complete description of each course. The course directors provide complete syllabi prior to the start of each class that includes specific learning objectives, expectations and assessment tools.

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 strong basic, clinical and health systems science foundations in the understanding of health and disease (MK1)	Faculty Developed Examination Questions, NBME Subject Examination, Practical Examinations, C.A.S.E. Assessment, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, Medical Literature Interpretation 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, Medical Literature Interpretation
Recognize the various determinants of health, including planetary health and climate change, structural racism and environmental justice, genetic background, culture, nutrition, age, gender and socioeconomic factors (MK2)	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], C.A.S.E. Assessment, M4 Summative Assessment, M3 Pediatric Mother-Infant Unit Assessment
Apply current knowledge of public health to patient care (MK3)	Ambulatory Clerkship Behavior Checklist Assessment, Faculty Developed Examination Questions, NBME Subject Examination, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment
Demonstrate an understanding that race is a complex social and political construct, is not equivalent to genetic ancestry and may engender bias and that directly affects health outcomes (MK4)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Medical Literature Interpretation Module Assessment, Medical Literature Interpretation
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 (MK5)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Medical Literature Interpretation, Module Assessment, Faculty Developed Examination Questions

Medical Education Program Objective(s)	Outcome Measure(s)
Understand strategies that ensure environmentally sustainable resource use, including low carbon and low environmental impact alternatives when appropriate (MK6)	Ambulatory Clerkship Behavior Assessment, Medical Literature Interpretation Module Assessment, Medical Literature Interpretation
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, Medical Literature Interpretation 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.

Medical Education Program Objective(s)	Outcome Measure(s)
Use critical thinking, medical decision-making and problem-solving skills to develop differential diagnoses and provide patient 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 or focused history and physical examination depending on the clinical situation (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
Demonstrate appropriate use and interpretation of diagnostic studies (PC3)	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, Patient and Procedure Logs, ALG Student Assessments, Note Review (Psychiatry)
Demonstrate relevant procedural skills and recognize the indications, contraindications and complications (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)
Develop management plans 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

Medical Education Program Objective(s)	Outcome Measure(s)
Integrate patients' and families' lived experiences, trauma, religious beliefs, socio-cultural background, the social and environmental determinants of health, and personal values, needs, and preferences in clinical practice to reduce health care disparities (PC6)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Medical Literature Interpretation Module Assessment, Medical Literature Interpretation

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.

Medical Education Program Objective(s)	Outcome Measure(s)
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
Respect patient confidentiality, dignity, autonomy, and maintain professional relationships (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 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), Medical Literature Interpretation Module Student Assessments, Medical Literature Interpretation
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), Medical Literature Interpretation Module Student Assessments, M3 Pediatric Outpatient/Subspecialty Assessment, M3 Pediatric Mother-Infant Unit Assessment, Student Presentations, Medical Literature Interpretation

Medical Education Program Objective(s)	Outcome Measure(s)
Recognize and manage personal limitations, 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, conflicts of interest 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), Medical Literature Interpretation Module Student Assessments, Medical Literature Interpretation
Recognize and address individual biases, those in others, and in the health care delivery process (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.

Medical Education Program Objective(s)	Outcome Measure(s)
Demonstrate effective interpersonal and communication skills and cultural humility (cultural competency) with patients, their family, friends, and other members of their community (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, cultural humility and respect (cultural competency) with all members of the healthcare team and relevant agencies and institutions (ICS2)	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, Medical Literature Interpretation 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 (ICS3)	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, Report of Service Learning Hours, Medical Literature Interpretation Module Student Assessments, Medical Literature Interpretation
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 (ICS4)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Medical Literature Interpretation Module Assessment, Medical Literature Interpretation
Educate and inform patients, effectively addressing health misinformation (ICS5)	Ambulatory Clerkship Behavior, M3 Summative Assessment, M4 Summative Assessment, Medical Literature Interpretation

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.

Medical Education Program Objective(s)	Outcome Measure(s)
Assess personal strengths and deficiencies and engage in effective ongoing learning (PrBLI1)	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, Medical Literature Interpretation Module Student Assessments, Medical Literature Interpretation
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, Medical Literature Interpretation Module Student Assessments, Medical Literature Interpretation
Identify, appraise and assimilate evidence from scientific studies using information technology (PrBLI3)	M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, Medical Literature Interpretation Group Critical Appraisal Project, Medical Literature Interpretation Independent Capstone Project, Medical Literature Interpretation, Medical Literature Interpretation
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
Apply the principles and practices of patient safety and quality improvement, including process and performance improvement strategies (PrBLI5)	M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, Medical Literature Interpretation Projects, WOW 1 Lean Six Sigma Presentation, Virtual Critical Care Rounds-I (VCCR-I) Post Test, Medical Literature Interpretation

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.

Medical Education Program Objective(s)	Outcome Measure(s)
Work effectively on inter-professional teams to coordinate patient care, advocate for and enhance patient safety and quality (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)
Demonstrate an appreciation for and understanding of the methodologies used to reduce errors in patient care and healthcare systems (SBP3)	M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, Medical Literature Interpretation Projects
Recognize the value, limitations and use of information technology and artificial intelligence in the delivery of care (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
Apply an understanding of the financing and economics of care delivery regionally, nationally, and globally to optimize the care of patients (SBP5)	Faculty Developed Examination Questions, M4 Summative Assessment, Summative Narrative Assessment, Medical Literature Interpretation Module Student Assessments, Medical Literature Interpretation
Recognize the inequitable systems that affect individuals directly and indirectly within medical training and practice (SBP6)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Medical Literature Interpretation 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 (SBP7)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Medical Literature Interpretation Module Assessment, Medical Literature Interpretation

Medical Education Program Objective(s)	Outcome Measure(s)
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 (SBP8)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Medical Literature Interpretation Module Assessment, Medical Literature Interpretation

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.

Medical Education Program Objective(s)	Outcome Measure(s)
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 Student Self-Assessment of Program Objectives, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, Medical Literature Interpretation, Group Critical Appraisal Project, Medical Literature Interpretation, Independent Capstone Project, ALG Student Assessments, Medical Literature Interpretation, Module Student Assessments, Virtual Critical Care Rounds-I (VCCR-I) Post Test, Student Presentations, Medical Literature Interpretation, Medical Literature Interpretation, Medical Literature Interpretation
Design and execute studies or projects to answer well-structured basic, translational and clinical, research questions (SI2)	M4 Summative Assessment, Summative Narrative Assessment, Medical Literature Interpretation, Group Critical Appraisal Project, Medical Literature Interpretation, Independent Capstone Project, Medical Literature Interpretation, Medical Literature Interpretation
Adhere to the principles of academic integrity, good clinical practice and strict ethical guidelines in research and scholarship (SI3)	M4 Summative Assessment, Summative Narrative Assessment, Medical Literature Interpretation, Group Critical Appraisal Project, Medical Literature Interpretation, Independent Capstone Project, Medical Literature Interpretation
Demonstrate skills that foster lifelong learning (SI4)	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, Medical Literature Interpretation Module Student Assessments, Virtual Critical Care Rounds-I (VCCR-I) Post Test, Student Presentations, Medical Literature Interpretation, Medical Literature Interpretation
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 Student Self-Assessment of Program Objectives, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, Medical Literature Interpretation, Group Critical Appraisal Project, Medical Literature Interpretation, Independent Capstone Project, ALG Student Assessments, Medical Literature Interpretation Module Student Assessments, Virtual Critical Care Rounds-I (VCCR-I) Post Test, Student Presentations, Medical Literature Interpretation

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.

Medical Education Program Objective(s)	Outcome Measure(s)
Recognize the social, environmental and other determinants of health (HP1)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, Medical Literature Interpretation, Module Student Assessments, Medical Literature Interpretation
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)
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, Medical Literature Interpretation Projects, Medical Literature Interpretation

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.

Medical Education Program Objective(s)	Outcome Measure(s)
Apply basic principles of inter-professional and multidisciplinary care (Team1)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, C.A.S.E. Assessment, 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, Medical Literature Interpretation Module Student Assessments, Medical Literature Interpretation
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, C.A.S.E. Assessment, 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, C.A.S.E. Assessment, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, TBL Scores (IRAT/GRAT), WOW 1 Lean Six Sigma Presentation, POPs Scores, Medical Literature Interpretation Module Student Assessments, Medical Literature Interpretation
Perform effectively in different team roles to plan and deliver patient and population-centered care (Team4)	Ambulatory Clerkship Behavior Checklist Assessment, C.A.S.E. 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, Medical Literature Interpretation Module Student Assessments, Medical Literature Interpretation

Curriculum Overview

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

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

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

Phase 1: Foundation and Integration – Years 1 and 2

Year 1 (2025-2026)

1 Week	8 Weeks	2 Weeks	8 Weeks	5 Weeks	8 Weeks	8 Weeks
Orientation	Molecular Basis of Medicine	Week on the Wards (WOW 1)	Microbiology Immunology and Infectious Diseases	Hematology Oncology	Neurology Psychology	Skin and Musculoskeletal
Ambulatory Clerkship (fall)				Ambulatory Clerkship (spring)		
Medical Literature Interpretation (fall)				Medical Literature Interpretation (spring)		
Foundations of Medical Practice (fall)				Foundations of Medical Practice (spring)		
				Selectives - Spring Semester Only		

Year 2 (2025-2026)

5 Weeks	4 Weeks	5 Weeks	7 Weeks	3 Weeks	4 Weeks	3 Weeks	1 Week	4 Weeks
Cardiovascular	Pulmonary	Gastroen-terology	Uro-Renal	Endocrine	Intro to Ob-Gyn	ENT	Week on the Wards (WOW 2)	CASE
Ambulatory Clerkship (fall)				Ambulatory Clerkship (spring)				
Medical Literature Interpretation (fall)				Medical Literature Interpretation (spring)				
Foundations of Medical Practice (fall)				Foundations of Medical Practice (spring)				
Selectives - Fall Semester Only								

Phase 1 Course Overview

Courses Spanning Multiple Curricular Years

Medical Literature Interpretation (M1 – M4)

The design of the course is based on the recognition that, in order to thrive in 21st Century medicine, two attributes are necessary: (1) the skills of critical thinking, and (2) proficiency with an enduring set of tools. The tools help students interact with information and systems.

Course goals of Medical Literature Interpretation:

- Empower students to critically appraise and apply medical literature effectively as future physicians.
- Cultivate students' advanced critical thinking skills, enabling them to identify, systematically analyze, and address complex healthcare issues.

In order to stay up to date in medicine, physicians must stay abreast of the healthcare literature. The M1 first semester will teach students the basics of reading a medical manuscript, including interpreting biostatistics and study designs, which will give them the skills to interpret healthcare literature. Topics covered will prepare students for the USMLE Step I examination covering content listed under the USMLE: "Biostatistics, Epidemiology/Population Health, & Interpretation of the Medical Literature" section.

CMSRU Overview

Medical Literature Interpretation emphasizes the competencies of Medical Knowledge, Practice Based Learning, and Systems Based Practice. In addition, it will include the CMSRU competencies of Scholarly Inquiry, Health Partnerships and Working in Teams.

Ambulatory Clerkship (M1 – M3)

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

The central element of the Ambulatory Clerkship is the student-run Cooper Rowan Clinic. The clinic is designed to provide healthcare for members of the Camden community through a coordinated, interprofessional team delivery system. This clinic is organized and staffed by the students, and closely supervised by physician educators. It allows the students to become increasingly proficient with the team-based model of primary care delivery. First-, second- and third-year students, along with pharmacy, physical therapy, and social work students work in teams to care for patients in continuity. In addition to providing care at the clinic, the students coordinate care for their patients by accompanying them to hospital visits and consultant appointments.

Foundations of Medical Practice (M1 and M2)

Foundations of Medical Practice (FMP) is a two-year course that assists students in attaining the knowledge, skills, and attributes necessary to serve as health care professionals who will provide compassionate, high-quality care for individuals with acute and chronic diseases. Core components of the course include: Clinical Communication and Interpersonal Skills, Ethical Issues in Health Care, Professionalism and Humanism in Medical Profession, the Student as a Teacher and Learner, and Clinical Practice: Excellence in Clinic.

The course meets twice per week throughout the entire Phase 1 curriculum. It is integrated longitudinally and horizontally with other concurrently running medical school courses. The course is taught via a combination of didactic lectures, small group discussions and standardized patient learning. Upon completion of this course, it is expected that students will be able to communicate effectively with patients, families and other health care professionals, make appropriate clinical judgments, and provide care that is safe, effective and comprehensive. Another primary goal of FMP is to instill in students the principle that learning and maintaining medical competence are lifelong processes.

CMSRU Overview
Week on the Wards 1 and 2 (WOW 1 and WOW 2) (M1 and M2)

Week on the Wards 1 course consists of clinical experiences intended to provide students with an early exposure to the practice of medicine as it occurs in the hospital setting. It complements the students' prior exposure to the ambulatory patient (Ambulatory Clerkship) and allows observation of various inpatient clinical areas. The experience provides students with an early exposure to medical specialties, an additional context setting for the practice of medicine, an understanding of the concept of the team approach to care in various hospital-based settings, and a reflective exchange of ideas about their experiences. The first-year rotations consist of experiences on the following four inpatient services: Medicine, Surgery/Perioperative Care, Emergency Room/Trauma/Intensive Care Unit, and Pediatrics/Obstetrics and Gynecology. In addition, *WOW 1* contains a second week of Lean Six Sigma Yellow Belt training, which is designed to provide students with an understanding of the process improvement tools that can be applied in patient safety and quality control measures in the health care environment. Students learn how to identify key issues in clinical venues and operations, managing the important aspects of the initiative, measuring and maximizing financial impact, and sustaining change over time. Upon successful completion, students receive Lean Six Sigma Yellow Belt certification.

The *Week on the Wards 2* course experience occurs in the spring semester of the M2 year and allows for direct clinical application of basic science knowledge learned to date. The second year rotation consists of a week-long immersion experience in a medical specialty or subspecialty, which is selected by students based on areas of interest.

Selectives (M1 and M2)

Selectives in the Medical Humanities consist of semester-long experiences in which students are able to explore various course offerings relating the humanities to the practice of medicine. Individual *Selectives* courses meet six times per semester and sessions are designed to be interactive in nature. Students are required to take two *Selectives* courses during Phase 1. These courses are designed to enrich the educational experience and provide a more well-rounded background to medical students, balancing the art and the science of medicine.

Current individual Selectives courses may include the following:

- A Biopsychosocial Approach to Death, dying and bereavement
- Applied Medical Ethics
- The Art of Observation
- Early Relational Health
- Medical Ethics and Medically Related Law
- Narrative Medicine
- Racism in Medicine
- Theater and the Role of Role-Playing
- Audio Storytelling Emotional Intelligence
- Applied Medical Ethics
- Mindfulness Meditation
- Advanced Medical Spanish

CMSRU Overview

Molecular Basis of Medicine (M1)

Molecular Basis of Medicine is an eight-week integrated course that provides students with a foundation in the traditional basic science disciplines: physiology, biochemistry/cell biology, genetics, histology, embryology, pathology, and pharmacology. The course focuses on the normal structure, function and development of the human body, ranging from the cellular/sub-cellular level through tissues/organ systems, to the body as a whole. Discussion of cellular mechanisms of disease, including comparison of normal versus abnormal structure and function is provided. The goal of *Molecular Basis of Medicine* is to provide a comprehensive framework upon which advanced knowledge can be added during the remainder of the student's medical school experience and subsequent clinical practice.

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

Microbiology Immunology and Infectious Diseases (MIID) (M1)

Microbiology Immunology and Infectious Diseases (MIID) is an eight-week course that allows students to develop a broad-based understanding of microbiological agents and infectious disease processes. The course advances the general principles of microbiology, immunology, and pharmacology. The *MIID* course introduces techniques of diagnostic testing for infectious diseases, advanced study of anti-infective therapy, multi- system infectious processes (such as HIV and Tuberculosis), and infections in special populations and circumstances. The allergy part of MIID focuses on teaching and advancing the basic science related to immunology and its clinical context. Organ system-specific infectious diseases are integrated within each subsequent organ system block to demonstrate the role various infections play in the disruption of the normal anatomy and physiology of that system. The major concepts of infection prevention in local and global systems are developed within the public health modules of *Foundations of Medical Practice* and Medical Literature Interpretation.

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

Hematology and Oncology (M1)

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

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

Neurology-Psychiatry (M1)

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

Students learn the pathology and pathophysiology of the spectrum of neurologic and psychiatric diseases and their clinical manifestations. They have an opportunity to become familiar with the range of applicable diagnostic methods – including specific history-taking and physical exam skills and imaging modalities – and therapeutics. Students learn to formulate a thorough biopsychosocial diagnostic and treatment plan.

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

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

Skin and Musculoskeletal System (M1)

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

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

Year 2 Block Courses

Cardiovascular System (M2)

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

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

Pulmonary System (M2)

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

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

Gastroenterology (GI) (M2)

The *Gastroenterology (GI)* course is a five-week course. The approach for instruction in this course is to understand the progression from the normal development, structure and function of the cell/tissue/organ to the pathology and pathophysiology of the system diseases. The pathophysiology is related to the clinical

manifestations which, in turn, inform the diagnostic approach. Students become familiar with the relevant therapeutics, including pharmacology, interventional endoscopy and transplantation.

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

Urology and Renal Systems (M2)

Urology and Renal Systems (Uro-Renal) is a seven-week course designed to introduce students to the normal structure and function, as well as dysfunction, of these related systems. In a variety of instructional formats, students' knowledge is reinforced and advanced in the relevant concepts of anatomy, histology, embryology, immunology, genetics, physiology, and biochemistry introduced in the *M1 year*. With that as a foundation, students come to understand the role of the kidney in maintaining the homeostasis of the internal environment, by exploring its role in water and electrolyte metabolism, acid-base regulation, bone and mineral metabolism, blood pressure regulation and hematopoiesis.

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

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

Endocrine System (M2)

The *Endocrine System course* is a three-week course and involves reinforcement and advancement of relevant content from the M1 year, particularly metabolism, receptor biochemistry and physiology, and principles of homeostasis. The remainder of the module focuses on the pathophysiology, clinical manifestations, diagnosis and management of patients with endocrine disorders. Particular emphasis is given to diabetes mellitus.

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

Introduction to Ob-Gyn (M2)

Introduction to Ob-Gyn is a four-week course that allows medical students to explore the care of the female patient utilizing a multidisciplinary approach. With the conclusion of this 4-week curriculum, the student is able

to manage common Ob-Gyn health issues with minimal supervision and understand the appropriate need for the interaction of multiple disciplines to achieve these goals.

The early part of the course is devoted to reinforcement and advancement of relevant content in anatomy, histology, embryology, immunology, genetics, physiology, and biochemistry introduced in the *M1 year*. Particular emphasis is placed on normal sexual development and reproduction. Students become familiar with the range of relevant diagnostic and therapeutic modalities.

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

Otolaryngology (ENT) (M2)

The *ENT course* is a three-week course. The main goal of the course is to ensure that all medical school graduates have a sound understanding of basic principles related to otolaryngology.

Students become familiar with the skills of history taking and examination of patients as they relate to the specialties of ENT. Students learn the indications for, and interpretation of, various relevant diagnostic methods, including blood tests, skin testing, laryngoscopy, tympanometry and audiometry. They become familiar with relevant therapeutics, including pharmacology.

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

Core Application of Step 1 Elements (CASE)

(M2)

Core Application of Step 1 Elements (CASE) course is a four-week boot camp that focuses on reinforcing high-yield STEP 1 content through additional SDL-time, multisystem ALGs and interactive application sessions. Course content is carefully selected based on its relevance to STEP 1 examination, student feedback from course evaluations and student performance on previous examinations.

Sample Phase 1 Curriculum Week

CMSRU Overview

Below is a sample week of our Phase 1 curriculum, highlighting the integration of basic scientific principles, professionalism, and clinical care.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 am	Active Learning Group (ALG)	Foundations of Medical Practice (FMP)	Active Learning Group (ALG)	Foundations of Medical Practice (FMP)	Active Learning Group (ALG)
9:00 am					
10:00 am	Lecture	Medical Literature Interpretation	Lecture	Service Learning	Lecture
11:00 am	Lecture		Lecture		Lecture
12:00 pm	Lunch	Lunch	Lunch	Lunch	Lunch
1:00 pm	Practical Session	Practical Session	Practical Session	Self-Directed Learning (SDL)	Self-Directed Learning (SDL) or Selective
2:00 pm					
3:00 pm	Ambulatory Clerkship or Self-Directed Learning (SDL)	Ambulatory Clerkship or Self-Directed Learning (SDL)	Ambulatory Clerkship or Self-Directed Learning (SDL)	Ambulatory Clerkship or Self-Directed Learning (SDL)	Self-Directed Learning (SDL) [Formative Quiz available online]
4:00 pm					

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

Year 3

Courses in the M3 Year

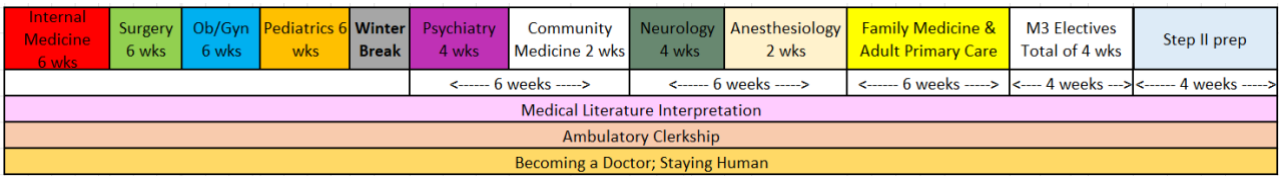
- Medical Literature Interpretation
- Ambulatory Clerkship
- Becoming a Doctor; Staying Human
- Healer's Art (elective)
- M3 Electives

Clerkship Rotations in the M3 Year

- Internal Medicine
- Family Medicine & Adult Primary Care
- Surgery
- Pediatrics
- Obstetrics/Gynecology
- Neurology
- Psychiatry
- Anesthesiology (2 weeks)
- Community Medicine – Inspira (2 weeks)

Students will also complete a summative M3 OSCE as well as an Ultrasound OSCE.

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



Note: Students are divided into cohorts at the beginning of the M3 academic year. Assignments are varied.

Students complete seven 6-week blocks over the course of the M3 year. Internal Medicine, Surgery, Obstetrics/Gynecology, Family Medicine and Adult Primary Care and Pediatrics are all 6-weeks long. Psychiatry is 4-weeks long and there will be a rotating 2-week time period where students will attend Community Medicine clerkship. This is similar to the Neurology and Anesthesiology block where students will have a 4-week Neurology Clerkship with 2 weeks of an Anesthesiology Clerkship rotating through the 6-week block. These 2 weeks will rotate through the 6-week block as shown below:

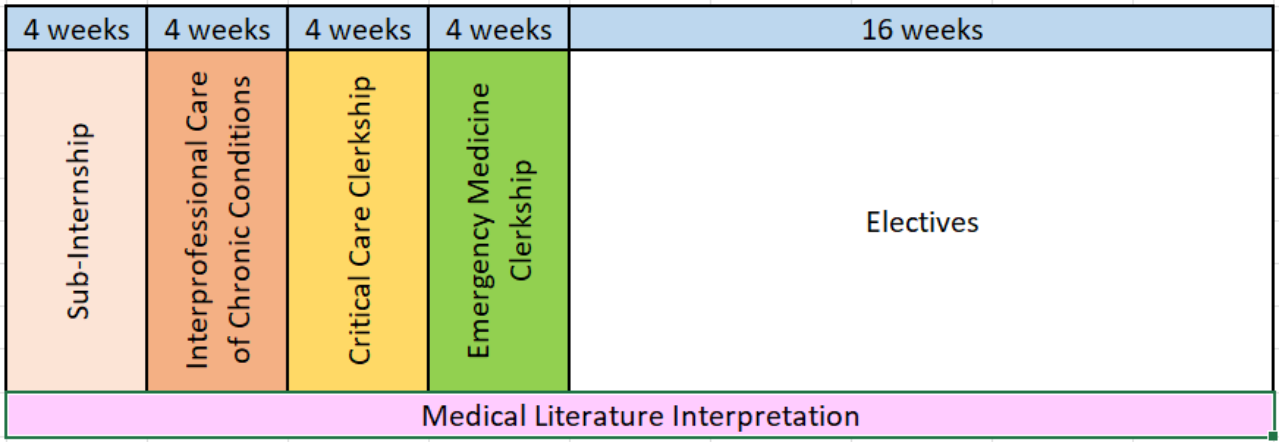
Cohort 1	Neuro	Neuro	Anes
Cohort 2	Neuro	Anes	Neuro
Cohort 3	Anes	Neuro	Neuro

Psychiatry and Neurology will be graded Honors, High Pass, Pass, and Unsatisfactory. The 2-week rotations, Anesthesiology and Community Medicine will be graded Pass/Unsatisfactory.

CMSRU Overview

Students will have the ability to take four one-week M3 electives. This will allow students to explore feeds they have not seen before. There is also a Step II Prep Clerkship at the end of the year which is a 4-week clerkship where students can attend a weekly question session review. The rest of the week is self-directed study time for Step 2 preparation.

Year 4



* Leadership in Community Health is an M4 Spring Semester Clerkship. Students will need to complete 30 hours of service learning which can be done outside of Camden. There are also some deliverables that are outlined in the syllabus.

Note: Sub-Internships are available in:

- Family Medicine
- Internal Medicine
- Obstetrics/Gynecology
- Orthopedics
- Otolaryngology
- Pediatrics
- Plastic Surgery
- Psychiatry
- Surgery
- Urology
- Vascular Surgery

Phase 2 Course Overview

Year 3 - Clerkships

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

In the M3 year there are four six-week rotations in each of the core clinical disciplines; Internal Medicine, Obstetrics-Gynecology, Surgery, and Pediatrics. There are two four-week rotations: Psychiatry and Neurology. Finally, there are two two-week rotations: Anesthesiology and Community Medicine. In addition, all students rotate through elective weeks and will participate in the M3 Ambulatory Clerkship as well as M3 Medical Literature Interpretation

During these rotations, each student will have the opportunity to admit patients to the hospital. Students will follow these patients during their hospitalization. Inpatient teaching rounds incorporate learning in medical imaging and pathology. The didactic curriculum in each discipline is delivered in block rotations. On certain Fridays, students will attend Becoming a Doctor; Staying Human session which will have small groups discussions centering on patient care and humanism. In addition, students will have Ultrasound sessions scheduled throughout the third year which will build on their ultrasound experience from the first two years. Attendance at Becoming a Doctor; Staying Human sessions and Ultrasound sessions are mandatory.

Clinical faculty preceptors and clerkship directors provide students with regular formative feedback throughout the year. Learners complete a mid-year formative Objective Structured Clinical Examination (OSCE) to help them assess and develop their clinical skills, and an end-year summative OSCE to evaluate those skills. Students sit for formative NBME subject examinations at the midpoint of each block to assess the medical knowledge they are attaining in each discipline and to prepare them for the NBME subject summative exams at the end of each block. Students also have an Ultrasound OSCE at the end of the academic year.

Students must maintain an electronic log of their patient encounters and procedures from both the inpatient and outpatient settings to document fulfillment of their required clerkship-specific patient encounters and procedural experiences. The Office of Medical Education reviews each student's patient encounter and procedure logs at the end of each block.

Grades for each inpatient clerkship are based on students' work with their preceptor(s), their subject examination score, and clerkship specific components such as a note. Grading for each clerkship will be in the syllabus.

Electives (M3)

Medical students have four one-week electives in their third year. These are offered in a variety of specialties and sub-specialties. This offers students the opportunity to sample areas of interest in preparation for their M4 year.

Healer's Art (M3) - Optional

Healer's Art is a five-session M3 elective course, designed to provide support for third year medical students by enabling them to appreciate and preserve the human dimension of health care. It encourages students and faculty to experience a collegial relationship that is nonjudgmental and non-competitive and offers an unique professional support and healing community. Topics for individual sessions include: Learning to Remember Our Wholeness, Sharing Grief and Healing Loss, Beyond Analysis: Allowing Awe in Medicine, and The Care of the Soul: Service as a Way of Life. The Healer's Art course encourages self-reflection through its highly interactive small and large group formats.

Year 4

Sub-internship (M4)

Students are required to have an experience as sub-interns in the discipline of their choice: Internal Medicine, Surgery, Vascular Surgery, Urology, Orthopedic Surgery, Otolaryngology, Pediatrics, Plastic Surgery, Psychiatry, Obstetrics and Gynecology, or Family Medicine. In sub-internships, students serve in the role of a first-year resident, providing patient care under the direct supervision of senior residents and faculty physicians. The sub-internships are four weeks long. They include the following learning objectives:

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

Emergency Medicine Clerkship (M4)

Emergency Medicine is a required Phase 2 clerkship spanning four weeks. The students' clinical encounters are in the Emergency Department (ED) at CUHC, where they see patients presenting with conditions such as abdominal pain, altered mental status, chest pain, dyspnea and headache. Among the objectives for the clerkship are the following:

- Demonstrate skill in completing an appropriately tailored, chief complaint driven history and physical exam in the emergent setting.
- Demonstrate the ability to synthesize an appropriate differential diagnosis for some of the most common Emergency Department complaints (chest pain, shortness of breath, abdominal pain, blunt trauma, atraumatic back pain, laceration repair, and altered mental status).
- Present cases in a clear and concise fashion.
- Demonstrate an understanding of the use and interpretation of commonly ordered diagnostic studies.
- Develop appropriate case management plans and assist with their implementation.
- Demonstrate a basic understanding of the role of emergency ultrasonography in patient care.
- Use ED patient care experiences along with appropriate educational resources to improve understanding of Emergency Medicine.
- Work in a multidisciplinary team-based setting to provide timely, efficient, and safe care to patients.

Clerkship in Critical Care Medicine, Pediatrics, Neonatal or Surgery (M4)

This required clerkship is a four-week experience. It introduces the student to the systematic resuscitation, evaluation and management of the critically ill patient. Students may choose among the Clerkship in Critical Care Medicine, the Clerkship in Critical Care Surgery, the Clerkship in Neonatal Critical Care, or the Clerkship in Pediatric Critical Care. These clerkships provide the student with the opportunity to apply knowledge gained in the third year to the clinical management of acutely ill patients in a critical care environment. The student is a member of a critical care team, working with faculty and other care providers. The educational experience includes supervised clinical encounters, didactic lectures, case-based learning and self-study.

Interprofessional Care of Patients with Chronic Conditions (M4)

Research has shown that the typical medical student graduates without understanding the needs of the patient with chronic conditions. To ensure that CMSRU graduates are prepared to provide high-quality, compassionate care to individuals with chronic diseases, we require this 4-week clerkship. Through this clerkship, students identify the common essential elements of high-quality care of patients with chronic conditions. Of particular importance in this regard is an appreciation for the multidisciplinary, interprofessional nature of care in a variety of settings. The students spend time in a specific pillar that will focus on the care of patients with chronic conditions.

CMSRU Overview

Some of the overarching goals of this clerkship are:

- Acquire knowledge about the types and cultural context of chronic illness, the cultural factors affecting world view and health care system factors.
- Articulate the roles of the interprofessional team members in the evaluation and management of patients with chronic conditions.
- Acquire the technical skills required to provide care for patients with chronic conditions and identify/differentiate acute illness from "acute-on-chronic" exacerbation in patients with chronic morbidity.
- Act as an interprofessional health care team member for patients, reviewing the care plan with them, and identifying appropriate resources in their follow up care plan.
- Develop the attitudes and values that will foster and support well-coordinated, compassionate, interprofessional, patient-centered care.
- Obtain the foundation for high quality interprofessional care of chronic conditions for advanced study during post-graduate training.

Leadership in Community Health (M4)

Leadership in Community Health is a required course during the Spring semester of the M4 year. This course builds on the foundations of experiential learning via the Ambulatory Clerkship (service learning + the ambulatory clinic) of the M1 to M3 years. It gives attention to the recognition and analysis of social qualities and characteristics of individual and community environments that can affect health status, health maintenance, treatment and healing. Through this course, students continue to engage in community-based service as their fieldwork practicum. This service heightens students' understanding of community need, broadens their awareness of the impact of social complexities on patient care and encourages them to practice solution-based care to help patients address these issues within the context of their acute or chronic care needs. Analysis in this course considers the student's cumulative experience across clinical disciplines and settings, patient populations, geography and health systems.

Electives (M4)

All students are required to complete 16 weeks of electives in the fourth year. There are a variety of electives and formats available at CMSRU for students to pursue their personal interests. A catalog of CMSRU offerings is available for student scheduling on the CMSRU Students website (click the link for Elective Catalog).

Up to 12 of the 16 elective weeks may be taken at "away" locations. A majority of medical schools subscribe to the AAMC's Visiting Student Learning Opportunities (VSLO) site, and CMSRU students are given access to this service prior to the start of the 4th year. For medical schools that do not use VSLO, CMSRU students must contact the school directly to see the requirements for a visiting rotation. The registrar's office, M4 coordinator, and M4 curriculum director guide students during this process.

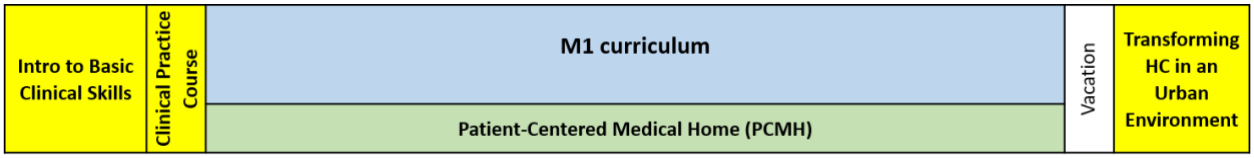
Three Year Primary Care Track (PC3)

Cooper Medical School of Rowan University offers an accelerated three-year track (PC3) for motivated students planning a career in Primary Care Internal Medicine or Pediatrics. Students will complete their training at one of the respective Cooper University Hospital residency programs.

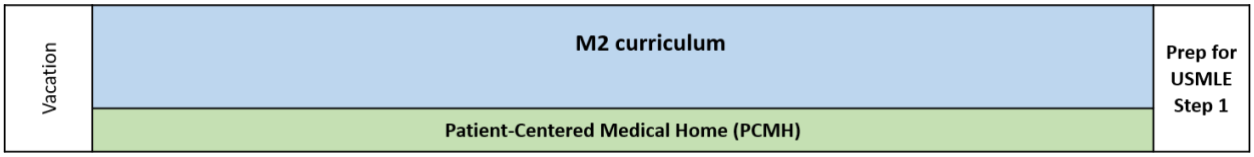
The program was developed to train the next generation of primary care physicians who will be providing patient-centered, humanistic and culturally sensitive care for patients and families in New Jersey and beyond. Cooper's 130+ year commitment to Camden, and CMSRU's commitment to patient advocacy, civic responsibility and diversity make us uniquely positioned to train future primary care providers, especially for medically underserved communities. Our program fosters students eager to join this special physician community, one which has the privilege of enduring and meaningful involvement in their patients' lives.

A full diagram of the PC3 program is provided below:

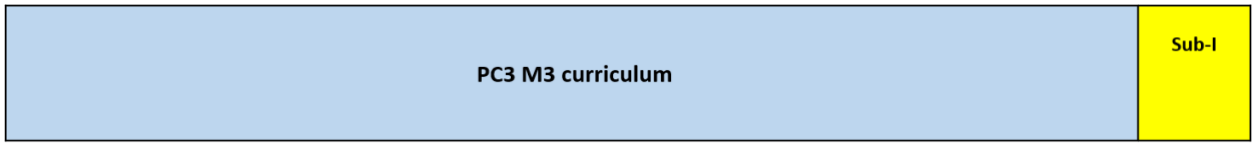
Year 1



Year 2

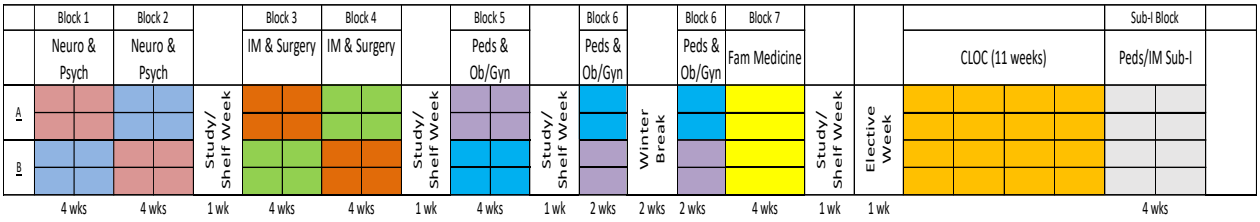


Year 3



CMSRU Overview

A full diagram of all components in the third year and Sub-I schedule is provided below:



Sample CLOC Week

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	SDL*	Surgery	SDL	Ob/Gyn	Surg/Optional
	SW** (alt)		Service Learning		
Break					
PM	Peds	APC	Neuro	SDL	Plenary Sessions
					SDL

PC3 Program Structure

First Year (M1)

The PC3 curriculum starts six weeks before the M1 year begins, with a unique course called Introduction to Basic Clinical Skills (IBCS). This course is designed to provide fundamental concepts in medical communication, history-taking and physical diagnosis. Students have multiple hands-on opportunities to hone these skills, including with Standardized Patients and task-trainers.

The 5-week IBCS course is followed by a 1-week immersion course called the Clinical Practice Course. This course provides clinical immersion in primary care and multiple subspecialty settings and opportunities to practice history taking and physical exam skills with actual patients. Students also have an early introduction to basic clinical reasoning concepts with interactive didactic sessions.

Students enrolled in the PC3 program spend a half-day every month at a Camden-based NCQA-recognized Patient Centered Medical Home Clinic, specializing in one of two disciplines. Students work directly with a primary care faculty preceptor to engage in coordinated patient-centered care as part of a multidisciplinary team, which includes residents.

At the end of the M1 year, after a short break, PC3 students participate in a five-week course called Transforming Healthcare in an Urban Environment. This is a course intended to provide

fundamental knowledge and experience delivering healthcare in underserved urban communities like Camden. The building blocks of this course are designed to explore and address barriers to care using innovative models of healthcare delivery. Through experiential learning, students build their knowledge of social determinants of health and healthcare disparities, public health advocacy and policies impacting urban health, healthcare for the homeless, trauma-informed care and more. Students learn how teams at Cooper and in the Camden community are transforming healthcare in diverse communities with complex medical and psychosocial needs.

If there is an opening in the track, a student may join PC3 at the end of the M1 year, after an application and interview process. That student will complete a 2-week clinical immersion course starting after the Transforming Health Care course, called Intensive PCMH and Primary Care Exposure. This course provides a 2-week experience in the clinical setting of the student's chosen track (Primary Care Internal Medicine or Pediatrics) along with interactive didactic sessions on clinical reasoning and primary care topics.

Second Year (M2)

Students continue to participate monthly in the Patient Centered Medical Home clerkship, with increased responsibilities and independence, as well as additional exposure to population health management and behavioral health resources within primary care.

Students take the USMLE Step 1 examination at the end of their 2nd year along with their four-year colleagues.

Third Year (M3)

The 3rd year has been redesigned for the PC3 track.

During the fall and early winter, students have four-week clerkship blocks (Neurology, Psychiatry Surgery, Internal Medicine, OBGyn, Pediatrics and Family Medicine/Adult Primary Care). Some blocks will have additional outpatient time built in, but overall, the experience will be the same as their four-year colleagues. Each PC3 student will be paired with another PC3 student in their clerkship. They will still be in clinical settings with their traditional-track colleagues but will start and end their rotations at different times.

Formative examinations are taken at the end of each 4-week block.

Summative examinations are taken at the end of a dedicated study week.

The students will have a dedicated study week after Block 2, 4, 5 and 7.

During the spring, students spend 11 continuous weeks in the CLOC rotation honing their clinical skills. Students spend one half-day a week with attending physicians in each of six areas: Neurology, Internal Medicine, Pediatrics, Surgery, Obstetrics-Gynecology and Psychiatry.

For Internal Medicine and Pediatrics, every effort will be made to place the PC3 students at their respective Internal Medicine/Pediatric PCMH site.

PC3 students take the USMLE Step 2 CK examination by March 1st of their M3 year, after the core clerkships. Special faculty-led review sessions through the M3 year will help the PC3 M3 track students prepare for this exam.

The year will end with a four-week sub-internship in the student's respective discipline (Internal Medicine or Pediatrics), prior to entering residency. During a sub-internship a student works side-by-side with other interns under the supervision of a senior resident. This ensures that the student's clinical skills are at peak performance prior to starting residency.

Students in the PC3 track have a direct pathway to the Primary Care tracks of the Cooper Internal Medicine and Cooper Pediatrics residency programs. Students meeting the academic and professional standards of CMSRU will be ranked highly and in a position to match to the respective residencies in March of the M3 year. A student may apply to a residency program other than Cooper in their 3rd year. The timing of the residency applications in relation to the PC3 M3 curriculum makes it difficult to have a competitive application to a program outside of Cooper. Any student who desires to apply to a program outside of Cooper must meet with the Office of Student Affairs and the PC3 track director.

A student who decides on an alternative career pathway or who does not want to complete medical school in 3 years may transition to the traditional track up until January 1 of the M3 year. A student who does not meet the academic and professional requirements of the track (please see the PC3 section of the Grading and Promotions Policy) will have to transition to the traditional track.

Honor Societies

Gold Humanism Honor Society

THE ARNOLD P. GOLD FOUNDATION
Gold Humanism Honor Society

The mission of the Gold Humanism Honor Society (GHHS) is to recognize individuals who are exemplars of humanistic patient care and who will serve as role models, mentors and leaders in medicine.

All students are requested to complete the GHHS Peer Nomination Survey during their third year of study. The GHHS Peer Nomination Survey asks each M3 student to provide the names of ten students in their class who they consider as exemplars in providing compassionate patient care and who serve as humanistic role models in medicine.

Students ranked in the top 25% of the GHHS survey results will first be evaluated for academic standing. Only students in good academic standing will be eligible for CMSRU GHHS membership. The GHHS Selection Committee reviews, discusses and selects candidates for membership from among the nominees. The total number of GHHS student members selected will be no more than 15% of the medical school class.

Chiron Honor Society

The Chiron Society each year inducts the top 25% of students in the rising M4 class based on cumulative academic performance throughout the M1-M3 years. The society is so named because in Greek mythology, Chiron was a centaur who was very skilled in the medical arts and was the teacher of Asclepius, the Greek God of Medicine. An image of Chiron adorns the CMSRU gonfalon. Election into the Chiron Society then forms the basis for consideration of induction into Alpha Omega Alpha Medical Honor Society (AOA). Formula: Phase 1 Course Performance = 60% + M3 NBME Subject Exam Average = 13.33% + M3 Preceptor Clinical Assessment = 13.33% + M3 Clerkship Grades = 13.33%)

Alpha Omega Alpha Medical Honor Society

AOA is a national honor medical society which was initially established in 1902. Students in the top 25% of the class academically (i.e. those in the Chiron Honor Society) are eligible for consideration for AOA. Of the eligible students only one-fifth of the class (20%) can subsequently be elected into AOA. The numbers are specified by the AOA national constitution. Election into AOA is further based on an eligible student's entire portfolio, including leadership, service, teaching, research, and professionalism experiences, along with overall contributions to CMSRU. Election is determined at a yearly meeting of AOA faculty at Cooper, who review all eligible candidates and then vote. This process normally takes place in August, after all the third-year grades are available. Formula: Phase 1 Course Performance = 60% + M3 NBME Subject Exam Average = 13.33% + M3 Preceptor Clinical Assessment = 13.33% + M3 Clerkship Grades = 13.33%)