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# CMSRU Competencies and Institutional Learning Objectives

## General Competency #1

**Medical Knowledge:** Students will demonstrate knowledge of existing and evolving scientific information and its application to patient care.

### Educational Program Objectives.

**Graduates will:**

- Demonstrate a strong basic science foundation in the understanding of health and disease
- Perform a complete history and physical examination
- Recognize the various determinants of health including genetic background, culture, nutrition, age, gender and societal issues
- Access and critically evaluate current medical information and scientific evidence and apply this knowledge to clinical problem-solving
- Apply current knowledge of public health to patient care

## General Competency #2

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

### Educational Program Objectives.

**Graduates will:**

- Display appropriate clinical skills, critical thinking, medical decision making and problem solving skills in the delivery of care
- Use and interpret diagnostic studies appropriately
- Demonstrate relevant procedural and clinical skills, recognizing the indications, contraindications and complications while respecting patient needs and preferences
- Implement and promote plans of disease prevention, management and treatment using evidence based medicine

## General Competency #3

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

### Educational Program Objectives.

**Graduates will:**

- Demonstrate compassion and respect for others
- Respect patient confidentiality and autonomy
- Show responsiveness and personal accountability to patients, society and the practice of medicine
- Put patients' interests ahead of their own
- Recognize personal limitations and biases, knowing when and how to ask for help
- Effectively advocate for the health and needs of the patient
- Incorporate the principles of medical ethics into their care of patients
Recognize and address disparities in health care

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<tr>
<th>General Competency #4</th>
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<td><strong>Interpersonal and Communication Skills:</strong> Students will demonstrate an ability to effectively communicate and collaborate with patients, families and healthcare professionals.</td>
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**Educational Program Objectives.**
**Graduates will:**

| Demonstrate effective interpersonal and communication skills with patients about their care, including ethical and personal issues |
| Demonstrate effective interpersonal and communication skills with the patient's family, friends, and other members of the patient's community, as appropriate |
| Demonstrate effective interpersonal and communication skills with all members of the healthcare team and relevant agencies and institutions |
| Maintain a professional demeanor of integrity and transparency in all communications |

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<th>General Competency #5</th>
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<td><strong>Practice Based Learning and Improvement:</strong> Students will demonstrate the ability to investigate and evaluate their care of patients, appraise and assimilate scientific evidence and continuously improve patient care based on constant self-evaluation and life-long learning</td>
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**Educational Program Objectives.**
**Graduates will:**

| Assess their own strengths, deficiencies and limits of knowledge and engage in effective ongoing learning to address these |
| Effectively engage in medical school, hospital and community projects that benefit patients, society and the practice of medicine |
| Identify, appraise and assimilate evidence from scientific studies using information technology. |
| Recognize and empower other members of the healthcare team in the interests of improving patient care |
| Apply the principles and practices of patient safety and process improvement. |

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<th>General Competency #6</th>
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<td><strong>Systems-based Practice:</strong> Students will demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to effectively utilize other resources in the system to provide optimal health care.</td>
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**Educational Program Objectives.**
**Graduates will:**

| Work effectively to coordinate patient care within the social context of healthcare |
| Incorporate risk-benefit analysis into care delivery |
| Advocate for high-quality patient care |
| Work in inter-professional teams to enhance patient safety and quality |
| Demonstrate an appreciation for, and understanding of, the methodologies used to reduce errors in care |
Recognize the value, limitations and use of information technology in the delivery of care

Apply an understanding of the financing and economics of care delivery regionally, nationally and globally to optimize the care of patients

**General Competency #7**

**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.

**Educational Program Objectives.**

**Graduates will:**

- Demonstrate investigatory and analytical skills to seek and apply the best evidence in making patient care decisions
- Design and execute studies to answer well-structured research questions
- Conduct research according to good clinical practices and strict ethical guidelines.
- Adhere to the principles of academic integrity in research and scholarship
- Demonstrate skills that foster lifelong learning

**General Competency #8**

**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.

**Educational Program Objectives.**

**Graduates will:**

- Recognize the social determinants of health
- Describe the health care needs of patients from diverse populations and develop appropriately tailored care delivery strategies
- Develop the skills and attitude to work in partnership with members of the community to promote health, disease prevention and chronic care management
- Appraise the impact of the social and economic contexts on healthcare delivery

**General Competency #9**

**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.

**Educational Program Objectives.**

**Graduates will:**

- Apply basic principles of inter-professional and multidisciplinary care
- Develop the skills to organize an effective health care team, valuing individuals skills and efforts
- Work with professionals from other disciplines or professions to foster an environment of mutual respect and shared values
- Perform effectively in different team roles to plan and deliver patient and population centered care.
Anti-violence

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

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

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

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

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

PROCEDURE:

Any individual, who believes he/she has been subjected to, has observed or has knowledge of actual or potential violence should immediately notify the Security Office, student affairs dean or local police. Incident reports should be completed. Forms are available from Security and the Office of Student Affairs, Counseling and Psychological Services Center and the Student Health Center. If any imminent physical threat or danger exists, students should contact Security, or dial the emergency number 911. The university will respond promptly to threats or acts of violence. This response may include local law enforcement agencies if appropriate.

CMSRU students who commit threats or acts of violence will be subject to strong disciplinary action, up to and including academic dismissal.

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

Possession, use or display of weapons, or ammunition is prohibited on property owned by or under the control of CMSRU.

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

**Computer and Electronic Device Use**

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

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

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

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

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

The general use of computers and campus technology is governed by the policies of Rowan University. The complete policy descriptions can be found here: http://www.rowan.edu/toolbox/documentation/, and refer to Digital Millennium Copyright Act, Privacy standards, network use, and computer lab resources.

**SCOPE:** This policy affects all future students of CMSRU, and commits CMSRU to providing support through the Office of Information Technology.
FERPA: Student Records

PURPOSE: The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. This policy outlines CMSRU procedures in support of FERPA.

POLICY: Cooper Medical School of Rowan University will comply with the Family Educational Rights and Privacy Act of 1974 and all subsequent amendments (FERPA) providing students with the right to review, inspect and challenge the accuracy of certain information contained in their educational records.

SCOPE: This policy applies to all CMSRU Medical Students, including active students, students on a leave of absence, and students experiencing any other gap in admission (e.g. suspension) from their initial registration until their death.

DEFINITIONS:
Enrolled Students – Any student granted acceptance to CMSRU and entered into the student registration system.

PROCEDURE:
A. In accordance with the Family Educational Rights and Privacy Act of 1974 and its subsequent amendments (FERPA) CMSRU students have the right to review, inspect and challenge the accuracy of certain information kept in their educational records unless the student waives this right.

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

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

   2. Right of CMSRU to Refuse Access. CMSRU reserves the right to refuse to permit a student to inspect the following records:
      a. the financial statement of the student’s parents;
      b. letters and statements of recommendation for which the student has waived his or her right of access, or which were placed in a student file before January 1, 1975;
      c. records which are part of a previous application to CMSRU if that application was unsuccessful and the student subsequently applies and is admitted;
      d. those records that are excluded from the FERPA definition of education records.
3. Right to Obtain Copies of Education Records
   a. With the exceptions listed below, a student may obtain copies of his/her education records from the CMSRU registrar upon submission of a written request and payment of a standard fee to cover duplication, reasonable labor costs and postage, if applicable.
   b. CMSRU reserves the right to deny copies of transcripts or education records in the following situations:
      - the student has an unpaid financial obligation to CMSRU; or
      - there is an unresolved disciplinary action against the student.

D. Directory Information

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

E. Disclosure of Education Records

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

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

F. Record of Requests for Disclosure of Education Records

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

G. Corrections/Challenges to Content of Education Records

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

H. Questions about FERPA and this policy concerning the release of student information should be
directed to the Office of the Registrar.
I. Students have a right to file a complaint with the U.S. Department of Education concerning alleged failures by CMSRU to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

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

REFERENCES:

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

Grading, Promotions, and Appeals

POLICY: Grading, Promotions, and Appeals Policy

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

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

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

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

I. RESPONSIBILITY

Implementation

1. Faculty
The faculty is responsible for implementing grading policies, regulations and procedures. For the courses or clerkships for which they are responsible, faculty members:
   a. establish standards to be met for attaining course or clerkship credit and criteria for assigning specific grades, and
   b. assign final grades for the course or clerkship within six weeks of the last day of the course or clerkship.
2. The associate dean for medical education
The associate dean for medical education administers the grading and promotion policy regulations and procedures with the support of the associate dean for student affairs and admissions.

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

II. COURSE REQUIREMENTS AND SEQUENCING
The curriculum of the School is divided into four distinct curricular years that must be satisfied in the prescribed sequence. All required courses of all four years, including the required number of approved elective courses in the fourth year, must be completed satisfactorily before a student can be recommended for graduation. A student may not repeat a course or clerkship more than once, and no more than three distinct academic years may be utilized to fulfill the requirements of either the first and second years (Phase 1), or the third and fourth years (Phase 2) of the curriculum. Students who perform scholarly work or completion of dual degree programs (e.g., MD/PhD) may extend the degree completion limit from six distinct academic years to ten distinct academic years upon approval of the vice dean. Any requests to extend the academic program beyond the time limits noted above and for any reason, must be approved by the vice dean.

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

III. ASSESSMENT AND STANDING OF STUDENTS

A. Grading
All courses or clerkships, whether required or elective, and all research experiences specifically approved as part of an individual student's curriculum must be graded according to the grading system for Phase 1 and for Phase 2. Final grades must be submitted to the registrar within six weeks of the completion of a course or clerkship. A single final grade must be submitted for each clerkship that is part of the Cooper Longitudinal Integrated Clerkship (CLIC). If the final grade for a course or clerkship is a U (unsatisfactory), the course or clerkship director must inform the associate dean for medical education promptly by phone and submit that information in writing within three weeks.

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

**Honors (H):** is a clearly superior performance that reflects comprehensive achievement of course/clerkship objectives. (Distribution: no more than 15% of the class may receive H.)

**High Pass (HP):** a performance well beyond minimum achievement of course/clerkship requirements. (Distribution: after Honors grades have been determined, no more than the next 20% of the class may receive HP.)
Pass (P): a satisfactory performance that meets basic course/clerkship requirements. (A minimum grade of 70.00% is required to pass all courses and clerkships.)

Remediated Pass (RP): a satisfactory performance that meets basic course/clerkship requirements upon the successful completion of the remediation period and subsequent examination following an unsatisfactory course grade.

Unsatisfactory (U): a performance below acceptable minimum standards (grade less than 70.00%).
- When an unsatisfactory performance (U) has been remedied through some method other than a repeat of a curricular year, the only possible grade of credit shall be RP.
- When a student remediates a course/clerkship as part of the requirement to repeat a curricular year, the final grade recorded on the transcript for the repeated course/clerkship shall be the actual grade earned (H, HP, P, or U).

Incomplete (I)
Grades of Incomplete are applied at the School as described below:
- A course/clerkship director, following consultation with the associate dean for medical education, may assign the grade of I to indicate that a student has been unable to complete all of the course requirements for a reason(s) beyond his/her control (e.g., death in the family, significant illness or injury, etc.).
- When the grade of I is assigned to a course/clerkship, the student must complete the course/clerkship requirement before the beginning of the next academic year unless the course/clerkship director, with the concurrence of the associate dean for medical education, shall have provided a specific alternative time period, not to exceed one year from the completion date of the course/clerkship unless there is a compelling reason that must be approved by the associate dean for medical education.
- Once the student has addressed all course/clerkship requirements, the course/clerkship director must assign a final grade (Phase 1 = P or U, Phase 2 = H, HP, P or U) in place of the I grade. If the requirements for the incomplete course/clerkship have not been met within the specified time limits, and no agreement has been made to extend the time limit, and the student has not withdrawn from school, a final grade of U will be assigned.

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

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

2. Narrative Assessments

a. Competency Assessment

At the conclusion of year one and year two, and after all clerkships within the CLIC, and the required clerkships in year four, a formal written narrative assessment of each student's performance must be submitted to the associate dean for medical education. These comments will become part of the academic record. In year one and year two, narrative assessments are written by the active learning group (ALG) and Scholar’s Workshop (SW) facilitators and by the course directors for the Foundations of Medical Practice Course and Ambulatory clerkship. Clerkship directors in the CLIC and in fourth year required clerkships provide the narrative assessment.
i. Mid-course and Mid-Clerkship Assessment
Interim formative evaluative comments from the ALG and SW facilitators and clerkship directors
made directly to the student are expected during all courses and clerkships, including the Cooper
Longitudinal Integrated Clerkship (CLIC) in year three. Such interim assessments must be given at
the mid-point of each course or clerkship when faculty communicate to each student, in writing,
information concerning the student's performance to date and, as appropriate, recommendations for
improvement.

ii. Final Written Report
Within four weeks of the conclusion of a semester in Phase 1 of the curriculum, the active learning
group (ALG) and Scholar’s Workshop (SW) facilitators must submit to the associate dean for
medical education a written narrative report for each student assigned to their group. The narrative
report must be signed by the facilitator and should address the CMSRU competencies. Similarly,
within four weeks of the conclusion of a CLIC clerkship in the third year and required clerkships in
the fourth year, the clerkship director must submit to the associate dean for medical education a
written narrative report for each student assigned to that clerkship. The associate dean for medical
education will review all reports and, should (s)he deem the report(s) on a particular student to
warrant such action, shall, following consultation with the vice dean and the associate dean for
student affairs and admissions, take any appropriate action(s).

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

B. Standing of Students
Students are placed into one of the following two categories based upon their academic performance:

1. In good academic standing
   The student:
   • has completed satisfactorily the requirements of all courses/clerkships of all previous years,
     and
   • is passing all courses/clerkships in which (s)he is enrolled, and
   • has passed any USMLE examinations required to be taken to complete a curricular phase.

2. Not in good academic standing
   The student:
   • has not fulfilled the requirements of one or more courses/clerkships of a previous year, or
   • is not passing one or more courses/clerkships in which (s)he is enrolled, or
   • has failed U.S. Medical Licensure Examination (USMLE) Step 1, Step 2CK or Step 2CS
     examinations.

IV. THE PROMOTIONAL SYSTEM

A. Phase 1
Students are required to achieve grades of Pass in addition to an approved narrative review in all
Phase 1 courses/clerkships in order to be promoted to the next academic year. All first and second
year courses/clerkships are graded as Pass or Unsatisfactory.
• A student who fails 2 courses in an academic year in Phase I will be permitted to remediate the
  failing grades.
A student who fails to remediate a failing grade in 1 course/clerkship will be placed on academic probation and must repeat the course/clerkship in the subsequent year. Students will not be permitted to advance to the next academic year until the course/clerkship has been successfully completed. Students may register for an Independent Study during this time but are not permitted to take courses/clerkships/electives from the next academic year’s curriculum.

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

A student who fails more than 2 courses/clerkships will be dismissed.

A student with an identified area of concern in their course narratives will be referred to the Academic Standing Committee for review and action.

B. Phase 2

- Students are required to pass all clerkships and the Scholar’s Workshop course in Year 3 to be promoted to Year 4.
- Students are required to pass all clerkships and electives in Year 4, and complete their Scholar’s Workshop capstone project to be eligible for graduation.
- Students failing a single clerkship must remediate that clerkship prior to proceeding to the next academic year, or graduating, respectively.
- Students failing two clerkships or one clerkship and the Scholar’s Workshop course must repeat the entire academic year, and will be placed on academic probation.
- Students failing 3 or more clerkships or 2 clerkships and the Scholar’s Workshop course will be dismissed.
- Students failing the Scholar’s Workshop course only, will be promoted to Year 4 with contingency, and must remediate that course during Year 4.
- A student with an identified area of concern in their clerkship narratives will be referred to the Academic Standing Committee for review and action.

C. USMLE Examinations:

- All students studying for the MD degree at CMSRU are required to pass Steps 1 and 2 of the U.S. Medical Licensure Examination (USMLE) as a condition of continued matriculation and of graduation.
  - Step 1 shall be taken prior to beginning Year 3 of the medical school curriculum.
  - Step 2 CK (Clinical Knowledge) and Step 2 CS (Clinical Skills) shall be taken no later than November 30th of the calendar year in which medical students are enrolled in Year 4 of the medical school curriculum.
  - Passing Step 1, Step 2 CK and Step 2 CS are required for candidates to sit for the Step 3 examination, which is usually taken during the first residency year after graduation from medical school.
- A student who fails to pass Step 1 on the initial attempt shall:
  - Complete the immersion experience element of the CLIC.
  - Be assigned remediation time.
  - Take Step 1 again within 30 days after completing the CLIC immersion experience.
  - Resume the third year program following the remediation time.
Completion of the CLIC may require an extension of time to complete all requirements, thus delaying the start of the fourth year.

- A student who fails to pass Step 1 on his/her second attempt shall:
  - Stop all activities in the third year.
  - Be automatically registered in an independent study program (enabling him/her to continue to be considered a full-time student).
  - Take Step 1 for the third time no later than May of the original third academic year.
  - If the student successfully completes the Step 1 examination, the student shall enter the third year with the subsequent academic class and repeat the entire year.
  - If a student fails the Step 1 examination a third time, she/he shall be dismissed.

- When all requirements of the Year 3 CLIC have been met, the student shall begin his/her Year 4 program. The student will then have the option of completing the Year 4 curriculum, or be placed on leave of absence and re-enter the Year 4 program with the subsequent class.

- A student who does not take Step 2 CK by November 30th or whose Step 2 score is not reported to the Office of Medical Education by December 31st of the fourth year shall not be permitted to continue clinical rotations until the student takes the Step 2 examination.

- A student who fails to pass Step 2 CK or 2 CS shall:
  - Take Step 2 CK or 2 CS again, no later than March 15th of the next calendar year.
  - Complete the fourth year curriculum.

- A student who fails to pass Step 2 CK or 2 CS for the second time shall:
  - Take Step 2 CK or 2 CS for the third time, no later than July 31st. The student shall be automatically registered into an independent study program for the following semester, with a potential May graduation date of the next year.
  - If a student fails the Step 2 CK or 2 CS examination three times, she/he shall be dismissed from the school.

- A passing score for Step 2 CK and Step 2 CS must be reported to the Office of Medical Education no later than one week prior to graduation to be awarded a diploma.

D. Promotional Decisions

The associate dean for medical education is responsible for assessing the academic performance of each student. The associate dean for curriculum will release final grades to the registrar. The associate dean for student affairs and admissions is responsible for informing any student of his/her status if the grade is a U, so that the student will have support in his/her decision making regarding remediation and the Academic Standing Committee process. Promotional decisions based upon criteria other than grades are made by the vice dean in consultation with the associate dean for medical education and the associate dean for student affairs and admissions. A student is entitled to a meeting with the vice dean prior to his/her rendering a decision.

E. Remediying a Failing Performance
All remediation in all courses/ clerkships is done after an academic year is concluded and all grades for that year have been submitted. Only one attempt is permitted to remedy by reexamination a U grade in any course/clerkship. The remediation examination will be conducted within 14 calendar days of the last day of the academic year. Students who fail remediation must repeat the course. During the period of a remediation and/or when repeating a course or academic year, the student will be on probation, as described below.

Remediation Process:
Students will follow a plan developed for course/clerkship remediation by the course director(s)/clerkship director(s). The course/clerkship director(s) will:

1. Meet with the student to help identify his or her obstacles to achieving satisfactory performance
2. Meet with course/clerkship faculty, as necessary, to discuss the student’s learning needs and plan remedial experiences
3. Create a written plan for remediation, including:
   a. goals
   b. method(s) of study/practice
   c. duration of the program
   d. frequency of meetings between the student and designated faculty or course/clerkship director
   e. planned assessments
4. Share the proposed program with the Assistant Dean for Faculty and Student Assessment and Development, the Assistant Dean for Phase 1 or Phase 2, and the Associate Dean for Curriculum for their review and written approval. In the event the student is in Year 3, the CLIC Director will also be involved.
5. Meet with the student within one week of the original meeting to review and initiate the program.
6. Present the student with the written plan, which will be signed by the student and course/clerkship director.
7. Carry out the plan. If the student successfully remediates the grade is changed from a U to a P. In the case of a clerkship needing remediation, the highest grade available for posting will be a P.
8. If the student fails to remediate, the grade is maintained as a U and the student is referred to the Academic Standing Committee.

V. PROBATION

A. Academic

A student shall be placed on academic probation: when the student has unsuccessfully completed the remediation process for a course/clerkship and is required to repeat a course /clerkship due to unsatisfactory academic performance; when a student is repeating an academic year; or when a student returns from a leave of absence which was entered with the student “not in good academic standing.”

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

B. Non-Academic

Professionalism is a core competency of the CMSRU curriculum. All matters related to professionalism are addressed through the Academic Standing Committee. When, in narrative
comments evaluating a student, faculty members express concern about a student’s fitness to assume professional responsibilities, the vice dean may, after discussion with the faculty and/or course/clerkship director, refer the student to the Academic Standing Committee for review. If the Academic Standing Committee places a student on non-academic probation, the chair of the Academic Standing Committee will forward the conditions for removal from non-academic probation to the vice dean. The vice dean will notify the student of their status and will state in writing the specific duration and conditions of the probationary status. The vice dean is responsible for monitoring the student’s adherence to the conditions of the probation. The vice dean will inform the Academic Standing Committee of the student’s progress. If a student completes the requirements of their probation, they will be removed from probationary status and informed in writing by the vice dean. If a student does not complete the requirements of their probation, they may be dismissed.

V. APPEALS

An appeal may be made only on the basis of: Procedural Irregularity - documented error in, or divergence from, the prescribed or customary process of evaluating and grading students; or Extenuating Circumstances - severe and documented situations which were beyond the student's control and which prevented the student from performing in a manner truly reflective of his/her knowledge and skills. Appeals will be acted upon favorably only when real, clear and convincing evidence is presented to suggest that application of the policy is inappropriate in particular circumstances.

A. Appealing a Course or Clerkship Grade

1. Appeal to the Course/Clerkship Director

A student who believes that a course grade is unfair and unjustified must first appeal his/her grade to the course/clerkship director within three working days of having been notified of the grade. The course/clerkship director, in consultation with the course/clerkship teaching faculty, will review the grade and notify the student of the decision within seven working days of the appeal.

2. Appeal to the associate dean for medical education

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

3. Appeal to the Academic Standing Committee

If the student is dissatisfied with the decision reached by the associate dean for medical education, s/he may appeal that decision, in writing, to the Academic Standing Committee. The written appeal must be made within three working days of receiving notice of upholding the original grade. The Academic Standing Committee will review the appeal and offer a decision within seven working days. The decision of the Academic Standing Committee is final. The decision is communicated to the course/clerkship director who implements the decision of the Academic Standing Committee.
B. Appealing Promotional Decisions

All information pertaining to a student's academic performance and professional attributes, including that contained in departmental files, may be utilized in the appeals processes described below.

1. Appealing decisions based on academic performance

   Appeal to the Academic Standing Committee

   Process of Appeal
   • A student must notify the Academic Standing Committee, in writing, of his/her intent to appeal. This notification must be received by the committee (through the office of medical education) within three working days after the letter notifying a student of a promotional action has been received. The notification of intent must state clearly the basis for the appeal.
   • The Committee shall hear the appeal and provide a decision within seven working days of receiving written notice of intent to appeal.
   • The student shall be given at least 72 hours notice of the time and place of the committee’s hearing.
   • At the discretion of the student making the appeal, one individual may accompany him/her at the hearing in the capacity of advisor and/or advocate. All other advocacy efforts must be in the form of written communications to the committee, and must be received by the committee not later than 24 hours preceding the time scheduled for the start of the appeals hearing.
   • The recommendation of the committee shall be communicated verbally and in writing to the dean. The dean shall communicate this decision to the student.

2. Appealing Decisions based on issues of Professionalism

Promotional decisions based solely on professionalism when other competencies are not an issue, are made by the vice dean, in consultation with the associate dean for medical education and the associate dean for student affairs and admissions.

A student may appeal to the Academic Standing Committee, the decision of the vice dean for reasons of procedural irregularity or extenuating circumstances.

When a promotional decision is based upon an issue surrounding professionalism, the student may:
   • Request that the Ombudsman for CMSRU review the circumstances and mediate the decision, or
   • Appeal the decision through the Hearing Body for Student Rights (HBSR). The Appeal must be made to the Chair of the HBSR in writing (through the Office of Medical Education) within three working days of the notification of the decision. The HBSR will meet and address the issue within seven working days of the receipt of the appeal.
   • The recommendation of the Ombudsman or the HBSR will be given to the student and to the Academic Standing Committee within seven working days of the completion of the process.
   • The Academic Standing Committee will review and offer a decision within seven working days of receiving the conclusion of the Ombudsman or the HBSR.
   • The decision of the Academic Standing Committee is final.
Honor Code

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

POLICY: Honor Code

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

DEFINITIONS: The objective of the Honor Code is to foster an environment of trust, responsibility, and professionalism among students and between students and faculty. Its fundamental goals are to promote ethical behavior, to ensure the integrity of the academic enterprise, and to develop in students a sense of responsibility to maintain the honor of the medical profession.

PROCEDURE: Students will abide by Cooper Medical School of Rowan University Honor Code which aims to foster an atmosphere of ethical and responsible behavior and to reinforce the importance of honesty and integrity in the examination process and throughout the medical school experience.

Student Responsibilities

Students will not:
- Give or receive aid during an examination.
- Give or receive unpermitted aid in assignments.
- Plagiarize any source in the preparation of academic papers or clinical presentations.
- Falsify any clinical report or experimental results.
- Infringe upon the rights of any other students to fair and equal access to educational materials.
- Violate any other commonly understood principles of academic honesty.
- Lie

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

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

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

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

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

SCOPE: All CMSRU students and visiting medical students.

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

PROCEDURE: Drug prophylaxis following a high-risk exposure is time sensitive, therefore it is important to follow appropriate procedure to determine need for initiation of prophylaxis. Any medical student who sustains a needle stick or other wound resulting in exposure to blood or bodily fluids should follow the following protocol.
- Immediately wash the affected area with soap and water and cover the area with a dressing if possible.
- For an ocular exposure, flush thoroughly with water.
- Inform the supervising resident or physician.
- Obtain source patient information if known (name and medical record number).
- Go directly to the Student Health Center.
- If the Student Health Center is closed, report to the Emergency Department at CUH.
- Identify yourself as a medical student who has just sustained an exposure.
- You will see health care provider who is trained in assessing the risk of the exposure. You will receive post-exposure counseling and drug treatment/ prophylaxis, if appropriate. If indicated, you will be given a starter pack of the prophylactic drugs which are recommended in accordance with the current guidelines of the Centers for Disease Control and Prevention.
- Base-line blood tests will be performed on you as appropriate.
- The physician at the Student Health Center or the Emergency Department will contact the attending physician of the source patient to expedite the process of getting consent to test the source patient.
- You will be given a schedule as to when to return to the Student Health Center for follow-up testing.

Professional Appearance

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

POLICY: Professional Appearance

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

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

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

**Phase 1** - During most of the first two years of the curriculum, students will spend their time in lectures and small group activities where attire should be comfortable, neat and not detracting. When in clinical areas students are expected to dress professionally as outlined below. Avoid dress or attire that could be perceived as offensive to others.

**Phase 2** - During the last two years, the following attire is required by the CMSRU unless a specific clinical activity dictates specific attire.

**Rules of Attire:**
- Male students are expected to wear dress pants and khakis are acceptable. Collared dress shirts are required and a tie is optional. Sneakers and sandals and flip-flops are not acceptable footwear.
- Female students are urged to wear dress pants which fit well and are conservative. Skirts should be conservative and at a length no higher than two inches above the knee. The blouse or shirt should be conservatively cut. Sneakers and sandals and flip-flops are not acceptable footwear. Closed-toe shoes should be worn in the clinical setting for safety purposes.

**Other Rules:**
- Jewelry selection: Two earrings per ear maximum may be worn and must be appropriate for patient care areas. Nose piercings are not allowed. Bangle bracelets are not recommended.
- Makeup should project a professional image.
- Hair must be clean and styled in such a manner as to prevent inadvertent contamination during patient care and other professional duties. Unusual and unprofessional hair styles or color are not allowed. Long hair should be controlled in the back and unable to fall forward during laboratory and clinical activities. Facial hair must be neatly groomed or clean-shaven.
- Headgear that is not worn for religious purposes is not allowed. Fingernails should be clean and maintained at a reasonable length of \(\frac{1}{4}\)" or less. Acrylic nails are not allowed due to health risks.
- Body art/tattoos should not be visible.

Students not meeting expectations may be asked to remove themselves from a given setting and will be required to meet with the associate dean of student affairs and admissions.

**Professional Conduct**

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

**POLICY:** Professional Conduct Policy

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

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

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

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

Statement on Fitness for Professional Responsibility
Fitness to assume professional responsibility is demonstrated by maturity, emotional stability, honesty, integrity, showing respect for patient’s dignity and rights, appropriate relationships to others, and the ability to accept and discharge the duties of the medical profession. Professionalism is evaluated in all four years of the curriculum. Accordingly, course and clerkship directors will evaluate each student’s professional attitudes and behaviors, and to submit to the associate dean for curriculum and innovation a written report describing a student’s professionalism. In addition, any faculty member may submit a written report describing any incident that might reflect either an unprofessional attitude or behavior or exceptional professionalism. All such reports are placed in the student's official medical school file. A copy of the report form is appended to these policies.

Hearing Body for Student Rights
Hearing Body for Student Rights, a standing committee of the School, consists of six members and three alternates. Two members are elected from the faculty; two members are elected by the students; the president of student government shall serve as a member; and one member of the administration shall be appointed by the dean. This committee will hear all matters of dispute regarding student behavior and professionalism.

PROCEDURE:
• By enrolling in CMSRU, a student accepts the professional standards of the school at all times.
• Each student must demonstrate appropriate standards of professional and ethical conduct, attitudes, and moral and personal attributes deemed necessary for the practice of medicine.
• These behavior traits include, but are not limited to: honesty; integrity; willingness to assume responsibility; strong interpersonal skills; compassion; good judgment; the absence of chemical dependency; and appropriate social, moral and personal behavior.
• Failure to meet these standards and requirements may cause CMSRU to impose sanctions that may include, but are not limited to mandatory counseling, expulsion, disciplinary dismissal, disciplinary suspension, or lesser sanctions.
• Students face disciplinary action by CMSRU if they abuse alcohol or drugs, consume illegal substances, or possess, distribute or sell illegal substances.
• Students involved in criminal matters before local, state, or federal courts may be found to be unfit for the medical profession and be expelled by CMSRU or face lesser disciplinary sanctions.

• Students are expected to comply with the laws of the United States, the State of New Jersey, county and city ordinances and the lawful direction and orders of the officers, faculty and staff of CMSRU who are charged with the administration of institutional affairs.

• Any issues related to the Statement on Fitness for Professional Responsibility are reviewed by both the associate dean for curriculum and innovation who will then meet and review the matter with the associate dean for student affairs and admissions.

• Any reports of a breach in professional behavior are submitted to the associate dean for student affairs and admissions.

• Any adverse decision made by the deans will be referred to the Hearing Body for Student Rights for final review and action.

Note: The associate dean for student affairs and admissions or the associate dean for curriculum and innovation can place a student on immediate leave for an issue related to professional behavior. The issue, and any decision made by these deans, will be referred to the Hearing Body for Student Rights as soon as possible.

Request for Review:

• A student wishing to file a request for review of a disciplinary action or a promotional decision based upon factors other than grades must submit a written request for review to the Hearing Body for Student Rights within 14 calendar days of notification of the action.

• The Hearing Body for Student Rights will review the matter formally within 7 calendar days of receiving the written request for review.

• The student may elect to have one representative present for the formal review.

• The Hearing Body for Student Rights will submit a written decision to the dean within 7 calendar days of the formal review.

• The dean may accept the results of the Hearing Body, meet with the student, or refer the issue back to the Hearing Body for further review.

• The decision of the dean will be given to the student in writing within 7 calendar days and is final.

Religious Observances

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

POLICY: Religious Observances

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

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

PROCEDURE: CMSRU recognizes that the members of its community, including students, observe a variety of religious faiths and practices. CMSRU recognizes and respects the religious beliefs and practices of its students and seeks to accommodate them reasonably within the requirements of the academic schedule. As a result, CMSRU will not penalize a student who must be absent from a class, examination, study or work requirement for a religious observance. Students who anticipate being absent because of a religious
observance must, as early as possible and in advance of an anticipated absence of a day, days or portion of a day, inform their faculty and the associate dean for student affairs and admissions.

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

In the event an examination or assignment deadline is scheduled on a day of religious observance, a student unable to attend class shall be permitted to make up an examination or to extend any assignment deadline missed. No fees of any kind shall be charged by the CMSRU for making available an opportunity to make up an examination or assignment.

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

**Student Sexual Misconduct and Harassment Policy**

This link provides the most recent policy:


**Social Networking**

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

**POLICY:** Social Network Policy

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

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

**PROCEDURE:**

Social networks are ubiquitous, easily accessed, and potentially very valuable resources for students - for sharing experiences, support, and for educating and participating in the broader community and society. However, the immediacy, accessibility, and permanence of digital media poses risks and challenges to all users, with unique and important issues for healthcare providers, having access to private and sensitive patient information.
While we encourage and support the use of social media for the many benefits it can provide, the below guidelines are provided to protect first and foremost patients, as well as CMSRU’s students, faculty, and staff, and the institution itself.

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

- Assume that any information or photos that you post are permanently accessible to anyone, including current and future patients, colleagues, and employers. Deleted posts may still be available through search engines and other methods.
- Post respectfully. Avoid posting comments or materials that may be seen as demeaning, threatening, or abusive. HIPAA regulations always apply to any information related to patients, therefore posting of any patient protected health information (PHI) is strictly prohibited.
- Beyond the current 18 PHI identifiers, students should consider any patient-related posting (including photos of patients) to have the potential to be identifiable by third parties, and should limit postings to generic and/or broad disease- or diagnosis-related discussions, rather than individual patient-focused topics. Even casual references, e.g., that one is a specific patient’s medical student, is a HIPAA violation as it acknowledges that the individual was or is hospitalized. These rules apply even if the patient was specially profiled on (or if the patient directly posted a comment on) a social network or other public site.
- If you have a personal blog or social networking profile, make it clear to readers that you are not speaking in any official capacity for CMSRU. Realize however, that your postings will likely reflect on CMSRU, and that readers may form an opinion about CMSRU based on the postings of its students.
- Use a personal e-mail address (not your CMSRU address) as your primary means of registering for entry into social media platforms.
- Don’t be afraid to ask for guidance regarding social networking from peers, faculty, and medical school administration. Think before you post.

The following actions are strictly forbidden:

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

Additional Guidance for Use of Social Networks

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

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

Student Attendance

PURPOSE: An excellent and comprehensive medical education requires in-person, active engagement among students and faculty. It is important to provide unambiguous expectations for active student participation in the educational program in a manner that is respectful of and adaptable to unexpected events, and allows students to plan their schedules responsibly.

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

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

PROCEDURE:

Responsibilities of the student:

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

The student must inform the associate dean for student affairs and admissions with official or written documentation before the fact in cases of religious observances, or presentation at a state or national conference, as soon as possible for health reasons, death of a family member or loved one, or rare and
compelling circumstances, and inclement weather (see policy) to document a request for an excused absence from a required course or clerkship activity. Students should consult with the Office of Student Affairs and Admissions to discuss their absence and to determine if it can be approved. Students should provide acceptable documentation whenever possible. If the absence is approved, the student will be permitted to be absent from class for the specific period; however, the student still remains responsible for the content provided during the absence. It is the student’s responsibility to discuss the implications of the approved excused absence with their course directors and facilitators so that they are clear on their responsibilities regarding missed course activities. Any “make up” activities from the absence will be coordinated with the associate dean for curriculum and innovation and the assistant deans for Phase 1 or Phase 2 as applicable. Unexcused absences will be noted by the course directors and/or facilitators and will be reported to the associate dean for student affairs and admissions.

**Responsibilities of the Faculty:**

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

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

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

**Phase I**

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

**Phase II**

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

**Tardiness**

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

**Process:**

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

**Student Health Providers**

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

**POLICY:** Student Health Provider Policy

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

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

**PROCEDURE:** The following rules must be followed at all times by all who provide health care to CMSRU students.

- A provider of health services to a CMSRU student will not be permitted to grade or evaluate that student.
- All psychological care and counseling of CMSRU students will be delivered at a site removed from the medical school campus and the providers have no role in the grading and evaluation of student performance, promotion or graduation.
- An Advisory College Director cannot be a health care provider to a student in their College.
- A Mentor cannot be a health care provider to the student they are mentoring.
- Should a faculty member serve on the Academic Standing Committee or the Hearing Body for Student Rights, and a student they have provided care for at any time during that student’s matriculation to CMSRU comes before that group, they must recuse themselves from the meeting.
- Those who care for students in the Student Health Center may lecture in a large group setting at CMSRU, but cannot academically evaluate any student. They cannot be a small group facilitator, Mentor or Advisory College Director.
- A physician who encounters a student of CMSRU in the Emergency Room as a patient will attempt to avoid being in a capacity to evaluate that student when they are present as a student in that department for a clinical rotation. If this is unavoidable, they will make the potential conflict clear to the clerkship director and delegate any evaluations to the clerkship director.
- A physician who encounters a student of CMSRU in an outpatient setting as a patient will attempt to avoid being in a capacity to evaluate that student when they are present as a student in that course or clerkship. If this is unavoidable, they will make the potential conflict clear to the clerkship director and delegate any evaluations to the clerkship director.
- A physician who encounters a student of CMSRU in an inpatient setting as a patient will attempt to avoid being in a capacity to evaluate that student when they are present as a student in that course or clerkship.
in that course or clerkship. If this is unavoidable, they will make the potential conflict clear to the clerkship director and delegate any evaluations to the clerkship director.

- Inpatient psychiatric care for CMSRU students will be delivered at a facility removed from the CMSRU campus and the providers will not be faculty of CMSRU.
- Reports of care regarding CMSRU students via the Rowan Counseling Center or the Student Health Center will be provided to the Office of Student Affairs in aggregate by numbers and events, and not with student names.
- Required reporting to the Office of Student Affairs in cases of immunizations and exposure related event will be provided within the mandates of HIPAA.

Student Mistreatment

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

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

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

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

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

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

I. **Departmental Level**

a. The student and faculty/professional staff member will meet to attempt resolution of the complaint.

b. If the matter is not resolved, the student and the faculty/professional staff member will then meet with the departmental chairperson/supervisor, who will act as a facilitator, to determine if resolution is possible.

c. If the faculty/professional staff member is not accessible for any reason (e.g., prolonged illness, on leave, refuses to meet with student), or if the student fears reprisal, the student may initiate the process by first meeting with the departmental chairperson/supervisor.

d. In any case, if the matter is not resolved, the student must notify (in writing) the faculty/professional staff member or departmental chairperson/supervisor within twenty (20) calendar days from the date the student knew or should reasonably have known about the matter.

e. If the above named people are not available or cannot be contacted, the student must submit in writing his/her intention to pursue the process at the departmental level. The written statement must be sent to the departmental chairperson/supervisor within the same twenty (20) days noted above.

f. If the student wishes to pursue the matter immediately, the departmental chairperson/supervisor must schedule a meeting between the faculty/professional staff member and the aggrieved student within ten (10) working days after being contacted by the student and it must be held within fifteen (15) days of such contact. The student and faculty/professional staff member will be informed in writing by the departmental chairperson/supervisor of the outcome of the meeting.

g. If the student wishes to delay pursuing the matter until the course/clerkship is over, the departmental chairperson/supervisor must schedule a meeting between the faculty/professional staff member and the aggrieved student within twenty (20) working days of the conclusion of the course. The student and faculty/professional staff member will be informed in writing by the departmental chairperson/supervisor of the outcome of the meeting.

h. If the grievance is against the departmental chairperson/supervisor, the student may begin the complaint process at the medical school level.

II. **Medical School Level**

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

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

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

**Notes:**
1. This process does not apply to the students' personal preferences regarding the faculty/professional staff members' physical appearance, personal values, sexual orientation, or the right to academic freedom or the freedom of expression.

2. In all grievance matters, to the extent possible, the student will be responsible for documentation of his/her allegations.

3. To ensure the protection of the parties' privacy, the process and all documentation will be completely confidential.

4. The faculty/professional staff member being complained about is expected to attend all meetings set up to resolve the complaint.

5. All students, faculty, professional staff, department chairs, supervisors, and deans are expected to follow the steps in this policy.

6. If a departmental chair/supervisor, dean/division head, the provost, or the president of the university receives a letter of complaint about a faculty or professional staff member from a student, he/she will forward the letter to the individual being complained about and inform the student that the complaint process must begin with an attempt to resolve the problem with the faculty/professional staff member, and that the above complaint procedure must be followed.

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

Teacher-Learner Interaction

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

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

SCOPE: Candidates for the Doctor of Medicine Degree and all those who act in the role of teacher for these students at CMSRU.

DEFINITIONS: Teacher - any individual serving in a capacity as teacher or mentor that a student will interact with in a classroom, small group or clinical setting over all four years.

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

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

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

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

COMMITMENTS OF FACULTY

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

COMMITMENTS OF STUDENTS AND RESIDENTS

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

Technical Standards

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

POLICY: Qualified and accepted applicants to Cooper Medical School of Rowan University must be able
to complete all requirements inherent in and leading to the Doctor of Medicine degree. CMSRU will not
discriminate against individuals with disabilities, and shall provide reasonable accommodation and support
to qualified disabled individuals. Technological compensation can be made for some handicaps in certain
areas but a candidate must be able to perform in a reasonably independent manner. CMSRU will attempt to
maximize the opportunity for success of every applicant and student while maintaining the integrity of the
educational program and the ability of the program to accommodate the individual’s particular disability and/or handicap. CMSRU will provide an equal opportunity for an individual with a disability to participate in the application process and be considered for enrollment. Decisions to offer acceptance to the medical school will include the ability of the applicant to meet all of the technical standards for the MD degree.

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

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

**PROCEDURE:**
CMSRU is committed to making reasonable accommodations for its students with disabilities who are capable of completing all requirements and fulfilling all responsibilities leading to the Medical Degree. CMSRU will comply with the Americans with Disabilities Act (ADA) and the Rehabilitation Act of 1973 and will adhere to AAMC Technical Standards. All students that are invited for an interview will be sent a copy of the technical standards for the admission of applicants.

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

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

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

2. **Required Abilities and Skills**
   I. Observation: The candidate must be able to observe demonstrations and experiments in the basic sciences, including but not limited to physiologic and pharmacologic demonstrations, microbiologic cultures, and microscopic studies of micro-organisms and tissues in normal and pathologic states. A candidate must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision. It is enhanced by the functional use of the sense of smell.
II. Communication: A candidate should be able to speak, to hear and to observe patients in order to elicit both verbal and non-verbal information, and must be able to communicate effectively and sensitively with and about patients. Communication therefore includes speech, reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with the patient, the patient’s family, and all members of the health care team.

III. Motor: Candidates should have sufficient motor function to carry out basic laboratory techniques and to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. Candidates must be able to perform anatomical dissections. They must have sufficient motor ability to use a microscope. A candidate should have the motor skills which will allow him/her to do basic laboratory tests (urinalysis, gram stain, preparation of a blood smear, etc.), carry out diagnostic procedures (proctoscopy, paracentesis, etc.), perform and read EKGs and read x-rays. A candidate should be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Examples of emergency treatment reasonably required of physicians are cardiopulmonary resuscitation, the administration of intravenous medication, the application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds, and the performance of simple, general gynecologic procedures. Such actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision.

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

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

B. Accommodation Requests

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

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

REFERENCES:
Recommendations of the AAMC Special Advisory Panel on Technical Standards for Medical School Admission (Memorandum #79-4), approved by the AAMC Executive Council on January 18, 1979

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

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

Conflict of Interest

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

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

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

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

SPECIFIC ACTIVITIES:

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

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

   Industry funding may not be accepted for social events that do not have an educational component. Industry funding may not be accepted to support the costs of internal department meetings or retreats (either on or off campus). CMSRU facilities may not be rented by or used for Industry funded and/or directed programs, unless there is a CE agreement for Industry support that complies with the policies of the Department of CE.

   At CMSRU co-sponsored Continuing Education programs, if there is an area utilized and designated for vendor displays, that area will be separate from the location assigned for the educational presentations. Any materials utilized by the industry vendors will be subject to the guidelines established in Section 3. Promotional materials shall be limited to those which do not include product brand names and logos. Additionally, no gifts or enticements such as food or snacks will be permitted at these displays.

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

   CMSRU faculty, personnel, students or CMSRU providers or staff may participate in or attend Industry-sponsored meetings or other off-campus meetings where Industry support is provided, only if:
   a. The activity is designed to promote evidence-based clinical care and/or advance scientific research
   b. The financial support of Industry is prominently disclosed
   c. Industry does not pay attendees’ travel and expenses
   d. Attendees do not receive gifts or other compensation for attendance
   e. Meals provided are modest (value comparable to Standard Meal Allowance as specified by IRS)
   f. If participating as a speaker, all lecture content is determined by the speaker and reflects a balanced assessment of the current science and treatment options, and the speaker makes clear that the views expressed are the views of the speaker and not of CMSRU
   g. Compensation is reasonable and limited to reimbursement of reasonable travel expenses and a modest honorarium not to exceed $2,500 per event
3. **Gifts and Provision of Meals:**

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

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

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

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

4. **Consulting Relationships:**

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

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

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

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

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

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

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

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

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

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

6. Ghostwriting:

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

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

Cooper Medical School of Rowan University may accept industry support for scholarships and discretionary funds to support trainee or student travel or non-research funding provided that the following criteria are met:

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

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

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

8. Samples:

Utilization of drug or device samples at CMSRU run clinics will be judicious and cost-effective. Utilization of drug samples will be at the discretion of the appropriate medical care provider solely for the purpose of patient care (e.g., allowing patients to begin early treatment; testing a therapeutic option prior to filling a prescription; offering an alternative for individuals having difficulty affording their medicines). Utilization of equipment or device samples will be deemed appropriate when healthcare practitioners are developing a familiarity with new materials. Samples of any kind are not intended for personal use by faculty, staff or students. The sale or trade of any industry related sample is strictly prohibited.
Wherever possible, a central distribution and documentation site for medication samples should be established in each healthcare facility that maintains storage of such samples. Samples should be logged in through a designated and secure sample storage process. Logs should include the name of the medication, lot number, expiration date, date of receipt, quantity received, and the name of the individual receiving the samples, including those received on behalf of a group practice. Logs will be maintained in the healthcare facility for a specified time as designated per policy. All samples will be labeled and dispensed in accordance with federal and state laws. A Sample Medication Form will be used to document dispensing information, patient counseling and auxiliary notes. Utilization of vouchers is preferable to actual physical drug samples. The preferred method of obtaining pharmaceuticals for indigent patients would be through specific corporate plans which provide such product directly to the patient.

9. Site Access for Industry Representatives:

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

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

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

10. Policy Enforcement:

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

Faculty and Staff: Any violations of this policy should be reported to the Office on Conflict of Interest where it will be directed to appropriate supervisory personnel and department deans. The Conflict of Interest committee will be notified of proposed violations to this policy or to other relevant policies. Possible consequences of policy violation include but are not limited to: counseling, training, requiring repayment of monies acquired in violation of policies, fines or termination.

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

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

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

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

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

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

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

**Implementation**

1. **Office of Medical Education**
The Office of Medical Education will monitor duty hours of medical students on a monthly basis. Students will complete a self-reported monthly duty hour exception report which will detail reasons why the student was not in compliance with the duty hours policy on any specific day in that monthly cycle. The associate dean for student affairs and admissions monitors the duty hours policy with the support of the associate dean for curriculum and innovation and the vice dean.

2. **Students**
Students are responsible to comply with duty hour policies, regulations and procedures.
   - If during a course or clerkship sponsored by CMSRU or approved for an away elective at another sponsoring institution, students are not in compliance with CMSRU established duty hours, students will receive a warning from the associate dean for student affairs.
   - If the student continues to be not in compliance with CMSRU established duty hours after the warning from the associate dean for student affairs, they may be referred to the Academic Standing Committee.
Drug-Free Environment

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

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

In accordance with federal regulations (Drug-Free Workplace Act and the Drug-Free Schools and Communities Act Amendments), CMSRU will ensure that alcohol or drug abuse, use of illegal drugs, illegal possession, distribution, or sale of drugs will not be tolerated. CMSRU Counseling Center Staff will present and distribute drug and alcohol abuse information each semester.

SCOPE: This policy affects all students of CMSRU and commits CMSRU to providing support through the Counseling and Psychological Services Center. The Rowan University, Center for Addiction Studies and Awareness (CASA) is an additional resource for students affected by drug and alcohol abuse.

DEFINITIONS:

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

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

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

PROCEDURE:

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

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

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

Student’s Responsibility:

• Every student is expected to maintain a lifestyle which will not negatively impact the ability to perform his/her duties safely, productively and efficiently.
• A student should notify his/her advisor/instructor when his/her physical or mental condition may affect their performance of duties or may jeopardize personal safety or the safety of others.
A student who reasonably suspects that another student is unfit for work or learning by virtue of his/her observed physical or mental condition or performance of duties and responsibilities are expected to immediately notify their advisor/instructor and the associate dean for student affairs and admissions. Retaliatory action is prohibited against any persons who reports, responds to, or participates in an investigation of a drug and alcohol policy violation.

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

CMSRU’s responsibility:
- CMSRU will notify any federal agency from which CMSRU receives grant funds within 10 days after receiving notice from a student of a drug conviction. The student must notify CMSRU within 5 days of being convicted of a drug offense.
- Psychologists and psychiatrists with specialized expertise, who maintain the highest standards of ethical, culturally sensitive and confidential care and are capable of addressing the needs and enhancing the development of medical students, will deliver services to students.
- Students will have access to providers who are not faculty members of the medical school, thus ensuring the provision of services with privacy and confidentiality.
- Drug and alcohol counseling and crisis intervention will be offered at SAP. In case of an emergency, students will have 24-hour a-day access to crisis counseling.

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

Inclement Weather

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

POLICY: Inclement Weather Policy

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

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

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

Decision for closure will be made by 6 a.m.
Medical Student Documentation in the Medical Record

PURPOSE: This policy is designed to assist students and faculty with permissible medical student documentation in the medical record.

POLICY: Medical Student Documentation in the Medical Record

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

PROCEDURE:

1. All aspects of patient care are ultimately the responsibility of the teaching physician and involved consultants.

2. The general standard for documentation for Cooper University Hospital is the Medicare standard.

3. Medical students are expected to document medical care in the patient record however, an independent evaluation or procedure provided by a medical student cannot be used in determining the appropriate service.

4. Residents and teaching physicians may not copy notes written by medical students (exception: the Review of Systems (ROS) and/or Past Family Social History (PFSH) portion of history for Evaluation and Management services may be referred to from the student’s documentation and used in support of a bill.).

5. Teaching physicians are responsible to provide proper documentation for billing purposes. A teaching physician must always include a personal attestation of his/her presence/participation in a service. If the service involves a medical student and a resident, then the Medicare teaching physician documentation rules for working with a resident must be met if the service is to be billed.

6. A teaching physician may add an attestation, as appropriate based upon the scenario, to a resident’s note. However, if only a student note is available to the teaching physician they must personally verify and re-document the history of present illness (HPI) and personally perform and re-document the physical examination and medical decision-making activities of the service.

For Evaluation and Management (E/M) (99xxx) Services

- The documentation of an E/M service by a student that may be referred to by a teaching physician (or resident) to support a billable service is limited to documentation related to the review of systems (ROS) and/or past family/social history (PFSH).

- The teaching physician (or resident) must confirm the ROS and PFSH with the patient and document that confirmation.

- The teaching physician/resident may not refer to a student’s documentation of physical exam findings or medical decision making in his or her personal note.

- The teaching physician/resident must personally perform/obtain and document the history of the present illness (HPI) portion of the history, the physical examination and medical decision-making components of the E&M service or if working in combination with a resident, the teaching physician must follow the Teaching Physician Documentation and Billing rules.
Medical or Surgical Procedures

1. Procedures performed by medical students or procedures where students performed important parts of the procedure are not billable.

2. Students may participate in procedures. The teaching physician must be present for the entire procedure and have personally performed the important parts of the procedure and the teaching physician must personally document the procedure performed and must personally document their presence for the entire procedure.
Attestation

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

http://www.rowan.edu/coopermed/faculty/esign/