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

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

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

**Vision**

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

Dear CMSRU faculty member,

I am pleased to welcome you to the Faculty of the Cooper Medical School of Rowan University. Your commitment to our school is one of tremendous importance to our students and the residents of Camden and New Jersey. I know you share my excitement in having a unique opportunity as we create a novel model of medical education – one that will help meet the needs of our graduates as they fulfill their responsibilities as physicians.

We are already defining the medical school of the future. By joining CMSRU, you have already shown a commitment to this opportunity. We have the rich traditions and social missions of Rowan University and Cooper University Health Care on which to build – what a great opportunity awaits us!

I hope that the Faculty Handbook will serve as a reference for you and that you will refer to it often. It should complement the interactions that we have as colleagues and I urge you to consider the Handbook in this way. It is essential that we work together to help you accomplish your own personal goals and professional development – you have my pledge to do so.

I look forward to working with you to guide CMSRU into the future - a future with enormous promise. Thank you.

Sincerely,

Paul Katz, MD
Dean
Professor of Medicine
A Message from the Vice Dean

Dear Colleagues,

The dream of a four-year medical school in Camden has finally become a reality, thanks in no small measure to the dedication, perseverance, and hard work of our faculty. In our mission, we describe a scientific and scholarly community in which inclusivity, excellence in patient care, innovative teaching, research, and service to the community are valued. At the heart of our scientific and scholarly community is our faculty. We embrace the core values of a commitment to: diversity, personal mentorship, professionalism, collaboration and mutual respect, civic responsibility, patient advocacy, and lifelong learning. Our faculty is a precious resource. We are committed to supporting the personal and professional growth and development of each and every member of our faculty. We hope that you will find the materials and offerings posted on our website, and in this handbook, useful as you journey along your career path at CMSRU. I encourage you to become actively involved as we continue to develop CMSRU as a leader in medical education, research, and innovative programs that meet the needs and challenges of patient care in the 21st century.

Sincerely,

Annette C. Reboli, MD
Vice-Dean
Professor of Medicine
The History of Cooper Medical School of Rowan University

Cooper Medical School of Rowan University (CMSRU) was created by the executive order of the Governor of New Jersey in June 2009. This act was the culmination of a more than 30 year effort by Cooper Health System (CHS) to develop a four year M.D. degree-granting medical school in southern New Jersey. In the early 2000’s, the thirty-year discussions about a four-year M.D. degree-granting medical school in southern New Jersey intensified. Factors contributing to the desire for a four-year medical school were many: a national need for physicians, New Jersey’s low physician to population ratio, the projected shortfall of practicing physicians in New Jersey due to an aging physician workforce, a recognition that the southern part of the state was poorer and particularly under-served, the likelihood of a medical school allowing more patients to obtain care locally rather than having to travel to Philadelphia, and the possibility that a medical school could be an economic driver in one of the poorest cities in the country. The result of a rather extensive vetting process was the University of Medicine and Dentistry of New Jersey (UMDNJ) “Camden Task Force” which found that a “third allopathic medical school within UMDNJ was well justified”, and unanimously endorsed a new four year medical school in 2005. This conclusion was subsequently affirmed by consultants mutually engaged by UMDNJ and CHS from the Association of Academic Health Centers (Robert P. Kelch, M.D., Douglas Barrett, M.D., and Steven A. Wartman, M.D., Ph.D.). In their June 11, 2009 report this group noted that “the Cooper Health System appears remarkably well prepared to expand its medical clinical training into a full four-year medical school”. After UMDNJ decided that it could not undertake the creation of a third M.D. degree-granting four-year school for financial and other reasons, Governor Jon S. Corzine issued Reorganization Plan Number 002-2009 on June 25, 2009 “transferring functions, powers and duties of the University of Medicine and Dentistry of New Jersey as are necessary to establish, operate and maintain a four-year allopathic medical school in Camden, New Jersey, to Rowan University.” A formal affiliation agreement between CHS and Rowan University was entered into on September 21, 2010 to support a program of classroom, laboratory, and clinical education meeting the highest academic standards of the Liaison Committee on Medical Education (LCME).

Shortly after the issuance of the Reorganization Plan, CHS and RU committed teams of faculty, staff, and administrators working under the direction of Vice Dean, Annette Reboli, M.D., to create the blueprint for the new medical school. The 130 member planning committee, including experts in education, basic science, and clinical medicine, came together to discuss mission and vision and to create subcommittees to address various aspects of developing the medical school. This early planning culminated in the hiring of Paul Katz, M.D., as founding dean. Dean Katz quickly immersed himself in the planning process for the new school. The mission for CMSRU became the driving force behind all that happened at the school, from the admissions process, to the curriculum, to the school’s relationships with its many constituencies, including the community. On June 9, 2011, CMSRU received preliminary accreditation with no citations from the LCME.

In October 2010, CMSRU officially began construction of its new medical education building. Rising above the Health Sciences Campus in Camden, CMSRU joined Cooper University Hospital, the Coriell Institute for Biomedical Research, the Ronald McDonald House and the Veterans Affairs Outpatient Clinic in Camden’s fast-developing healthcare hub. The 200,000 square foot facility was completed in 19 months, just one month prior to the arrival of the school’s charter class in August 2012. Developed specifically for the CMSRU curriculum, which emphasizes active learning in small groups and “self-directed” learning as well as early and continuous clinical exposure, it is filled with spaces and technologies to support faculty and students in their educational process. Approximately half of the CMSRU student body resides in the City of Camden, early evidence that the school’s mission-driven recruiting process continues to be successful. Today, the total student body is 262 students, with the capacity to ultimately expand to a total student body of 400.
About Rowan University

Rowan University evolved from humble beginnings as a normal school, Glassboro Normal School, with a mission to train teachers, to a comprehensive university with a regional reputation. The school was expanded to four years in 1934, and in 1937, changed its name to New Jersey State Teachers College at Glassboro. With an expanded curriculum, increased enrollment and several new buildings added to the campus, the school's name was changed in 1958 to Glassboro State College to better reflect its mission. The college continued to grow as enrollment doubled and the school became a multipurpose institution; new majors and a Business Administration Division were added and a board of trustees was formed.

In July 1992, industrialist Henry Rowan donated $100 million to the institution, then the largest gift ever given to a public college or university. In the 1990s, the school added the Colleges of Engineering and Communication and established the first doctorate program. The college achieved university status in 1997 and changed its name to Rowan University.

Rowan consists of eight colleges and four schools: Business, Communication and Creative Arts, Education, Engineering, Humanities and Social Sciences, Performing Arts, Science and Mathematics, Graduate and Continuing Education, the School of Biomedical Sciences, the Cooper Medical School of Rowan University, the School of Osteopathic Medicine, and the Graduate School of Biomedical Sciences. The College of Graduate and Continuing Education offers hybrid, online and remote certificate and degree completion programs. The University’s more than 12,250 students (approximately 10,200 undergraduates and 1,300 graduates) pursue degrees in 80 bachelor, more than 60 master and 5 doctoral degree programs. On July 1, 2013, Rowan University significantly expanded its role in the southern New Jersey region. The New Jersey Medical and Health Science Education Restructuring Act, signed by Governor Chris Christie in August 2012, disbanded UMDNJ and distributed its programs and assets to Rutgers University and Rowan. With respect to Rowan, the legislation enacted three key provisions. First, the University acquired a second medical school, the School of Osteopathic Medicine in Stratford, NJ. Second, Rowan University is now designated as a comprehensive public research university as defined by the State, meaning that is may now develop doctoral and professional degree programs without seeking permission to exceed its mission. Third, a new seven-member Rutgers-Camden/Rowan Board of Governors was created to establish and oversee a joint College of Health Sciences in Camden, which will house graduate and professional programs in allied health and related areas.

Several of the colleges that have direct ties to the medical school place an emphasis on research and multidisciplinary collaborations with outside organizations both on the main Glassboro campus and at the nearby South Jersey Technology Park at Rowan. These and other efforts have caught the attention of national organizations that evaluate colleges and universities. In its most recent college-ranking publication, US News & World Report ranks Rowan 19th of Northern Regional Universities, and 3rd among the public schools in its category. Rowan’s College of Engineering is ranked 32nd nationally and the Chemical Engineering program is ranked 3rd. The Princeton Review included Rowan in its latest edition of “The Best Northeastern Colleges” and the Rohrer College of Business in its edition of the “Best 295Business Schools.”
About the Cooper Health System

Cooper Health System is the leading provider of health services to southern New Jersey. CHS consists of Cooper University Hospital (CUH) and multiple ambulatory sites including a surgical center. Cooper has been a vital institution in Camden for more than 125 years with the Cooper network serving more than half a million patients a year. Cooper’s main hospital campus is located on the Health Sciences Campus in Camden, New Jersey, adjacent to the CMSRU medical education building (MEB). Cooper has also expanded its footprint in the city with the construction of a state-of-the-art medical tower and most recently a cancer center on the main campus. Since its founding in 1887, Cooper Hospital has been a cornerstone of Camden and has faithfully responded to the changing needs of the community. CHS has served as a site for educating medical students, initially from Jefferson Medical College, and to a lesser extent from the University of Pennsylvania, and then, for the last 30 years, from RWJMS. CHS severed its long time educational relationship with Jefferson Medical College and became the regional campus of RWJMS in 1980. Full-time departmental chiefs and other faculty physicians with a commitment to medical education were hired. As a clinical campus, over the ensuing years the Camden class grew to an average of 65 students. These students learned physical diagnosis on the Camden campus in their second year and spent their entire third and fourth years in Camden, performing all required clerkships and the majority of their elective rotations at CHS. Cooper also emerged from this period as a complex tertiary medical center.

Ultimately, an academic faculty of over 400 salaried physicians was developed. This faculty has compiled a strong record of scholarly achievements, clinical research, and medical education. The full-time faculty now admits more than 90% of the hospitalized patients. A $220 million, 312,000 square foot, 10 story patient care pavilion with 60 private patient rooms, 30 state-of-the-art critical care beds, an expanded emergency department, 12 operating room suites, and a modernized, automated laboratory facility was erected in 2008. CHS now has 600 licensed beds, making it the largest single hospital in southern New Jersey with a regional presence consisting of 80 ambulatory sites and an ambulatory surgical center. Cooper’s catchment area is south of Trenton, NJ, east of Philadelphia, west of the Jersey shore, and north of the Delaware Memorial Bridge. With its mission to care for the indigent of southern New Jersey, it is designated a “safety net” hospital. It has a Level I trauma center and internationally recognized programs in critical care.

Attesting to CHS’s success as a teaching institution and regional campus of UMDNJ/RWJMS, RWJ medical students performed well on their National Board and the United States Medical Licensing Exam (USMLE) examinations over the years and graduating students placed well in seeking Graduate Medical Education (GME) positions. The RWJMS regional campus at Camden had historically shown diversity in its student population as 14.6% of the last class of students was African American while 58.6% was female. Graduates expressed great satisfaction with the Camden faculty on the annual Association of American Medical Colleges (AAMC) Medical Student Graduation Questionnaire; in one survey it was called the “gem of the system” because of its excellent clinical teaching. Because of CHS’s historical success in serving as the UMDNJ/RWJMS regional campus in Camden, CHS and its faculty are prepared to provide the clinical education for CMSRU students. While much was gained from the experience and academic successes that CHS shared with RWJMS, there are also many lessons learned from past mistakes. In 2007, the Camden Campus of RWJMS suffered from a widely publicized academic grading irregularity which caused a great deal of turmoil for both students and faculty. Reflection on this experience has guided the development of policies and procedures at CMSRU to ensure that our institution is built on a solid, ethical foundation and that we always strive to act in the best interest of the student and the patient. In June 2013, UMDNJ/RWJMS graduated its last class of students in Camden and the regional campus of RWJMS was closed. A cadre of over 400 physician faculty members now exclusively educates students from CMSRU across all four years of their education. The faculty’s track record with residency and fellowship trainees is strong. At present, CHS educates over 300 postgraduate trainees annually in 33 separate programs. The board pass rate for this group is high and all residency and fellowship programs have received continued accreditation in the most recent Accreditation Council for Graduate Medical Education (ACGME) review. CHS and MD Anderson Cancer Center have developed a partnership that will provide cancer patients in the region with access to the most advanced cancer treatments available. Patients across the region will have access to MD Anderson’s treatment.
protocols, extensive clinical trials and cutting-edge translational research. The institution opened this jointly operated cancer center on Cooper’s main campus in Camden, New Jersey.

The longstanding tradition of serving Camden’s underserved population continues in CHS’s modern era. All patients continue to be cared for in meticulous fashion, irrespective of insurance and financial status. CHS’s Institute for Urban Health strives to develop new model programs for the delivery of healthcare in the inner city while CMSRU medical students continue a long tradition of serving the underserved in student-run clinics.
Leadership Team

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Office of Medical Education

Vice Dean

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Director of the M4 Curricular Year

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Associate Dean for Student Affairs and Admissions

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Associate Dean for Program and Business Development

Patricia Davis Vanston
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vanston@rowan.edu
## Rowan Board of Trustees (2015)

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<thead>
<tr>
<th>Position</th>
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<tr>
<td>Isabelita Marcelo Abele</td>
<td>Brenda Bacon</td>
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<td>Chad Bruner, Secretary</td>
<td>Keith Campbell</td>
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<tr>
<td>Dr. Barbara Chamberlain</td>
<td>Jean Edelman</td>
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<tr>
<td>Dr. Thomas J. Gallia</td>
<td>Frank Giordano</td>
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<tr>
<td>Fred Graziano</td>
<td>George S. Loesch</td>
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<tr>
<td>Martin F. McKernan, Jr., Esq.</td>
<td>Robert C. Poznek</td>
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<tr>
<td>Linda Rohrer, Chair</td>
<td>Lawrence Salva</td>
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<tr>
<td>Virginia Rowan Smith</td>
<td>Kunal Patel, Student Trustee</td>
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<tr>
<td>Melissa Shore, Alternate Student Trustee</td>
<td>Ali Houshmand, <em>ex-officio</em></td>
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## Cooper Health System Board of Trustees (2015)

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<tr>
<th>Position</th>
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<tr>
<td>George E. Norcross, III, Chair</td>
<td>Peter S. Amenta MD, PhD</td>
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<tr>
<td>Sidney R. Brown, MD</td>
<td>Michael E. Chansky, MD</td>
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<tr>
<td>Leon D. Dembo, Esq.</td>
<td>Dennis M. DiFlorio</td>
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<tr>
<td>Generosa Grana, MD</td>
<td>Phoebe A. Haddon, JD, LL.M</td>
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<tr>
<td>Ali A. Houshmand, PhD</td>
<td>Paul Katz, MD</td>
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<tr>
<td>Adrienne Kirby, PhD, FACHE</td>
<td>Duane D. Myers</td>
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<tr>
<td>Philip Norcross, Esq</td>
<td>Annette C. Reboli, MD</td>
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<tr>
<td>Steven E. Ross, MD</td>
<td>Robert A. Saporito, DDS</td>
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<tr>
<td>Roland Schwarting, MD</td>
<td>William A. Schwartz, Jr.</td>
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<tr>
<td>Kris Singh, PhD</td>
<td>Harvey A. Snyder, MD</td>
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<tr>
<td>Joseph C. Spagnoletti</td>
<td>M. Allan Vogelson, J.S.C. (Ret.)</td>
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<tr>
<td>Susan Weiner</td>
<td>Peter E. Driscoll, Esq. (Emeritus)</td>
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## Academic Calendar 2015-2016

<table>
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<tr>
<th>Date</th>
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<tr>
<td>July 6, 2015</td>
<td>Fall Term begins for Class of 2016 and 2017</td>
</tr>
<tr>
<td>August 10, 2015</td>
<td>Fall Term begins for Class of 2018 and 2019</td>
</tr>
<tr>
<td>September 7, 2015</td>
<td>Labor Day (No Classes)</td>
</tr>
<tr>
<td>September 11, 2015</td>
<td>White Coat Ceremony for Class of 2019</td>
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<tr>
<td>November 26 – 29, 2015</td>
<td>Thanksgiving Recess</td>
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<tr>
<td>December 21, 2015-January 3, 2016</td>
<td>Winter Recess (No Classes)</td>
</tr>
<tr>
<td>January 4, 2016</td>
<td>Spring Term begins</td>
</tr>
<tr>
<td>January 18, 2016</td>
<td>Martin Luther King Day of Service</td>
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<tr>
<td>March 21 – 27, 2016</td>
<td>Spring Recess (No Classes)</td>
</tr>
<tr>
<td>May 9, 2016 (Week of )</td>
<td>Graduation for Charter Class of 2016</td>
</tr>
<tr>
<td>May 27, 2016</td>
<td>Spring Term Ends for Class of 2018</td>
</tr>
<tr>
<td>May 30, 2016</td>
<td>Memorial Day (No Classes)</td>
</tr>
<tr>
<td>June 24, 2016</td>
<td>Spring Term Ends for Class of 2019</td>
</tr>
<tr>
<td>July 1, 2016</td>
<td>Spring Term Ends for Class of 2017</td>
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</table>
Our Locations

Medical Education Building

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

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

Address: Cooper University Hospital
1 Cooper Plaza
Camden, NJ 08103
(856)342-2000

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

Camden Campus Map:

Cooper Medical School of Rowan University Faculty Handbook
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The Glassboro Campus of Rowan University

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

Public Safety

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

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

Cooper Medical School of Rowan University - Diversity Statement

DIVERSITY STATEMENT

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

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

DIVERSITY POLICY

PURPOSE: Diversity is essential to fulfilling the CMSRU mission of improving the health of our community and in achieving our vision of being a leader in medical education, research, and clinical practice with an emphasis on healthcare for underserved populations. CMSRU is committed to recruiting students, staff and faculty from diverse backgrounds with experiences that best match our mission to serve the needs of our community. Furthermore, CMSRU is invested in providing a learning environment that is enhanced by the exchange of varied viewpoints that increase awareness of health care disparities and increase interest in service and civic responsibility.

POLICY: CMSRU provides opportunities for learners from disadvantaged backgrounds and those who are underrepresented in medicine to gain information about health careers and programming to advance their knowledge/skillset to pursue those professions; these educational programs are inclusive in nature, and extend beyond CMSRU. Included are “pipeline” programs that span elementary school through undergraduate years. In addition to traditional entry pathways to medical school, CMSRU provides alternate routes for individuals from underrepresented in medicine/disadvantaged backgrounds (see definition below) to gain acceptance to CMSRU through partnering institutions and pipeline programs. CMSRU is equally committed to the recruitment, development and retention of qualified faculty/staff from underrepresented backgrounds.

CMSRU is dedicated to providing an academic and work environment that respects the contributions, talent, and diverse experiences of all of our students, faculty and staff. Our core values include a commitment to: personal mentorship, diversity and equity, professionalism, collaboration and mutual respect, civic responsibility, patient advocacy, and life-long learning.

SCOPE: This policy applies to all applicants, students, faculty and staff of CMSRU.

DEFINITIONS:
The following groups who are underrepresented in medicine are the focus of CMSRU’s recruitment and retention efforts to achieve mission-appropriate diversity outcomes among students, faculty, and senior administrative staff.

- Students: Hispanic/Latino, Black/African American and financially disadvantaged
• Faculty/Senior Administrative Staff: Hispanic/Latino, Black/African American, women in leadership roles
• Senior Administrative Staff: Deans, Departmental Chairs, Directors, and Managers

PROCEDURE:

CMSRU incorporates social justice and diversity in all of its functions including admissions, student affairs, faculty affairs, academic affairs, clinical practices, curriculum, research, and community service.

The Office of Diversity and Community Affairs (ODCA) engages faculty, students, and staff to develop and maintain an environment which embraces and respects the diverse educational and larger community. It creates partnerships to establish priorities and ensures that social justice, inclusion, and cultural competence are promoted within the institution and our larger community. The ODCA collaborates with hospitals, physician practices, universities, community colleges, elementary, middle and secondary schools, nongovernmental organizations, regional and community organizations to develop initiatives that will further improve the healthcare experience for disadvantaged communities, such as the creation of a pipeline to medical professions and community service programs. In addition, collaborations are sought to further our commitment to diversity and decrease health disparities in the community and surrounding region. The ODCA works with the Office of Faculty Affairs to broaden recruitment and retention efforts of diverse faculty members. The Committee for Diversity in the Learning Environment supports the efforts of the ODCA in monitoring achievement of diversity initiatives and contributes information and programming recommendations to guide the diversity strategic planning process.

To ensure diversity, the following are monitored on a regular basis as part of the CMSRU strategic planning process and continuous quality improvement:

- Progress of pipeline participants to graduation/health professions
- Recruitment, acceptances and retention of URM students/staff/faculty as defined above
- Support for diversity programs
- Faculty engagement in diversity and mentoring programs
- Diversity efforts of departmental chairs (URM - resident recruitment, faculty recruitment and retention, faculty promotions)
- Cultural content in curriculum
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I. Preamble

These bylaws shall promote the vitality of Cooper Medical School of Rowan University (CMSRU) as an academic learning community through which the mission, purposes and specific goals of the institution may be accomplished. These bylaws and all amendments adopted as hereinafter provided shall henceforth constitute the rules and regulations governing the conduct and procedures of the Faculty of CMSRU in the performance of its duties and in the exercise of its authorized powers.

II. Our Mission:

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

Our core values include a commitment to:

- Diversity
- Personal mentorship
- Professionalism
- Collaboration and mutual respect
- Civic responsibility
- Patient advocacy
- Life-long learning

III. Our Vision:

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

IV. Diversity Statement

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

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

V. Prevailing Authority of University Policies

The term “University Policies” shall refer to (1) any action, resolution, or policy of the Rowan University (RU) Board of Trustees, or (2) any action or policy of the President of Rowan University taken within his (her) authority, or (3) any administrative policy or procedure that may be adopted pursuant to the authority granted by the Board of Trustees or by the President.
In the event of any conflict or contradiction between these bylaws or any action taken under the authority of these bylaws, on the one hand, and any University Policy now in effect or adopted in the future, on the other hand, then the pertinent provision or provision of these bylaws or the action taken pursuant thereto shall be superseded by the pertinent University Policy.

VI. The Medical School

The Cooper Medical School of Rowan University is authorized by a New Jersey Executive Branch government Reorganization Plan, known as Executive Order No. 002-2009. The duties, privileges and responsibilities of the faculty of the medical school, as stated or implied in these bylaws, shall be exercised in accordance with the regulations, policies and procedures of Rowan University, the Rowan Board of Trustees, and the provisions of any relevant New Jersey Statutes.

VII. The Dean

7.1 Responsibilities of the Dean of the Cooper Medical School of Rowan University

The Dean of the Medical School (the principal academic and administrative officer of the Medical School), reporting directly to the President of Rowan, is the principal manager of the School, with broad responsibility to provide leadership in medical education and scholarly activity. The Dean may delegate responsibility to the Vice Dean, Associate Deans, or Assistant Deans. The Dean shall be responsible for all aspects of academic affairs of the Medical School and shall have supervisory authority over the departmental chairs and faculty with respect to academic and Medical School related matters. He or she will maintain all Medical School faculty files, including all recommendations regarding faculty actions, teaching, research and other professional responsibilities related to undergraduate medical education. The Dean shall evaluate and make recommendations regarding space and equipment needs of the Medical School; and shall supervise any and all interdisciplinary academic endeavors between discreet medical disciplines and/or between discreet medical disciplines and non-medical but related disciplines at Rowan or other institutions. He or she shall recommend the hiring of Basic Science Faculty members and shall participate in the manner specified herein with respect to the hiring of Clinical Faculty; supervise the faculty and Medical School administrative staff; collaborate with the faculty as they develop the curriculum; exercise managerial supervision over the implementation of the educational and faculty research programs; prepare and submit for approval by the President and Board of Trustees of Rowan and then administer the Medical School capital and operational budgets; supervise the advertising/marketing/recruitment campaigns; provide stewardship over the assets of the Medical School and provide such other functions and undertake such responsibilities normally associated with a medical school Dean, as well as those functions and responsibilities set forth in the Affiliation Agreement between Rowan University and the Cooper Health System. With respect to Clinical Faculty employed by Cooper who provide educational services to the Medical School, the Dean shall consult with the departmental chairs and the Chief Medical Officer of Cooper in the making of Clinical Faculty assignments and shall review and undertake evaluations of the Clinical Faculty member’s academic performance related to undergraduate medical education. He or she shall have ready access to the President of Rowan and the President and CEO of Cooper and to other officers of Rowan and Cooper as is necessary to fulfill his or her on-going and/or emergent responsibilities.

VIII. The Departments

8.1 Academic Departments

In order to fulfill the mission and goals of CMSRU, academic departments of the Medical School shall be established or abolished by the Board of Trustees upon recommendation of the Dean with the approval of the President of Rowan. The Medical School Board (MSB), Executive Council, and Faculty Assembly shall advise the Dean regarding such recommendations prior to referral to the President of the University.
results of a mail ballot or electronic mail ballot of the Faculty shall be reported to the Dean and then submitted along with the recommendation of the Dean and the President to the Board of Trustees.

8.2 Responsibilities of the Departments

Each academic department within the Medical School, reporting to the Dean through the Departmental Chair, shall be responsible for recommending an academic plan for research, teaching, and service, for developing a formal system of evaluation of professional competence of each member of the Departmental faculty and establishing departmental committees regarding appointment, reappointment, tenure (if applicable) and promotion. The Departmental Appointments and Promotions Committee shall review the credentials of each candidate for appointment, reappointment and/or promotion and recommend to the Chair a specific personnel action. If the departmental Appointments and Promotions Committee recommends a faculty member for appointment or promotion, the faculty member will then be evaluated by the Medical School Appointments and Promotions Committee.

8.3 Departmental Chairs

Chair of the Department of Biomedical Sciences

A. Recruitment of the Chair of the Department of Biomedical Sciences
The Chair of the Department of Biomedical Sciences shall be recruited through a search process conducted by Rowan according to policies and procedures in effect at Rowan. A search committee shall be appointed by the Dean, and shall have representation from both Cooper and Rowan. The search committee shall make a recommendation to the Dean and the President of Rowan, and the President of Rowan shall make a recommendation for appointment to the Board of Trustees of Rowan, which recommendation may or may not follow the recommendation of the search committee, but shall give due regard to the search committee’s recommendations. The chair shall be appointed by the Board of Trustees of Rowan. The Department of Biomedical Sciences Chair(s) shall report directly to the Dean.

B. Evaluation of Performance of the Chair of the Department of Biomedical Sciences
There will be an annual evaluation of performance performed by the Dean and the Vice Dean. Review of performance of the Chair shall be performed prior to consideration for renewal of the appointment by a committee appointed by the Dean and having representation from both Cooper and Rowan with the intention that the review will be conducted sufficiently far in advance of the renewal date so that the individual being reviewed has at least one year prior notice that he or she will not be reappointed for an additional term. The chair may be reappointed without limitation, upon the advice of the Dean to the President of Rowan, followed by reappointment action by the Board of Trustees of Rowan, upon the affirmative recommendation of the President of Rowan.

8.4 Clinical Departmental Chairs

Initially, the Chiefs of Service for each of the clinical departments at Cooper shall also serve as the Clinical Departmental Chairs of parallel disciplines at the Medical School after review and approval of the Dean. Such persons holding dual initial appointment as Chief of Service/Departmental Chair shall continue to be employees of Cooper. Thereafter, whenever a vacancy in a Chief of Service/Clinical Departmental Chair position occurs (either through termination, retirement, resignation or otherwise), the Parties shall jointly search for a replacement, and upon the affirmative recommendation of the Dean, the President and CEO of Cooper and the President of Rowan, the Board of Trustees of Rowan shall appoint a successor Clinical Departmental Chair and Cooper shall appoint the same person as Chief of Service.

A. Recruitment for Clinical Departmental Chairs/Chiefs of Service
A search committee for a Clinical Departmental Chair/Chief of Service shall have representation by Rowan and Cooper. The Dean of the Medical School, after having received the advice of the Chief Medical Officer of Cooper Medical School of Rowan University Faculty Handbook
Cooper, or his or her designee, shall appoint the members and chairs of search committees. The term of each appointment as Clinical Departmental Chair shall be recommended to the President of Rowan and then to the Board of Trustees by the Dean of the Medical School, after having received the advice of the Chief Medical Officer of Cooper. The recommended term of appointment shall be five years. The term of the Clinical Departmental Chair shall be coterminous with the term of the Chair’s employment with Cooper as Chief of Service. Appointment of Chiefs of Service shall be made by Cooper in accordance with its established policies and procedures.

B. Evaluation of Performance of Clinical Departmental Chair/Chief of Service
There will be an annual evaluation of performance with respect to medical school activities performed by the Dean and the Vice Dean. Review of performance of the Clinical Departmental Chairs/Chiefs of Service shall be performed prior to consideration for renewal of the appointment by a committee having representation from Rowan and Cooper and the members of which are appointed by the Dean of the Medical School and the Chief Medical Officer of Cooper or their designees, with the intention that the review will be conducted sufficiently far in advance of the renewal date so that the individual being reviewed has at least one year prior notice that he or she will not be reappointed for an additional term. A Clinical Department Chair may be reappointed without limitation, upon the advice of the Dean to the President of Rowan followed by reappointment action by the Board of Trustees of Rowan, upon the affirmative recommendation of the President of Rowan and concurrence of the Cooper Board of Trustees. The chair shall have a dual reporting relationship. The Department Chair shall report directly to the Dean with respect to all of his or her responsibilities related to service as an Academic Department Chair and to the Chief Medical Officer of Cooper with regard to matters related to medical service and patient care. The Dean and Chief Medical Officer shall collaborate with regard to the overall evaluation, and make joint recommendations for appropriate personnel action.

IX. The Faculty

A. Medical School Faculty
The Medical School Faculty shall consist of all individuals appointed by the Board of Trustees of RU as faculty members of CMSRU. In these bylaws, faculty members are classified as basic science (biomedical science) or clinical. For purposes of these bylaws, Clinical Faculty includes those faculty members whose degree or primary teaching assignment is in clinical aspects of the medical education programs and who have responsibility for the clinical care of patients. All other faculty members are designated as Basic Science Faculty. This includes faculty members with degrees or teaching responsibilities in basic science or medical humanities disciplines (e.g., epidemiology, statistics, and ethics).

B. Basic Science Faculty
The Dean shall make a recommendation to appoint Basic Science Faculty to the President of Rowan. The Board of Trustees of Rowan shall act upon the nomination of the President of Rowan to appoint the Basic Science Faculty. All appointments and reappointments shall be in writing.

C. Contract Terms for Members of the Basic Sciences Faculty
Initial appointments of full-time members of the Basic Science Faculty shall be made by the Board of Trustees of Rowan, upon the nomination of the President of Rowan and after the endorsement of the Dean who receives the advice of the CMSRU Advisory Committee on Appointments and Promotions for two years. Reappointments for Rowan-employed basic science faculty are governed by the Recontracting policies of Rowan University.

D. Clinical Faculty
Appointments to the Clinical Faculty shall be made by the Board of Trustees of Rowan upon the nomination of the President of Rowan, after receiving the endorsement of the Dean, who receives the advice of the CMSRU Advisory Committee on Appointments and Promotions. Appointments shall be for a one, two or three year term and reappointments for one, two or three year terms shall be without limitation. For Cooper-employed faculty, appointments and reappointments are coterminous. All appointments to the Cooper Medical Staff
shall be made by Cooper in accordance with its procedures. All appointments and reappointments to the Clinical Faculty made by the Rowan Board of Trustees shall be in writing and signed by the Dean of the Medical School.

X. Faculty Responsibilities

Duties and Powers of the Faculty

The Faculty may transmit through the Dean, its views on Medical School issues affecting the academic programs at CMSRU to the President and to the Board of Trustees of the University. Ordinarily, communication between the Faculty and the President regarding issues of importance to the Faculty or the School shall be through the Dean. However, when appropriate and necessary, faculty members may communicate directly with the President with the Dean’s prior knowledge. Under the Dean, the President, and the Board of Trustees, the Faculty shall have duties and powers with regard to academic matters, including but not limited to the following:

A. Design, approval, implementation, evaluation and revision of the curriculum;
B. Establishment and promulgation of the academic calendar;
C. Establishment of requirements for admission; development of criteria and procedures for selection of students; and via a committee of the Faculty, recommendation of students for admission;
D. Establishment of standards for attendance, examinations, grading, academic standing, honors in courses, promotion and graduation of students;
E. Establishment of requirements for degrees and certificates;
F. Recommendations through the Dean and the President to the Board of Trustees of those candidates who have fulfilled the requirements for promotion and for the awarding of the medical degree;
G. Establishment of regulations and procedures under which the faculty operates;
H. Review of the actions of the standing committees;
I. Encouragement of research, educational, clinical, and community service activities of faculty members and of students;

XI. Organizational Structure

11.1 Medical School Board (MSB)

The Rowan Board of Trustees will create a Medical School Board (MSB) which will serve as the general oversight body of the Medical School, and which shall report to and act at all times subject to the reserved powers of the Rowan Board of Trustees. The MSB shall receive, consider and advise the Dean.

The MSB shall consist of up to 25 members, ten of whom shall be selected from candidates nominated by the President and CEO of Cooper and selected by the Board of Trustees of Cooper, ten of whom shall be selected from candidates nominated and selected by the Board of Trustees of Rowan and four members shall be leaders in healthcare or medical education who are not associated with Rowan or Cooper. The Dean shall be a member with vote. There shall be no fewer than two Clinical Faculty members and two Basic Science Faculty members as members of the MSB. The term of office for each member of the MSB shall be three years (the normal appointment), except that approximately one-third of the initial Board members shall be appointed for
one year; approximately one-third for two years and approximately one-third for three years. All reappointments shall be for three years. No member shall serve more than two consecutive terms. The MSB shall select its Chair annually. All formal votes taken by the MSB shall be reported to the President of Rowan and the President and CEO of Cooper, and then reported to the Board of Trustees of Rowan by the President of Rowan, together with any recommendation separate from that of the MSB provided by the Dean and/or President of Rowan and/or President and CEO of Cooper. All formal votes taken by the MSB shall be by open roll call and the total vote tally, as well as each member’s vote shall be reported as set forth in this paragraph.

The MSB shall meet at least quarterly in accordance with a schedule set forth annually by the MSB, which schedule shall set forth the location of the meetings. It may invite such other persons (including but not limited to members of the faculty) to meetings to provide information and/or advice.

The MSB shall be responsible for: reviewing and advising upon the annual budget for the Medical School prepared by the Dean, submitting its comments to the Rowan Board of Trustees, through the Dean and President of Rowan, for approval of the Rowan Board of Trustees; monitoring the operations of the Medical School; reviewing strategic and business plans; monitoring the execution of the educational curriculum developed through collaboration of the Medical School faculty and the Dean, reviewing policies for the organization, administration and development of the Medical School for approval, where appropriate or required, by the Rowan Board of Trustees and; performing such other functions as may be delegated to it from time to time by the Rowan Board of Trustees. The MSB is governed by its own Charter.

11.2 CMSRU Administration

A. The Dean is the chief academic and administrative officer of the school and is responsible for the development, approval, and implementation of its policies. The Dean may appoint the Vice Dean, and associate and assistant deans to assist in discharging these duties.

B. The school is composed of administration, a Department of Biomedical Sciences, and clinical departments. Each department reports directly to the Dean or his designee. A chair is responsible for the organization and implementation of programs in his/her respective department.

11.3 Executive Council

A. The Executive Council shall consist of the Dean, the Vice Dean, the Chief Medical Officer of the Cooper Health System, the Departmental Chairs, and the President of the Faculty Assembly. The associate and assistant deans may be invited to report at and/or participate in meetings at the request of the Dean or Vice Dean.

The Executive Council shall advise the Dean on matters affecting the operation and policies of the Medical School. The Executive Council shall act for the faculty with regard to the duties and powers of the faculty. However, the right of the faculty to review and to accept or reject recommendations of the Executive Council shall not be abridged. The Executive Council may, upon request or upon its own initiative, express faculty concerns directly to the Dean. If so requested by the Executive Council, the Dean shall take these concerns forward to the President and the Board of Trustees. The Executive Council shall receive information including but not limited to the requirements for admission as applied by the Admissions Committee; the guidelines for appointments and promotions as prepared by the Advisory Committee on Appointments and Promotions; the Academic Rules and Regulations as formulated by the Academic Standing Committee; the policies related to research as presented by the Research Committee; and other related matters relevant to the Medical School.

B. The Executive Council shall be chaired by the Dean and ordinarily shall meet on a monthly basis to discuss all matters brought before it by any of its members, standing committees of the Medical School, or the Faculty Assembly.
C. The Executive Council shall, by majority vote, make recommendations to or advise the Dean. Members of the Executive Council unable to attend a meeting shall designate, in writing to the Dean, alternates from the faculty to represent them and vote on their behalf at that meeting, or designate a proxy from the Executive Council to vote on their behalf.

D. Special meetings of the Executive Council may be called by the Dean or by written request to the Dean by five of its members.

E. A quorum of the Executive Council shall be a majority of its members, or designated alternates.

11.4 The Senior Executive Cabinet

A. The Senior Executive Cabinet (SEC) shall be composed of the Dean, the Vice Dean and the Associate Deans of the Medical School.

B. The SEC shall be chaired by the Dean or Vice Dean (in the absence of the Dean) and ordinarily shall meet on a weekly basis to discuss all matters of administrative importance to the Medical School.

C. The SEC has primary responsibility for assisting the Dean with the day to day operations of the Medical School.

11.5 The Faculty Assembly

A. The faculty shall meet at least annually to discuss and establish medical school policies and practices as a Faculty Assembly, to advise the Dean on matters related to teaching and research, and to review the objectives of the educational program. Such advice shall be made to the Dean in writing, with copies sent to the President of Rowan and the President and CEO of Cooper. The faculty shall work together in a cooperative effort to maintain the highest standards of educational methodology and practice. In the Faculty Assembly, each member of the teaching faculty shall have one vote in any matter coming before the Assembly for a vote.

B. The Faculty Assembly shall be chaired by the President of the Faculty Assembly and shall discuss all matters brought before it by any of its members, the Dean, standing committees of the school or the Executive Council.

C. The Executive Committee of the Faculty Assembly shall consist of three basic scientists and three clinicians. This Committee will provide balance in representation of clinical faculty and the basic sciences.

D. Special meetings of the Faculty Assembly may be called by its president or by the written request to the president of five of its members.

XII. The Faculty Officers

12.1 Officers

A. The officers of the Faculty Assembly shall consist of a President, a Vice President, and a Secretary. They shall be elected by a simple majority vote of the Faculty Assembly.

12.2 The President

A. The President of the Faculty Assembly shall preside at all meetings of the Faculty Assembly except as noted below.
B. The President may attend any medical school committee meeting as a non-voting member but may vote to break a tie.

C. The President may appoint ad hoc committees of the Faculty Assembly, subject to approval by the Dean.

D. The President shall serve for a term of three years with one renewal. If the president is unable to complete the term, the vice president shall assume the office and remain in that office for the subsequent term.

12.3 The Vice President

A. The Vice President of the Faculty Assembly shall preside at meetings of the Faculty Assembly in the president's absence.

B. The Vice President shall serve for a term of three years with one renewal. A vacancy in the office of Vice President shall be filled through a special election of the Faculty Assembly held within 90 days of the vacancy.

12.4 The Secretary

A. The Secretary shall keep the minutes of all meetings of the Faculty Assembly and conduct the correspondence and keep the records of the Faculty Assembly.

B. The Secretary shall notify the faculty of each meeting, give all notices required by these bylaws or by order of the Faculty Assembly, and perform such other duties as the President of the Faculty Assembly may assign.

C. The Secretary shall solicit items for the agenda of Faculty Assembly meetings, prepare the agenda for these meetings in consultation with the president, and distribute the agenda prior to these meetings.

D. The Secretary shall serve as parliamentarian, consistent with Robert’s Rules of Order, Latest Edition. He/she shall supervise voting and other administrative procedures at all meetings of the Faculty Assembly.

E. In the absence of the President and Vice President, the Secretary shall preside at meetings of the Faculty Assembly.

F. The Secretary shall serve for a term of three years and may succeed him or herself in the same office. A vacancy in the office of secretary shall be filled through a special election held within 90 days.

12.5 Election of Officers

The Nominations and Elections Committee (see below under Committees) shall have the responsibility of preparing a slate of candidates from among the faculty for the offices of President, Vice President, and Secretary.

XIII. Committees

The standing committees named below shall have responsibilities in the areas designated. These committees shall be permanent. Except where otherwise specified, resolutions may be passed by a majority of those present at meetings. Policies of any committee are open to review and approval by a majority vote of the Faculty Assembly. Actions of standing committees shall, at all times, be governed by modified Robert’s Rules of Order, Latest Edition, except as otherwise specified in this document.

A. The Dean shall appoint chairs of all Medical School committees except where the chair is elected by the committee. Chairmanships will be reviewed and renewed annually.

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B. Members of committees shall serve as stipulated for each committee. Terms shall begin after the annual meeting of the faculty.

C. Committee chairs shall submit annual reports of committee activities to the Faculty Assembly.

13.1 Membership

In general, half of the members of each committee shall be elected by the faculty and half shall be appointed by the Dean. All elections and appointments to the standing committees, unless otherwise specified, will become effective on August 1 of each year. Ex-officio members shall serve without departmental designation. Members may not be represented by alternates unless specifically stipulated within the description of the committee. The replacement of any elected member of a standing committee shall be by election called specifically to elect a replacement using the process currently in place for electing members of standing committees. In the case of committees having the requirement that all members must come from different departments, no nominee may be elected whose qualifications do not conform to the committee membership requirements stated in these Bylaws. A member of a standing committee who is absent for four consecutive meetings or who fails to attend over one-half of the scheduled meetings of the committee within an academic year may be replaced on the recommendation of the committee chair after discussion of the matter with that member and the Dean.

A. No person, with the exception of the Dean, shall serve as chair of more than one standing committee at any one time. In the case of committees having the requirement that all members must come from different departments, a faculty member holding joint appointments may serve as the representative of the secondary department with the approval of the Chair of that department.

B. Other ad hoc committees or subcommittees may be added by the Dean, the Faculty Assembly, or the various standing committees. None of such committees shall have powers exceeding those of its parent body, and they may be dissolved or reconstituted at any time by the parent body.

13.2 Academic Standing Committee

A. The Academic Standing Committee shall be established to consider matters of academic standing of medical students. This Committee shall have the responsibility of monitoring and designating the academic status of all students in the M.D. curriculum of CMSRU, and of formulating and publishing, on behalf of the faculty, the Academic Rules and Regulations which provide the guidelines under which the Committee functions.

B. The Academic Standing Committee shall have the responsibility to determine that students have satisfactorily met the requirements of each academic year in the M.D. curriculum; recommend to the faculty the candidates for the M.D. degree; consider individual requests for exceptions to the existing Grading and Promotions Policy; determine whether students are to be placed on academic probation or academic suspension and the conditions for removal. The Committee may recommend the dismissal of a medical student to the Dean. Written notifications of actions of the committee are sent to the Office of Medical Education.

C. The Academic Standing Committee shall consist of eight faculty members plus the Chair, four members are elected and four members are appointed by the Dean. The Dean shall appoint the Chair who will serve without vote except in case of a tie. The term of office of members shall be two years. Elected faculty may serve a maximum of three consecutive terms. The Associate Dean for Medical Education or designee shall serve ex-officio without vote.
D. Meetings shall be scheduled twice annually with additional meetings called by the Chair when necessary. An electronic meeting can substitute for an in-seat meeting at the discretion of the chair and the Associate Dean for Medical Education.

13.3 Admissions Committee

A. The Admissions Committee shall have the responsibility of applying the requirements for admission to the M.D. program of CMSRU on behalf of the faculty. The Committee shall decide which of the candidates meeting these requirements shall be admitted. An annual report shall be presented to the faculty at a regularly scheduled meeting of the faculty. The Admissions Committee will be made up of 20 faculty members: ten will be elected by the faculty and ten will be appointed by the Dean; two community members and up to four student members (after the second year). The Associate Dean for Student Affairs and Admissions and the Director of Admissions shall be ex-officio members without vote; and the Associate Dean for Diversity and Community Affairs shall be a member ex-officio with vote. The length of the term will be up to three years for faculty members. Members may serve more than one term. Student members will be rising M3 students elected by their peers to serve a term of two years and must be in good academic standing. Final approval of the elected students will be at the discretion of the Associate Dean for Student Affairs and Admissions. Community members may be appointed to serve as voluntary members at the discretion of the Dean and shall not exceed two members.

B. Meetings shall be convened by the Chair.

C. A subcommittee of blinded interviewers will be selected by the chair of the committee from a list of staff and faculty provided by each department.

13.4 Advisory Committee on Appointments and Promotions

The Advisory Committee on Appointments and Promotions shall have the responsibility of advising the Dean as to appointments and promotions. The Dean shall obtain the advice of this Committee in these matters. Appointment to or promotion of the faculty to full academic rank above the rank of instructor must be reviewed by this Committee with no delegation of its responsibility. The Committee shall also review and make recommendations for the designations of emeritus faculty. The Committee shall establish written guidelines for the award of each academic rank with the approval of a majority of the membership of the Faculty. The Committee may, on its own initiative, make suggestions as to personnel matters to the Dean.

A. The Advisory Committee on Appointments and Promotions shall consist of 12 members. The Vice-Dean shall serve ex-officio without vote except when required to break a tie. All members must be professors or associate professors. The term of office shall be three years. No member shall serve more than three consecutive terms.

B. Meetings shall be convened by the Dean or by the Chair.

C. All actions presented by the Advisory Committee on Appointments and Promotions must include a report of the results of the deliberations.

13.5 Continuing Medical Education Committee

A. The Continuing Medical Education Committee of the Cooper Health System shall serve as the CME Committee for CMSRU. In addition to its responsibilities to the Department of CME and Medical Affairs of CUH, it shall have the responsibility of advising the Dean as to Medical School programs for continuing education for graduate physicians. This shall include the regular review of programs in relation to their
compliance with institutional policies, relevance to the mission of the School and requirements of the relevant accrediting agencies.

B. The Continuing Medical Education Committee shall include a representative of the Office of the Dean of CMSRU.

13.6 Curriculum Committee

A. The Curriculum Committee shall develop, review and make policy recommendations regarding the curriculum for the M.D. degree and shall develop standards for the evaluation of that educational program for CMSRU.

B. The Curriculum Committee shall have the responsibility of representing the faculty in the following areas: establishment of requirements for the M.D. degree, educational goals and objectives, content of courses, methodology of teaching, establishment of an academic calendar, and evaluation of courses and the curriculum as a whole. The committee shall approve proposed changes in the curriculum.

C. The Curriculum Committee shall consist of seven elected faculty members, seven appointed faculty members, and two students (representing each phase of the curriculum). The students shall be elected by their student colleagues from among the M2 students to represent Phase 1 and from among the M3 students to represent Phase 2. The Dean will appoint the Chair for the Curriculum Committee, who will not vote, unless there is a tie. The deans and directors for Medical Education, and the associate dean for student affairs and admissions, or their designee shall be ex-officio members. The ex-officio members will not vote. The term of office for faculty members shall be two years. Members may serve a maximum of three consecutive terms. Students shall serve one-year terms and may be re-elected.

D. The Curriculum Committee shall meet at least eight times during the academic year. The Dean shall be invited to attend at least one meeting. A review of each individual course must be conducted at least every two years (until the class of 2017 is graduated; review will occur annually). On an annual basis, if other campuses are established, the Committee shall review the grading policies used on all campuses and will ensure the consistency of instruction and grading policies used on all campuses.

E. The subcommittees of the Curriculum Committee include: Phase 1 Subcommittee Foundation and Integration; Phase 1 Exam Review Committee; Phase 2 Subcommittee Application Exploration and Advancement; Assessment Subcommittee; and Active Learning Group (ALG) Case Review Subcommittee. Members and chairs of the subcommittees are appointed by the Associate Dean for Medical Education. The subcommittees function as work groups for the Curriculum Committee and all business is reported to the Curriculum Committee for decision.

13.7 Faculty Development Committee

A. The Faculty Development Committee shall have the responsibility of planning educational activities for the professional and personal development of the faculty of Cooper Medical School of Rowan University. The committee will develop programming that will meet the needs of the medical school as well as the GME programs at Cooper.

B. The committee will be comprised of ten members that represent the faculty. Ex-officio members will be the DIO (Designated Institutional Officer), Vice Dean, and the Director of Faculty Affairs and Educational Operations. They will not be voting members, unless there is a tie. The Committee will be co-chaired by the DIO, and the Director of Faculty Affairs and Educational Operations.

C. The term of membership will be three years with the ability to serve multiple terms.
D. Meetings will be held quarterly and as needed.

13.8 Hearing Body for Student Rights

A. The Hearing Body for Student Rights shall have the responsibility for hearing allegations of misconduct by students and for ensuring the due process rights of students. The Hearing Body shall make determinations of fact and make recommendations to the Dean for disciplinary action regarding infractions of rules, regulations and standards except for those matters that are under the jurisdiction of the Academic Rules and Regulations.

B. The Hearing Body for Student Rights shall consist of six members. Two members shall be elected from the faculty; two members shall be elected by the students (after the inaugural year); the president of student government shall serve as a member; and one member of the administration shall be appointed by the Dean. The term of office shall be two years with staggered terms. Members may serve multiple terms.

C. Meetings shall be convened by the Chair or on request of the Dean or any member of the Committee.

D. The Hearing Body shall conduct all hearings and all deliberations in accordance with the policies of CMSRU.

13.9 Nominations and Elections Committee

A. The Nominations and Elections Committee shall have the responsibility of developing a slate of candidates for all faculty elections. The slate of candidates will be reviewed at the annual meeting of the faculty assembly at which time additional nominations may be made from the floor.

B. The Nominations and Elections Committee shall consist of 6 members. All members shall hold full academic rank. The Secretary of the Faculty shall be a member ex-officio with vote. The term of office shall be three years. Members may serve multiple terms.

C. The Committee shall meet at least once in each academic year with additional meetings convened by the Chair.

13.10 Research Committee

A. The Research Committee shall have the responsibility of encouraging research activities by faculty and students and of advising the Dean on matters of general policy related to research.

B. The Research Committee shall consist of ten members, including the Associate Dean for Research who shall serve ex-officio without vote. The term of office shall be three years with the ability to serve multiple terms. The Chair shall be selected by the Dean. The Committee shall meet at least twice a year and additional meetings may be convened by the Dean or Chair.

C. To achieve its objectives, the Research Committee shall establish subcommittees as appropriate. The chair of each subcommittee shall be a member of the Research Committee and the members of the subcommittee shall be appointed by the Associate Dean for Research. The subcommittees shall report to the Research Committee.

13.11 Rules of Procedure Committee

A. The Rules of Procedure Committee shall have the responsibility of insuring that the procedures of CMSRU are in accordance with the Rowan University Constitution and these Bylaws. In addition, this Committee shall have the responsibility of framing any formal statements of amendments to the Bylaws. The Committee shall
define guidelines and procedures for the review of departments and Chairs and may recommend changes or new measures to the Dean and the faculty.

B. The Rules of Procedure Committee shall consist of six (6) members. The Secretary of the Faculty and the Vice Dean shall be members ex-officio with vote. A person may serve as Chair of this Committee a maximum of six consecutive years. The term of office shall be three years. Members may serve multiple terms. Meetings shall be convened by the Chair or on request of any member including the Secretary.

13.12 Strategic Planning Committee

The Strategic Planning Committee shall facilitate the strategic planning process for CMSRU and help define the strategic direction with regard to teaching, research, and other activities of the medical school. It shall be responsible for directing and analyzing environmental assessments, organizational direction, strategy formulation, and implementation planning. It shall solicit the opinion of the broader community of stakeholders in the school including the medical school faculty at large, the community, and representatives from RU and CUH, so that ultimately faculty, students, staff, community physicians, and community representatives shall be involved in the development of a strategic plan. CMSRU will align all institutional priorities with the school’s strategic plan. The CMSRU strategic plan will be aligned with the RU strategic plan and the Cooper strategic plan.

A. The Strategic Planning Committee shall consist of the Dean of CMSRU, the Vice Dean of CMSRU, the associate deans of CMSRU, a representative from administration of the Cooper Health System, a representative of Rowan University’s administrative leadership, the President of the Faculty Assembly, two clinical departmental chairs elected by the departmental chairs, the chair of the basic science department, and a member of the MSB appointed by the MSB.

B. The term of office shall be five years with staggered terms, except where the member serves in an ex-officio capacity. The Dean or his designee shall chair this Committee.

C. Meetings shall be held at least three times each academic year to document fulfillment of the school’s strategic goals and to affirm those goals. At the beginning of the third year of a five year strategic plan, formal review will be conducted by the Strategic Planning Committee and all medical school faculty.

13.13 Committee on Diversity and the Learning Environment

The Committee on Diversity and the Learning Environment is charged with the responsibility of advising, assessing, and monitoring the progress of programs aimed at fostering diversity initiatives of CMSRU.

A. The committee shall be composed of ten members including a dean from medical education, the Associate Dean for Students Affairs and Admissions, the Associate Dean for Diversity and Community Affairs, the Rowan Director of Equity and Diversity, a student representative elected by the students, a community representative, and 4 faculty members. The term shall be three years with staggered terms. Members may serve multiple terms.

B. Meetings shall be convened quarterly.

13.14 Conflict of Interest Committee

A. The Conflict of Interest (COI) Committee shall develop, review, and make policy recommendations regarding conflicts of interest. It shall be responsible for the oversight and management of potential conflicts of interest of CMSRU faculty, staff, students and the institution itself. The committee shall review referred conflict of interest cases including, but not limited to, human or animal subject research, patient care at

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CMSRU-sponsored clinical care sites as well as potential conflicts surrounding education, consulting, purchasing, external relationships and industry relations.

B. The Conflict of Interest Committee shall consist of eleven members. The membership shall consist of a member of the legal department, a member chosen by the Institutional Review Board, an ethicist, a student elected by the students, a non-medical school community member and faculty. The Associate Dean for Research and the Associate Dean of Program and Business Development will serve as members in an Ex officio capacity. The COI Committee reports, through the appointed Chair of the Committee, to the Dean. The term of office shall be three years with the ability to serve multiple terms, except where the member serves in an ex-officio capacity or the representative is a student.

C. Meetings shall be held at least twice per year to review policies and procedures surrounding COI as well as to review any current conflict of interest issues. In addition, the Committee will meet more frequently, on an as needed basis, to address cases of possible conflict of interest as they arise.

13.15 Research Ethics Committee

A. The Research Ethics Committee of the Cooper Health System shall serve as the Research Ethics Committee for CMSRU (“REC”). The REC shall meet on an ad hoc basis prior to the initiation of a research study by an investigator whenever such investigator has reported a financial interest in access of the de minimis amount as defined by the Investigator Financial Disclosure and Conflict of Interest Policy. The REC shall determine whether a reportable financial interest exists, which reasonably appears to affect the design, conduct or reporting of the research, service or educational activities. In the case of human subjects research the REC shall determine whether in the event of a reportable financial interest, there are nonetheless compelling circumstance for allowing the research to proceed pursuant to such conditions as may be imposed by the REC. The REC will recommend what conditions or restrictions should be imposed upon the investigator to manage, reduce or eliminate such conflicts of interest.

B. The Research Ethics Committee shall include CMSRU faculty and a representative of the Office of the Dean of CMSRU.

13.16 Library and Informatics Committee

A. The Library and Informatics Committee shall be a joint committee of CMSRU and the Cooper Health System (CHS). It shall make recommendations to the Dean and the Chief Medical Officer (CMO) of CHS concerning library policies including ensuring balanced services across the areas of teaching, research, and patient care; and addressing potential new library initiatives. It shall advise the Dean and make recommendations concerning information technology services including academic technology research and support; software and media research and support; and support for effective pedagogy.

B. The Library and Informatics Committee shall consist of 14 members including two medical student members elected by the medical students (one representing Phase 1 of the curriculum and one representing Phase 2 of the curriculum), two residents/fellows elected by their peers, four faculty members (two elected by the faculty, one appointed by the CMO, and one appointed by the dean), and six Ex officio members including the Director of the Library, the Director of Informatics, and one representative from each of the following: one from the CME Department, one from Nursing and Allied Health, one from Performance Improvement, and one applications analyst from the IT Department. All members will be voting members. The term of office shall be three years, except where the member serves in an Ex officio capacity, which may involve a shorter or longer term, or the representative is a student. Members may serve multiple terms.

C. Meetings shall be held at least four times a year.

13.17 Committee for a Positive Learning Environment

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

B. The Committee shall consist of 10 members including four faculty members, two medical student members elected by the students (one representing first and second year students, and one representing third and fourth year students), a representative of CHS Patient Care Services, a resident physician or fellow elected by peers, and the CHS Designated Institutional Official (DIO) or Associate Dean for Graduate Medical Education representing Graduate Medical Education. The Associate Dean for Student Affairs and Admissions shall serve as an Ex officio member. The term of office shall be three years, except where the member serves in an Ex officio capacity, which may involve a shorter or longer term, or the representative is a student. Members may serve multiple terms.

C. Meetings shall be held at least four times each academic year.

13.18 Ad Hoc Committees

The President of the Faculty Assembly, with the approval of the Dean, may appoint ad hoc faculty committees, as appropriate, and shall inform the Faculty Assembly of committee membership and purpose at or before the time of the committee's appointment.

XIV. Faculty Meetings

14.1 Annual Faculty Assembly Meeting

A. The annual meeting of the faculty assembly shall be held in July on a weekday evening. Written notice of the annual meeting shall be sent to the faculty before the meeting. Such notice shall include the time and place of the meeting and a tentative agenda.

B. The annual meeting of the faculty shall include a summary of faculty assembly and special faculty meetings held throughout the year, reports from the president of the faculty assembly, reports from key standing committees of the medical school, and reports from the administration, which may include the Dean and the Vice/Associate Deans as appropriate. Agenda items can be put forth by faculty-at-large.

14.2 Other Meetings

Special faculty meetings may be called by the President of the Faculty Assembly or the Dean. In addition, a special faculty meeting may be called by the faculty upon the request, in writing, of 5 faculty members. Notice of a special meeting, specifying its purpose, shall be sent by the secretary to all faculty members and to the Dean not less than 15 days before such meeting.

14.3 Proxy Votes

Any member of the faculty, if unable to attend a faculty meeting, may vote by proxy on specific motions identified in the agenda for which a "vote by division" is required. The absent faculty member must request, in writing, that his or her vote be by proxy, stating on which motion the proxy vote is to be used and whether the proxy vote is for or against the motion. The written request must be submitted to and verified by the secretary of the faculty prior to the meeting at which the proxy vote is to be used. The secretary shall hold all proxy votes at faculty meetings.

XV. Rules of Order
Proceedings of all committees and the faculty assembly shall be governed by provisions of Robert’s Rules of Order Latest Edition (as modified), unless otherwise provided in these bylaws.

XVI. Amendment Procedures

Subject to approval by the Dean of CMSRU, and limited by the restrictions of Article V, any proposal for amendment shall be referred to the Rules of Procedure Committee, which shall have the responsibility of framing a formal statement for the approval of the faculty. Changes may be accomplished by a majority vote of the Executive Council acting within its scope on behalf of the faculty or by an affirming vote of a majority of the faculty who vote.

Last Revised: June 2015
FACULTY APPOINTMENTS AND PROMOTIONS

Cooper Medical School of Rowan University
FACULTY PROMOTION CALENDAR

ACTION TAKEN AND DEADLINE

All faculty with the intent to apply for promotion indicate their intent in writing to the departmental chair and the dean – August 1.

Faculty submit the required forms, documents, teaching portfolio, and the names of possible external evaluators to the departmental Appointments and Promotions Committee – September 1.

All letters are requested by the departmental chair – October 1.

Departmental committee concludes work and provides their recommendation to the departmental chair and the dean, and, if affirmative, the documents are submitted to the medical school Advisory Committee on Appointments and Promotions – December 1.

The Medical School Advisory Committee on Appointments and Promotions concludes work and transmits recommendations to the dean, who then forwards affirmative action to the president of RU – April 1.

The Board of Trustees of RU acts on promotion recommendations at the regularly scheduled meeting – June.
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Preamble

1.0 Guiding Principles

1.1 Consistent with the policy of Rowan University, there will not be University, College, nor Department Committee allocations for faculty promotion.

1.2 Faculty members who satisfactorily meet the criteria and standards for promotion will be promoted in accordance with the timeline.

1.3 The Medical School will provide resources to assist faculty members in their professional development.

1.4 Promotion will be based upon demonstrated proficiency in Teaching Effectiveness, Scholarly Activity, Clinical Service (if applicable), contribution to the Medical School, Hospital, and University community, and contribution to the wider and professional community. The faculty member, in conjunction with the Department Chair or Division Head, will choose a Designation that will be the equivalent of their distribution of effort (Clinical Educator, Clinical Investigator, Academic Educator, or Academic Investigator).

1.5 Standards for promotion to the ranks of assistant, associate and full professor will be clearly articulated and documented by the departments and approved by the Dean of the Medical School and the President of Rowan University. The standards should be rigorous yet attainable and empirically observable.

1.6 At the option of faculty, promotion from one professional rank to another may be guided by the professional development plans prepared by the individual faculty members and approved by their departments and the Dean.

1.7 All new faculty members will be advised of the standards and procedures for promotion and will be provided, electronically, the following documents.

   1.7.1 A statement of the mission of Cooper Medical School of Rowan University
   1.7.2 A copy of the CMSRU Faculty Handbook
   1.7.3 A copy of the standards, criteria, and procedures for faculty promotion
   1.7.4 A list of the programs and opportunities available to faculty members to assist them in their continuing professional development

1.8 For purposes of promotion, evaluation of Teaching Effectiveness, Scholarly Activity, Contribution to the Medical School, Hospital, and University community; and contribution to the wider and professional community, are the responsibility of both the individual faculty member and the academic department.

2.0 Defining the Roles and Responsibilities of Faculty

   Teaching Effectiveness; Scholarly Activity; Contribution to the Medical School, Hospital, and University community; Contribution to the Wider and Professional Community

   2.1 Teaching Effectiveness

   2.2 Scholarly Activity
2.21 Research is the pursuit of an active or continuing agenda of scientific inquiry whose purpose is to create new knowledge or integrate knowledge.

2.3 Contribution to the Medical School, Hospital, and the University Community

2.4 Contribution to the Wider and Professional Community

2.5 Balancing Faculty Responsibilities

2.51 All faculty are expected to engage in teaching effectiveness; scholarly activity; contribution to the Medical School, Hospital, and the University community; contribution to the wider and professional community; and clinical service (if applicable).

2.52 Individual faculty may engage in these expressions of scholarship in varying degrees and intensities within the following constraints:

2.521 Teaching is highly regarded by CMSRU and by Rowan University and will be given major consideration in promotion decisions.

2.522 The relative weight of Scholarly Activity in the promotion decision will be determined by designation of academic educator, clinician educator, academic investigator, or clinician investigator.

2.523 Contribution to the Medical School, the Hospital, and the University community and contribution to the wider and professional community shall not be given more consideration than scholarly activity.

2.53 While different manifestations of teaching effectiveness, scholarly activity, clinical service (if applicable), contribution to the Medical School, the Hospital, and the University community, and contribution to the wider and professional community may emanate from a single work or activity of a faculty member, identical work or activity of a faculty member should, for purposes of documentation for promotion, not be counted in more than one category.

3.0 Rationale and Definitions of Ranks

3.1 Rationale for Faculty Promotion

Promotion is the recognition of a measure of stature and a reward for accomplishments by faculty within both the discipline and the profession. Promotion, the conferral of a higher academic rank, is neither automatic, nor the result of seniority. At each professional rank, there are required qualifications and expectations. A fully engaged member of the medical school community, recognized for promotion, is one who demonstrates teaching effectiveness, engages in scholarly activity, performs clinical service (if applicable) and actively participates in service to the community and the profession. For tenure eligible and tenured faculty, in addition to meeting the contractual obligations to teach, faculty need to maintain scholarly research and be fully engaged by demonstrating a commitment to service to the medical school, the university and the broader professional community with demonstrations of increasing leadership as the years of service increase.

As faculty members move through their careers at CMSRU, we expect clear, detailed and continuing evidence of productivity as fully-engaged members of the medical school and the

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larger university community of scholars and professionals. Although the accomplishments that determined hiring rank will be part of any promotion review, a significant portion of achievements presented for promotion review is expected to occur while in service at CMSRU (Rowan University). For subsequent promotions, the expectation is significant evidence of continuing productivity.

3.2 Definitions of the Faculty Ranks at CMSRU and Specific Rank Criteria and Process

Faculty of all ranks contribute to the CMSRU mission of medical education, research, patient care, and service to the community. To inspire ongoing excellence in the education, advising and mentoring of students, graduate students, residents, fellows and peers, to retain faculty, and to establish local, regional, national and international recognition and reputation, CMSRU provides promotional opportunity for medical school faculty to achieve the level of excellence defined by the promotional criteria. In exceptional circumstances the promotion process for any rank may be accelerated. The Dean’s letter of appointment includes expectations in the relevant domains.

The four appointment designations within CMSRU are Academic Investigator (AI), Clinician Investigator (CI), Clinician Educator (CE), and Academic Educator (AE). These designations refer to the major focus of faculty effort. The Academic Investigator dedicates the majority of their time as a faculty member in the area of independent and original investigation within the basic science realm. The Clinician Investigator participates in some aspects of clinical service (patient care) and most of their faculty effort is in research which may be basic, translational, or clinical. The Clinician Educator dedicates their faculty effort to clinical service and education of students, residents, and/or fellows. The Academic Educator is a basic scientist who dedicates the major portion of their faculty effort in the area of education.

Criteria for appointments and promotions are essentially identical, except that candidates for new appointments are not required to present a teaching portfolio and requirements for internal letters for appointments are based on time and training at CMSRU and Cooper University Hospital. Appointments will be handled on an ongoing basis; promotions will conform to the timetable on page 2.

GENERAL CRITERIA FOR ACADEMIC INVESTIGATORS AND CLINICIAN INVESTIGATORS

It is expected that faculty will exhibit unequivocal excellence in one or more of the following categories as well as significant contributions in one or more of the other areas depending on rank. It is expected that every member of the faculty will participate in the medical school’s educational and service missions. The following are examples of evidence in the different categories:

TEACHING

- External peer-reviewed grants for education;
- Leadership of peer-reviewed training grants (P.I.);
- Peer-reviewed publications and books in the field of education;
- Development of new teaching methods;
- Creation of new and novel teaching materials (e.g., CDs, Websites, manual skill aids);
- Leadership roles within and invited plenary presentations at national or international education meetings and societies;

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• Outstanding student and resident teaching citations/awards;
• Editorship of scholarly journals;
• Development of new, accredited training programs;
• Program director activities;
• Mentorship of students, graduate trainees, and peers; and
• Contributions to University/Medical School/CUH teaching mission (e.g., curriculum and admissions committees, GME committees, academic affairs committee).

RESEARCH

• Record for obtaining peer-reviewed research grant support (beyond initial award or mentored award, i.e., RO1 or equivalent);
• Demonstration of intellectual role in team-based science achievements (e.g., collaborative grants and awards, intellectual role in cooperative and interinstitutional group trials);
• Expectation of continued research productivity;
• Meritorious publications in peer-reviewed journals with evidence of extramural recognition (e.g., peer citations, acknowledgement in letters of recommendation);
• Creation of novel core resources that support original research of other investigators locally or nationally (e.g., annotated biospecimen repositories, computer programs, analysis tools, cell culture libraries);
• Demonstration of role as a significant intellectual contributor to the meritorious work of others;
• Membership on scientific review boards (e.g., NIH study sections, VA Merit Review, the American Heart Association, ad hoc assignments);
• Membership in selective scientific societies;
• Leadership role within and invited plenary presentations at academic national or international meetings and societies;
• Editorship of scholarly journals;
• Major involvement in clinical trials (e.g., national and/or local principal investigator, contributor to the intellectual and scientific development of cooperative research programs and clinical trials, intellectual participation in research or clinical trial consortia); and
• Invited consultant and/or participant in research oversight committees (e.g., safety/data monitoring committees, FDA panels, site visit teams).

ACADEMIC CLINICAL PERFORMANCE

• Record of grant supported clinical service projects, patient care demonstration projects, and clinical, translational or other research (funding may come from peer-reviewed grants, but also from foundation, philanthropic, governmental, and or industry sources);
• Publication of peer-reviewed clinical research in a focused area;
• Development of innovative treatments, systems of healthcare delivery, or innovative operations/treatment approaches that are recognized beyond the institution (published);
• Development of peer acknowledged, novel disease focused multidisciplinary care programs;
• Membership in selective scholarly societies;
• Leadership role in regional, national and/or international professional or scientific organizations;
• Editorship of scholarly journals;
• Invitations to speak at and chair academic national or international professional meetings;
• Establishment of peer recognized clinical practice that achieves national and/or
international recognition in a focused area of expertise; and
• Demonstrable record of superior quality patient care in a focused area of expertise.

GENERAL CRITERIA FOR CLINICIAN EDUCATORS AND ACADEMIC EDUCATORS

It is expected that faculty will exhibit excellence in one or more of the following categories and contribute significantly in one or more of the other areas depending on rank. It is expected that every member of the faculty will participate in the medical school’s educational and service missions. The following are examples of evidence in the different categories:

TEACHING

• Leadership in student, resident, fellow and/or peer teaching programs;
• Distinguished participation in student, resident, fellow and/or peer teaching programs;
• Development of innovative teaching and educational materials and/or programs;
• Invited speaker at CME programs and Grand Rounds;
• Leadership of CME programs;
• Documented mentoring of students, residents, fellows, and/or peers;
• Outstanding student and resident teaching citations/awards; and
• Demonstrated effectiveness as a mentor of students, residents, fellows and/or peers.

SCHOLARLY ACTIVITY

• Participation as a (preferably funded) principal investigator or co-investigator in peer-reviewed, grant supported research;
• Meritorious publications in peer-reviewed journals;
• Participation as a principal investigator or co-investigator in investigator initiated or cooperative group, clinical, translational, or basic research;
• Development of innovative teaching and educational curriculum, materials or programs with significant local, regional, or national impact;
• Mentoring students, residents, fellows, and junior faculty in scholarly activity;
• Membership on local and regional scientific review boards;
• Membership in scientific societies;
• Leadership role in regional or national meetings and societies;
• Service as a peer-reviewer/editor for clinical and scientific journals; and
• Participation as a reviewer for granting agencies (including foundations and the NIH).

ACADEMIC CLINICAL PERFORMANCE

• Record of support for clinical service, demonstration projects, and clinical, translational or other research endeavors;
• Publication of peer-reviewed clinical, translational, or basic research;
• Development of innovative treatments, systems of healthcare delivery, or clinical programs;
• Membership in scholarly clinical societies;
• Leadership role in regional or national meetings and clinical societies;
• Participation in regional, national, or international professional meetings;
• Record of high quality patient care and establishment of a productive clinical practice in an academic setting;

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• Establishment of a referral based clinical practice;
• Participation as a Board Examiner for recognized certification programs;
• Participation as a site visitor or consultant for academic and/or research entities; and
• Demonstrated effectiveness as a clinical mentor.

Full Academic Rank - Tenure/Tenure Track or Non-Tenure Track

Those members of the faculty who have agreed to abide by all rules and regulations of the University and whose time is available for the clinical, research, and instructional purposes in the University for the period of time designated as a regular work week are eligible for appointment to full academic rank. Faculty whose principal duties are involved with teaching and either clinical service, patient care, or research that is not sufficient to fulfill the requirements of the Tenure Track will be placed on the Non-Tenure Track. Such appointments are without tenure and do not constitute a probationary period for tenure.

Faculty who qualify, as indicated in the previous statement, but who receive fifty percent (50%) or more of the total compensation of a full-time member of the faculty, from sources other than the State appropriation to the University, may be appointed at full academic rank on the non-tenure track coterminous with the availability and receipt of outside funding for the position. Coterminous appointments are without tenure and do not constitute a probationary period for tenure.

Tenure/Tenure Track and Non-Tenure Track Titles/Criteria

3.21 Instructor of (Department)
• Completion of advanced graduate degree, or equivalent experience, or an accredited residency and/or fellowship;
• Board eligibility for those with clinical training; and
• Evidence of potential for effective teaching and/or substantial academic and/or clinical achievement and scholarly activity; full engagement as a member of the medical school community.

3.21a Assistant Professor Pending Board Certification (for Assistant Professor Candidates)

Individuals who are in the process of obtaining board certification (e.g., have registered for their board examination and have a test date, but have not yet taken their examination; who are awaiting their board examination results; or who will be retaking their board examinations) may apply for a faculty appointment in this category. All of the requirements for appointment as Assistant Professor of (Department), detailed below, still apply except for board certification. An individual may hold this rank for a maximum duration of 1 year. Once an individual in this category has successfully achieved board certification and sent this documentation to CMSRU, he/she will be appointed as an Assistant Professor of (Department) (if they continue to meet all requirements). Faculty from specialties that do not allow for board eligibility until independent clinical practice requirements are met may apply for appointment in this category.

3.22 Assistant Professor of (Department)
• Board certification (as judged appropriate by the proposing department);
• Evidence of scholarly activity demonstrating academic potential (e.g., peer-reviewed publications, including abstracts), participation in programs of hypothesis-driven research, clinical achievement in a focused specialty/sub-specialty); and

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• Excellence in training, teaching, and advising of undergraduate, medical and graduate students, residents, clinical and postdoctoral research fellows, and colleagues; as demonstrated through the teaching portfolio, student evaluations of teaching, peer evaluations of teaching, formal awards, peer review, local and regional invited lectures.

At the Assistant Professor level it is expected that faculty will meet all the criteria expected at the Instructor level and they will embark upon a program of focused clinical (if applicable), scientific, and/or educational, and/or administrative achievement while participating in broad clinical, educational, and administrative activities of the department and the medical school.

In addition to those academic criteria noted above, candidates for promotion to Assistant Professor rank will also be evaluated on:

• Established history of continued service and teaching;
• Major, consistent contributions to the education of students; and
• Evidence of professional development activities intended to maintain a sound understanding and skill in one’s specific discipline and to improve as a teacher; and, contributions to the wider community at the local, state, regional, and/or national levels.

Candidates for promotion to the Assistant Professor rank must submit:

• No more than a three page summary outlining their accomplishments and summarizing the highlights of their career;
• Evidence of scholarly activity;
• Mandatory letter of support/recommendation from the Departmental Chair or Division Head;

Letters of Recommendation Requirements: A minimum of three [3] letters of recommendation for appointments and promotions: For candidates who are new to CMSRU and Cooper University Hospital (i.e., have been at CMSRU/CUH for less than 1 year), three (3) letters from persons outside of CMSRU who are at a rank equal to, or greater than, the rank being applied for will be acceptable; the letter writers must be able to assess the candidate’s regional, national, or international contributions within the discipline.

If a candidate did all of his/her training at CMSRU/CUH, then the three (3) letters may all be internal (from within CMSRU/CUH). Two of these three letters must be from outside of the candidate’s department. As above, the letter writers must be at a rank that is equal to, or greater than, the rank being applied for; the letter writers must be able to assess the candidate’s regional, national, or international contributions within the discipline.

For candidates who have been at CMSRU/CUH for more than one year, three letters are required: One from within CMSRU, but outside of the candidate’s immediate department; and two from persons outside of CMSRU/CUH at a rank equal to or greater than that being applied for; the letter writers must be able to assess the candidates’ regional, national, or international contributions within the discipline. Please note: The CMSRU Advisory Committee on Appointments and Promotions will only accept the minimum 3 letters of recommendation from individuals with full faculty appointments at CMSRU or at outside institutions.
The A&P Committee WILL NOT accept letters from faculty whose title has the word “Clinical” at the beginning (which generally implies that the appointment is either strictly clinical [without full academic requirements for teaching and scholarship] or is a volunteer appointment). This stipulation applies to all letters of recommendation for appointment or promotion, at all ranks.

Up to three additional letters of support of choice by the candidate may be forwarded to the committee. If the candidate is an adjunct at another institution a letter of support may be included to meet this criterion:

- A Portfolio evidencing teaching effectiveness to be submitted to the departmental committee. (This should not be submitted to the CMSRU A&P Committee unless requested by the committee.)
- A teaching dossier. A one to three page summary of the highlights of the teaching portfolio.

3.23 Associate Professor of (Department)

At the Associate Professor level, it is expected that faculty will meet all the criteria of the Assistant Professor level and provide:

- Documented excellence in education, including directorship or development of major courses and electives; sustained excellence in educating medical and graduate students, residents, clinical and postdoctoral research fellows, and colleagues; and mentorship of learning colleagues: as demonstrated through the teaching portfolio, student, resident, and fellow evaluations of teaching, peer evaluations of teaching, formal awards, peer review, local and regional invited lectures.

- FOR BIOMEDICAL SCIENCES (BMS FACULTY) who are members of Rowan University’s AFT union only --A minimum of FIVE years of full-time professional faculty experience if hired BEFORE July 14, 2014, or a minimum of SIX years of full-time professional faculty experience if hired AFTER July 14, 2014, at an accredited institution of higher education is required for promotion to Associate Professor.

- Scholarship, including publication, preferably as first or last or corresponding author, of original substantive work in peer-reviewed journals;
- Reputation, including leadership in local or regional scientific affairs; and
- Emerging regional/national/international reputation for scholarly activity and/or research accomplishments supported by letters from external referees.

Candidates should demonstrate at least five years (customary seven to ten years) of service at the Assistant Professor rank at CMSRU or Assistant or Associate Professor rank at an equivalent institution; completion of the appropriate terminal degree as recognized in the field of specialization from an accredited institution or equivalent (e.g., American Board of Medical Specialties (ABMS), Royal College); ABMS board certification in a medical or clinical discipline, if appropriate; evidence of a major commitment to teaching effectiveness; demonstrated excellence in clinical service, education, scholarly activity (peer reviewed research, publication, program development or other); reputation; and, full engagement in the Medical School.
community and professional organizations. In exceptional circumstances, the promotion process may be accelerated.

To achieve promotion from Assistant Professor to Associate Professor, medical school faculty must demonstrate excellence in two of the domains of medical faculty development and satisfactory performance in the other required domain(s). The Four Domains of Faculty Development are:

- Clinical Service (if applicable);
- Education – formal teaching, small-group leadership, and/or clinical teaching;
- Research/Scholarly Activity – reputation, scholarship and publications; and
- Service to the Medical School, the University, the hospital, the community and professional or discipline-related organizations.

In addition to those academic criteria noted above, candidates for promotion to Associate Professor rank will also be evaluated on:

- Consistent practice of mentoring of students, residents and junior faculty;
- Established history of continued service and teaching (minimum five years at rank);
- Major, consistent contributions to the education of students; and
- Evidence of professional development activities intended to maintain a sound understanding and skill in one’s specific discipline and to improve as a teacher; and, contributions to the wider community at the local, state, regional, and/or national levels.

Candidates for promotion to the Associate Professor rank must submit:

- No more than a three-page typewritten summary outlining their accomplishments and summarizing the highlights of their career;
- Mandatory letter of support/recommendation from the Departmental Chair;
- A minimum of three letters of recommendation:
  One from within CMSRU but outside of the candidate’s immediate department; and two from colleagues at a level equal to or greater than that applying for, outside of CMSRU that can assess national or international contributions within discipline. Please note: For candidates who are new to CMSRU and Cooper University Hospital (i.e., have been at CMSRU/CUH for less than 1 year) and seeking an appointment, the three (3) letters may be from persons outside of CMSRU who are at a rank equal to, or greater than, the rank being applied for.
- Production of scholarly products includes peer-reviewed original journal articles, invited articles, editorials, books, book chapters, and monographs, (but not abstracts) where the candidate is preferably first or last or corresponding author. Production of scholarly products should be consistent with the level of historical productivity data for promotion to Associate Professor available on the CMSRU website. For these candidates who are not involved in clinical care, the expectation will be of greater scholarship;
- Up to three additional letters of support of choice by the candidate may be forwarded to the committee. If the candidate is an adjunct faculty member at another institution a letter of support may be included to meet this criterion; and
- A portfolio evidencing teaching effectiveness to be submitted to the departmental committee. (This should not be submitted to the CMSRU A&P Committee unless requested by the committee.)
• A teaching dossier. A one- to three-page summary of the highlights of the teaching portfolio.

3.24 **Professor of (Department)**

At the Professor rank, it is expected that faculty will meet all the criteria of the Associate Professor level and provide:

• Documented excellence in education, including directorship or development of major courses and electives; sustained excellence in training medical and graduate students, residents, clinical and postdoctoral research fellows, and colleagues; and mentorship of learning colleagues; as evidenced by recognition through the Teaching Scholars Program, demonstration through the teaching portfolio, student evaluations of teaching, peer evaluations of teaching, formal awards, peer review, local, regional, national, and international invited lectures.

• FOR BIOMEDICAL SCIENCES (BMS FACULTY) who are members of the Rowan University’s AFT union only -- A minimum of EIGHT years of full-time professional faculty experience if hired BEFORE July 14, 2014, or a minimum of NINE years of full-time professional faculty experience if hired AFTER July 14, 2014, at an accredited institution of higher education **is required for promotion** to Professor;

• Documented excellence in research, including independent and original investigation recognized by peers and by external funding;

• Scholarship, including publication as first or last or corresponding author, of original substantive work in peer-reviewed journals; and

• Reputation, including national and international recognition for research contributions supported by letters from external referees, service on study sections, editorial boards, named lectureships, leadership in professional societies and governing boards.

Candidates for Professor must demonstrate: proficiency in teaching, research, professional competence; mentoring junior faculty, residents, medical school students; and service as a reviewer of peer’s publications. They must hold a PhD, MD, DO or equivalent terminal degree with successful completion of at least five years of service (customary seven to ten years) at the rank of Associate Professor at Cooper Medical School of Rowan University, or Associate Professor or Professor rank of equivalent service at an equivalent institution; and ABMS board certification in primary specialty in a medical or clinical discipline (if applicable).

Evidence of the body of work for promotion to Professor must reflect a consistent pattern of scholarly accomplishments since the date of application for promotion to Associate Professor (whether that promotion to Associate Professor occurred at CMSRU or at another academic institution). In other words, in order to qualify for promotion to the rank of full Professor, a candidate must have generated sufficient scholarly accomplishments **beyond** the scholarly work that got him/her appointed or promoted to the rank of Associate Professor.

In addition to the qualifications of an Associate Professor in the areas of teaching effectiveness, scholarly activity, service, mentoring and advising, and professional activity, the candidate for Professor must demonstrate sustained excellence in clinical patient care skills involving innovations (if appropriate), research, and/or programs that measure patient outcomes and are locally and/or regionally distinctive with the potential for national and international recognition and use; education involving

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training, teaching, and advising of medical and graduate students, residents, clinical and post-doctoral fellows, and colleagues demonstrated by an increasing portfolio of accomplishments; leadership involving significant contributions in curriculum and course development, scholarly activity, and service to the school and the professional community; and, distinctive reputation evidenced by invited scholarly memberships, participation in major committees and programs, formal awards, and invited lectures. In exceptional circumstances, the promotion process may be accelerated. National and/or international reputation for the candidate is required.

Scholarly activity must reflect grant-funded and/or peer-reviewed research if in the Investigator designation, and recent scholarly activity as evidenced by peer-reviewed publications in the past 5 years for all designations.

To achieve promotion from Associate Professor to Professor, medical school faculty must demonstrate excellence in two of the domains of medical faculty development and above average performance in the other required domains. The Four Domains of Faculty Development are:

- Clinical Service (if applicable);
- Education – formal, small-group leadership and/or clinical teaching;
- Research/Scholarly Activity – reputation, scholarship and publications; and
- Service to the medical school, the hospital (if applicable) the University, the community and professional or discipline related organizations, and reputation.

In addition to those academic criteria noted above, candidates for promotion to the rank of Professor will also be evaluated on:

- Consistent practice of mentoring of students, residents and junior faculty;
- Established history of continued service and teaching (minimum five years at rank);
- Major, consistent contributions to the education of students;
- Evidence of professional development activities intended to maintain a sound understanding and skill in one’s specific discipline and to improve as a teacher; and
- Contributions to the wider community at the local, state, regional, national, and international levels.

Candidates for promotion to Professor rank must submit:

- No more than a three page typewritten summary outlining their accomplishments and summarizing the highlights of their career;
- Mandatory letter of support/recommendation from the Departmental Chair or Vice Dean/Senior Associate Dean for Faculty Affairs if the candidate is a Departmental Chair;
- A minimum of three letters of recommendation:
  One from within CMSRU but outside of the candidate’s immediate department; and two from colleagues at a rank equal to that applying for, outside of CMSRU that can assess national or international contributions within discipline. Please Note: For candidates who are new to CMSRU and Cooper University Hospital (i.e., have been at CMSRU/CUH for less than 1 year) and seeking an appointment, the three (3) letters may be from persons outside of CMSRU who are at a rank equal to, or greater than, the rank being applied for;

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• Production of scholarly products (includes peer-reviewed original journal articles, invited articles, editorials, books, book chapters, and monographs, (but not abstracts) where candidate is first or last or corresponding author. Production of scholarly products should be consistent with the level of historical productivity data for promotion to Professor available on the CMSRU website. For those candidates who are not involved in clinical care, the expectation will be of greater scholarship;
• A portfolio evidencing teaching effectiveness to be submitted to the departmental committee. (This should not be submitted to the CMSRU A&P Committee unless requested by the committee.);
• A teaching dossier. A one- to three-page summary of the highlights of the teaching portfolio; and
• Up to three additional letters of support of choice by the candidate may be forwarded to the committee. If the candidate is an adjunct faculty member at another institution a letter of support may be included to meet this criterion.

The Medical School Advisory Committee on Appointment and Promotions may select at least one additional reviewer with national/international reputation in the candidate’s field to review the faculty member’s candidacy for Professor.

3.3 Appointments and Promotions in the two “Scholarship” Pathways

In recognition of the fact that some faculty members at CMSRU dedicate themselves totally to the effort of superlative teaching or clinical care and program development, two new Pathways to promotion, based on the Scholarship of Practice and Teaching and the Scholarship of Teaching and Educational Leadership, have been developed. These are:

**The Scholarship of Practice and Teaching for Clinical Faculty** (This is a non-tenure track.)

**The Scholarship of Teaching and Educational Leadership for Basic Science Educators** (This is a tenure track for CMSRU-employed basic scientists and educators.)

Educators in these pathways will be denoted by specialized titles (see below). Detailed descriptions of these novel pathways to promotion are described below.

3.31 Promotion Based on Scholarship of Practice and Teaching for Clinical Faculty

(This is a non-tenure track.)

Scholarship of Practice and Teaching is a pathway for promotion based on rigorous criteria for those whose primary activity and interest is in clinical medicine and teaching. It is not an easier route to promotion. Promotion will require presentation of evidence by the clinical faculty of excellence and impact in their respective clinical area, related to the scope of their practice. Applicants in this pathway should show evidence of the development of an area of “special expertise” in their clinical practice, and in their clinical teaching, or in clinical community service. For example, an individual applying for this pathway:
• May have developed a better method or technique for a clinical procedure in which he/she trains clinical colleagues and which becomes the new standard in his/her discipline or developed a new program for Cooper University Healthcare.
• May have developed and implemented a novel clinical quality improvement plan significantly impacting clinical care and health outcomes.
• May have developed a new clinical course to teach medical students at CMSRU about an emerging area of medicine, or may have completely revised and updated an existing medical school course.
• May have become a trusted resource—or medical advisor to local organizations--because of volunteer medical service he/she has delivered over a long period in the community. (Achievement in this area alone will not be sufficient for promotion.)
• May establish—or exhibit notable leadership or outstanding administration of—a clinical program/service, division, or department, imparting valuable management experience to the institution.

The faculty candidate should provide a specific metric applicable to their area of special expertise and provide a robust description of their activity (intervention, outcome, and impact, if feasible) in their application. It is important to highlight the importance and significance of the work that is being cited for promotion. All ranks above Instructor will have the prefix clinical before the discipline and the titling will be as follows: Assistant Professor of Clinical (discipline), Associate Professor of Clinical (discipline), or Professor of Clinical (discipline).

Promotion Criteria

Promotion to Assistant Professor of Clinical (discipline):

Basic Requirements: Achievement of clinical goals, teaching, and service.

• Demonstration of Excellence: Expertise in clinical field (commensurate with experience)
• Evidence of identification of area of special expertise
• Demonstration of Reputation: Local
• Demonstration of Impact: Local

Promotion to Associate Professor of Clinical (discipline):

Basic Requirements: Achievement of clinical goals, teaching, and service.

• Demonstration of Excellence: Expertise in clinical field
• Evidence of further development/refinement of area of special expertise
• Demonstration of Reputation: Regional
• Demonstration of Impact: Local/regional

Promotion to Professor of Clinical (discipline):

Basic Requirements: Achievement of clinical goals, teaching, and service.

• Demonstration of Excellence: Leadership in clinical field

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• Evidence of leadership in area of special expertise
• Demonstration of Reputation: National
• Demonstration of Impact: Regional/national

Suggestions/Examples of Areas in which Clinicians can Achieve Excellence, Reputation, or Impact

1. Leadership/administration
2. Quality improvement or patient safety
3. Clinical practice development and growth
4. Outcomes
5. Practice-related awards
6. Clinical teaching/mentoring
7. Participation in community outreach, education development, service to the hospital, university, or medical school.

3.32 Promotion Based on Scholarship of Teaching and Educational Leadership for Basic Science Educators

(For CMSRU-employed basic scientists and educators, this is a tenure track.)

CMSRU has created a pathway for promotion in the teaching and educational leadership designation based on the scholarship of education. This is a route to promotion based on rigorous criteria for those whose primary activity and interest is in teaching and education. It should not be mistaken for an easier route to promotion. (If CMSRU-employed faculty, there must be scholarly activity, as required in Rowan University’s Recontracting and Tenure Memorandum of Agreement.)

Promotion will require presentation of evidence by the faculty member of the development of an area of special expertise in their teaching or educational activities. For example, an individual applying for this pathway:

• May have developed a new medical school course that was needed in the curriculum, or have completely updated/revised older curriculum to reflect new scientific research findings in a course or courses.
• May have developed applicable knowledge and skills in pertinent active learning strategies to enhance CMSRU’s curriculum, such as team-based learning, problem-based learning, jigsaw teamwork, case studies, etc. The individual uses this expertise to train his/her colleagues in these learning strategies.
• May have a record of teaching in educational outreach activities in the community aimed at introducing K-12 or undergraduate students to applied science, medicine, or the health professions in general. (Achievement in this area alone will not be sufficient for promotion.)
• May have developed innovative educational resources (designed software, or used alternative media/other education technology, e.g., as in the development of a “virtual microscope”) to create new learning opportunities for students.
• May have demonstrated expertise in the development of innovative medical school curricula, assessment systems for student, faculty, and course performance, and practices to ensure full institutional compliance with national regulations, standards, and procedures, (e.g., Liaison Committee on Medical Education [LCME]).
Promotion will require, not only achievement of their goals, but also of excellence and impact in their teaching and educational activities. All ranks will have the designation of Medical Education after the rank and the titling will be as follows:

Assistant Professor of Medical Education in the Department of Biomedical Sciences
Associate Professor of Medical Education in the Department of Biomedical Sciences
Professor of Medical Education in the Department of Biomedical Sciences

Promotion Criteria

Assistant Professor of Medical Education in the Department of Biomedical Sciences:

Basic Requirements: Achievement of educational goals and service.
Demonstration of Excellence: Expertise in discipline and recognized teaching expertise
Evidence of identification of an area of special expertise
Demonstration of Reputation: Local
Demonstration of Impact: Local

Associate Professor of Medical Education in the Department of Biomedical Sciences:

Basic Requirements: Achievement of educational goals and service.
Demonstration of Excellence: Excellence in discipline and in teaching
Evidence of further development/refinement of area of special expertise
Demonstration of Reputation: Regional
Demonstration of Impact: Regional

Professor of Medical Education in the Department of Biomedical Sciences:

Basic Requirements: Achievement of educational goals and service.
Demonstration of Excellence: Excellence in discipline, in teaching, and educational leadership
Evidence of leadership in area of special expertise
Demonstration of Reputation: National
Demonstration of Impact: National

Suggestions/Examples of Areas in which Educators can Achieve Excellence, Reputation or Impact:

1. Teaching of learners across the continuum
2. Mentorship of learners across the continuum
3. Administrative teaching/leadership role (course or clerkship co-director or director, residency or fellowship program co-director or program director)
4. Teaching awards
5. Development and local adoption of educational material in print or other media (may include syllabi, curricula, web-based training modules or
courses, and/or use of technologies such as simulation, development of educational methods, and/or assessment tools)
6. Service on educational committees
7. Development of expertise in learning strategies pertinent to CMSRU’s curriculum, in student learning styles, or in educational program evaluation, and education of CMSRU colleagues in these areas.

3.33 Publications and Letters of Recommendation

Time in rank and all other requirements are the same as in 3.2. Note that letters of recommendation for the Scholarship Pathway should be obtained from individuals at the rank that is equal to, or greater than, the rank being applied for and may have “Clinical” or “Medical Education” in their title before their department (e.g., “Professor of Clinical Medicine”). (Please note: Letters from volunteer or adjunct faculty will not be accepted.)

3.4 Joint and Secondary Appointments

For those seeking joint appointments or promotion in more than one department, materials must be submitted for the approval of both departmental committees and letters of support/recommendation must be from both chairs. The application process and required letters are as outlined for regular appointments and promotions.

Secondary appointments and promotions must have a letter of support from the chair of the department which is secondary and the approval of the departmental committee prior to submission to the CMSRU A & P Committee. There does not need to be a full departmental vote. The rank must be at or below the rank in the primary department. External letters are not required for secondary appointments.

3.5 Modified (Qualified) Academic Rank

Those members of the faculty whose professional services occupy a period of time less than that designated as a regular workweek and/or whose professional services are only partially conducted in facilities of the Medical School or its affiliates are eligible for appointment to modified (qualified) academic rank. Faculty participating primarily in programs involving patient care shall be designated with the modifier, Clinical. Such faculty who participate primarily in research and teaching shall be designated with the modifier, Adjunct. Distinguished Faculty who previously held the rank of Professor and who are no longer employed by the medical school or the affiliated hospital may be granted Emeritus status. Faculty whose service is for a limited time may be appointed with the modifier, Visiting. Faculty whose service is discontinuous or intermittent may be appointed as Lecturers. Faculty in this category need to submit only one letter which should be from the departmental chair. They do not need to submit a teaching portfolio.

4.0 Procedures for Promotion

4.1 Candidates apply for promotion by:

- Submitting a letter of intent to the departmental chair and the Dean
- Submitting a summary of accomplishments, updated curriculum vitae, required forms, names of evaluators as required by rank, and teaching portfolio and teaching dossier.

4.2 Teaching Portfolio and Teaching Dossier

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The template for a teaching portfolio is as follows:

A Teaching Portfolio is an executive summary of the faculty member as an educator. The Teaching Portfolio should be concise and selective, but with sufficient description and documentation to provide a record of teaching activities and evidence of teaching effectiveness. For those faculty members whose teaching activities are scholarly in nature (as evidenced by peer-reviewed support for training programs and activities, scholarly publications concerning teaching and education, creation of innovative teaching materials that are disseminated and used regionally, nationally, and/or internationally, and leadership positions in professional education societies), a more detailed and extensive Teaching Portfolio may be helpful.

4.21 **Part One: Data Relevant to Teaching Activities**

List and describe teaching-related activities in as complete a context as possible, i.e. the names of courses or presentations, the level of involvement or frequency, the number and types of students, the teaching materials that may have been produced, or the role of the faculty member in other teaching-related activities (supervisor, advisor, mentor).

4.211 Teaching Activities
- Undergraduate
- Graduate
- Residents and Fellows
- Peers (mentoring)

4.212 Curriculum Development (list tangible educational materials created; e.g. case development, lecture, assessment tools, OSCE, web materials, etc.)
- Courses
- Clerkships
- Residency Programs
- Fellowship Programs
- Education and teaching innovations
- CME
- Outreach

4.213 Mentoring/Advising

4.22 **Part Two: Evidence of Teaching Effectiveness**

A brief description of objective measures of teaching effectiveness. The primary element of this category is a review of teaching effectiveness including a summary of the relevant, objective documentation. The information to be summarized may include representative portions of teaching evaluations, testimonials by students, peer reviews, and special contributions. Items that may be summarized in this section include:
- Course Materials
- Student and Resident Evaluations
- Peer Review
- Professional Recognition
- Participation in professional development

4.23 **Part Three:** Include information concerning any additional teaching or educational activities that are especially noteworthy, creative, innovative, peer-reviewed, or
indicative of recognition outside of the institution (e.g., publications, contributions to scholarly teaching societies, teaching awards and recognitions, invited lectures concerning teaching and education).

A Teaching Dossier is a one to three page summary of the Teaching Portfolio and should be organized by the same general headings as the portfolio. The faculty member’s teaching philosophy should also be addressed in the dossier. The Teaching Portfolio and Teaching Dossier should be reviewed and signed by the division head or department chair.

4.3 The Department

4.31 Responsibilities of the academic department in the promotion of faculty:
Academic departments must establish clearly stated standards and procedures for faculty promotion consistent with the general qualifications and expectations established at the medical school level. Academic departments must articulate and document their positions regarding the expected balance (or mix) among Teaching Effectiveness, Scholarship, Clinical Service (if appropriate), Contribution to the Medical School, Hospital, and the University Community, and Contribution to the Wider and Professional Community. It is understood that the balance (or mix) may differ from one individual to the next and may change for an individual at different points in his/her career.

Academic departments are also responsible for ensuring that each faculty member completes the faculty development activities detailed in the “Faculty Development Activities” Section of the Faculty Evaluation Form; this form is administered annually by the Department Chair or Division Head to assess faculty performance.

4.32 DEPARTMENTAL EVALUATION/COMMITTEE

Departmental Appointments and Promotions Committee

The Departmental Chair shall make recommendations to the Dean regarding appointments, reappointments (except for Biomedical Sciences faculty, where the reappointment process is part of the American Federation of Teachers (AFT) union’s formal Tenure and Recontracting process) and promotions following a review at a meeting of the departmental Appointments and Promotions Committee. The departmental Appointments and Promotions Committee must review and approve candidates prior to submission to the CMSRU Advisory Committee on Appointments and Promotions.

This committee shall be composed of Faculty members of the department. The minimum number of members on the committee shall be either three or 10% of the departmental faculty, whichever is greater. The maximum number of members on the committee shall be ten. All shall be at the rank of professor or associate professor. The Departmental Chair shall select the chair of the committee from among its members. If fewer than three (3) faculty within the department are qualified to serve on this committee, or if a department is relatively small, the departmental committee may be comprised of faculty from a group of departments. A quorum shall be at least one-half of the members of the committee, plus the chair of the committee or a designated member appointed by the committee chair as the presiding official. Except for actions involving instructors and volunteer or adjunct faculty, all actions noted
above must be reviewed and voted on by this committee. Upon request of any member of the committee, the voting shall be conducted by anonymous ballot. In addition, the Chair shall obtain a mail ballot or electronic mail ballot of all faculty within the department at the rank of professor and associate professor regarding actions of this committee. For faculty promotions, the vote of this group is to be reported to the CMSRU Advisory Committee on Appointments and Promotions, along with the record of the vote of all faculty in the department at the rank of associate professor and professor.

Prior to submitting a recommendation for appointment or promotion to the Dean, the Chair of the department in which the faculty member holds, or will hold their primary appointment, must solicit evaluations regarding the qualifications of the prospective candidate. Letters of recommendation for candidates being proposed for appointment or promotion in the full-time faculty of CMSRU should be authored by recommenders who have first-hand knowledge of the professional and/or scholarly activities of the candidate. The recommenders should have had previous professional contact with the candidate.

4.33 Faculty Education on Appointments and Promotions

Detailed information on Appointments and Promotions is provided to new faculty members at orientation. In addition, annual informational sessions on Appointments and Promotions are given by the Vice Dean. An annual report on Appointments and Promotions is given at the annual meeting of the Faculty Assembly. All policies and forms are posted in the faculty section of the CMSRU website.

4.34 Promotion Folder Preparations. The department/division is responsible for covering the costs of all expenses related to the preparation of the promotion materials/folder.

4.35 Departmental Appointments and Promotions Committee decisions

4.351 Favorable recommendation – The candidate and department chair will be so informed in writing. Thereupon, the Department Appointments and Promotions Committee will forward a written report to the Medical School Advisory Committee on Appointments and Promotions. At the request of the candidate, the committee will meet with the candidate to discuss the committee’s evaluation and decision.

The Department will ensure that the promotion materials, with the departmental report, are delivered electronically to the Administrative Assistant for Faculty Affairs for review by the Medical School Advisory Committee on Appointments and Promotions. The promotion folder may also include supplementary materials from the candidate.

4.352 Unfavorable recommendation – If there is a negative vote on a candidate, the candidate and the department chair will receive a written explanation of the decision, including how the candidate does not meet the criteria. At the request of the candidate, the committee will meet with the candidate to discuss the committee’s evaluation and decision. Candidates who have not received a positive recommendation from their departmental committees may:

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4.3521 Withdraw their applications at this or any point in the promotion review process; or
4.3522 Ask to have their materials forwarded to the Advisory Committee on Appointments and Promotions if the departmental Chair agrees.

4.4 The Advisory Committee on Appointments and Promotions

The Advisory Committee on Appointments and Promotions shall have the responsibility of advising the Dean as to appointments and promotions. The Dean shall obtain the advice of this Committee in these matters. Appointment to or promotion of the faculty to full academic rank above the rank of instructor must be reviewed by this Committee with no delegation of its responsibility. The Committee shall receive for informational purposes, candidates for the designations of adjunct, clinical (pre-fixed), and emeritus faculty. The Committee shall establish and periodically review written guidelines for the award of each academic rank with the approval of a majority of the membership of the Faculty. The Committee may, on its own initiative, make suggestions as to personnel matters to the Dean.

4.41 The Advisory Committee on Appointments and Promotions shall consist of 12 voting members. The Vice Dean and the Director of Faculty Affairs and Educational Operations shall serve ex-officio without vote. All members must be professors or associate professors.

4.42 Meetings shall be convened by the Dean, Vice Dean, or by the Chair; and

4.43 All departmental actions presented to the Advisory Committee on Appointments and Promotions must include a report of the results of the deliberations.

4.5 Role of the Advisory Committee on Appointments and Promotions

The role of the Committee is to provide a thorough and substantive review of the qualifications of the applicant in the following manner:

4.51 Review the Departmental Promotion Committee’s recommendation and evaluate the candidate’s qualifications for promotion against the criteria and standards established for the rank in question;

4.52 Committee may conduct a personal interview with the candidate to discuss the materials that have been submitted; and

4.53 After carefully considering the candidate, the Committee will vote on the request for promotion.

4.54 If the recommendation of the Committee is favorable, the Committee will inform the chair of the Departmental Committee and Department Chair in writing and will forward a recommendation for promotion to the Vice Dean and the Dean.

4.55 If the recommendation of the Committee is unfavorable, the chair of the Departmental Committee and Department chair will receive a written explanation of the committee’s recommendation. The committee’s recommendation to the Vice Dean and Dean must report the numerical vote. A minority report, if pertinent, with reasons for any negative or abstaining votes must be included.
4.6 The Dean:

4.61 Will review the Committee recommendations, rationales, and candidate’s promotion folder;

4.62 May meet with the applicant, at which time they will discuss the candidate’s portfolio;

4.63 Will conduct a thorough and substantive review of the applicant; and

4.64 Will forward his/her recommendation to the Office of the President of RU. The dean will be available to meet with the Committee to discuss his recommendation if requested to do so. At this stage, the candidate who receives a negative recommendation from the Dean may exercise the option to withdraw from further consideration or to appeal the recommendation to the President of Rowan University.

4.7 The University Senate Promotion Committee will receive and retain for informational purposes the recommendations and report of the Dean for Rowan employed faculty.

5.0 Role of the President

5.1 The role of the President is largely procedural; however, he/she remains empowered to conduct substantive reviews of the qualifications of the candidates should he/she decide to do so.

5.2 The President will consider the recommendations of the Dean.

6.0 Action by the RU Board of Trustees

The Office of the President will forward affirmative decisions to the RU Board of Trustees for action at their June meeting.

7.0 Notification of action by Rowan University Board of Trustees

7.1 The CMSRU Office of Faculty Affairs will send a letter from the Dean and Vice Dean notifying faculty of the action of the Rowan University Board of Trustees and any CMSRU requirements for faculty.

Last Revised: August 18, 2015
SECTION: Faculty Affairs

SUBJECT: Conflict of Interest

ISSUE OR REVISION DATE: November 2010

INITIATED BY: Faculty Policy and Procedures Committee

APPROVED BY:

Paul Katz, M.D., Dean

Approved by: Rowan University Board of Trustees

PURPOSE: At CMSRU, all clinical and basic science faculty (full-time, part-time, adjunct, etc.) are required to abide by and conduct themselves by all ethics and conflict of interest rules and regulations as promulgated by the State of New Jersey through the State Ethics Commission (for Rowan employees) and by the Cooper Health System Policies and Procedures (for Cooper employees).

POLICY: Conflict of Interest

SCOPE:

Basic Science Faculty:

As State of New Jersey employees, all basic sciences faculty (full-time, part-time and adjunct) and all other State of New Jersey employees affiliated with the medical school are required to comply with all New Jersey State Ethics Commission (SEC) rules and regulations. Inherent in this compliance is the requirement that there be no conflicts of interest in the execution of their official State duties and responsibilities as State employees. In addition, compliance also requires that all rules and regulations are followed as they pertain to vendors and/or interest parties. The following are some of the related policies from the SEC that exist and apply to all State of New Jersey employees (see attachments):

- Uniform Ethics Code
- Plain Language Guide
- Scholarly Capacity Rule Impact Statement

As State of New Jersey employees, all basic sciences faculty and any/all other State employees affiliated with the medical school will undergo periodic ethics training and/or briefings conducted by the Rowan University Ethics Liaison Officer and the Cooper Medical Compliance Officer, and will complete any/all related forms as required by the SEC. The following are some of the related forms that must be completed:

- Outside Activity/Employment Questionnaire
In addition, as Rowan University employees, all basic sciences faculty must adhere to other State and University policies and procedures that pertain to academic, professional and personal conduct as stipulated in the following documents (see attachments):

- Faculty Code of Professional Conduct
- Americans with Disabilities Act
- New Jersey State Policy Prohibiting Discrimination in the Workplace
- Human Subjects Protection Policy

Clinical Faculty:

All Clinical faculty who are Cooper employees are required to comply with CMSRU policies and procedures (as pertinent to them) and policies and procedures of the Cooper Health System.
SECTION: School Policy and Procedures

SUBJECT: Industry Relations with Physicians and Continuing Medical Education

ISSUE OR REVISION DATE  November 2010

INITIATED BY: Medical Student Policy and Procedures Committee

APPROVED BY:

Paul Katz, M.D., Dean

Approved by: Rowan University Board of Trustees

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

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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.

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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:**

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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.
I. Purpose
To set forth the Cooper Health System’s policy for identifying and addressing financial conflicts of interest arising from relationships between either, first, The Cooper Health System or, second, officers, trustees and employees who are involved or in a position to influence the conduct, review or oversight of human subjects research, and sponsors of human subjects research at Cooper. This Policy is intended as a complement to Cooper Research Institute Policy R-2 (Investigator Financial Disclosure and Conflict of Interest).

II. Accountability
The Chief Medical Officer (“CMO”) will assure compliance with this policy.

III. Applicability
This policy will apply to The Cooper Health System (“CHS”) and all employees, medical staff, and Trustees of CHS listed in Appendix A.

IV. Definition
A. Institutional Conflicts of Interest
The following categories shall constitute an “institutional financial conflict of interest” which triggers the processes described in this Policy:

1. CHS equity holdings or royalty arrangements
   a. When the institution has the potential to receive significant milestone payments and/or royalties from the sale of the investigational product that is the subject of the research;
   b. When, through its technology licensing activities or investments related to such activities, CHS has obtained an equity interest or an entitlement to equity of any value (including options or warrants) in a non-publicly traded company that is (i) the sponsor of human subjects research at the institution; or (ii) the manufacturer of a product to be studied or tested in human subjects research at or under the auspices of CHS.

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c. When, through technology licensing activities or investments related to such activities, CHS has obtained an ownership interest or an entitlement to equity (including options or warrants) of greater than $100,000 in value (when valued in reference to current public prices, or, where applicable, using accepted valuation methods), in a publicly traded company that is (i) the sponsor of human subjects research at the institution; or (ii) the manufacturer of a product to be studied or tested in human subjects research at or under the auspices of CHS.

2. Interests of those individuals listed on Appendix A, including their respective spouses and dependent children

a. An equity interest or entitlement to equity (including option or warrants) of any amount in a non-publicly traded company that is (i) the sponsor of human subjects research at the institution; or (ii) the manufacturer of a product to be studied or tested in human subjects research at or under the auspices of CHS;

b. An equity interest (except interests in any amount in publicly traded, diversified mutual funds, pension funds, or other institutional investment funds over which you do not exercise control) in a publicly traded sponsor of human subjects research, conducted at or under the auspices of CHS or entitlement to equity (including options or warrants) which either has a value of $25,000 or more OR represents more than a 5% ownership interest in any single entity;

c. Consulting fees, honoraria, gifts, royalties or other payments or “in kind” compensation from a company that is (i) the sponsor of human subjects research at the institution; or (ii) the manufacturer of a product to be studied or tested in human subjects research at or under the auspices of CHS, and would be more than a “de minimis financial interest” as defined in Cooper Research Institute Policy R2;

d. An appointment to serve, in either a personal or representative capacity, as an officer, director, or board member of a company that is (i) the sponsor of human subjects research at the institution; or (ii) the manufacturer of a product to be studied or tested in human subjects research at or under the auspices of CHS, whether or not remuneration is received for such services;

e. An appointment to serve on the scientific advisory board of a commercial sponsor of human subjects research conducted at or under the auspices of Cooper, unless the official has no current significant financial interest in the sponsor or the investigational product and agrees not to hold such an interest for a period of no less than three years following completion of any related research conducted at or under the auspices of the institution; or

f. Any intellectual property rights in any device or drug which is involved in human subject research being conducted at or under the auspices of CHS.

3. Other Financial Relationships that do not per se constitute an institutional conflict of interest but warrant review by the Institutional Conflicts of Interest Committee (“ICOI”).

a. When an investigator, research administrator, or institutional official with research oversight authority participates materially in a procurement or purchasing decision involving major purchases from, or non-routine supply
contracts with, a commercial entity that sponsors human subjects research at the institution; or

b. When Cooper has received substantial gifts (including gifts in kind) from a potential commercial sponsor of human subjects research. Evaluation of the potential sponsor’s gift history might include the following:
   1. Whether a gift is of sufficient magnitude that even when held in the general endowment for the benefit of the entire institution, it might affect, or reasonably appear to affect, oversight of human subjects research at the institution;
   2. Whether a gift is held for the express benefit of the department, institute or other unit where the human subjects research is to be conducted; or
   3. Whether any institutional officer who has the authority, by virtue of his or her position, to affect or appear to affect the conduct, review, or oversight of the proposed human subjects research has been involved in solicitation of the gift.

B. Compelling Circumstances
As used in this Policy, the term “compelling circumstances” means facts considered by the ICOI that convinces the ICOI to recommend that a human subjects research protocol should be conducted at CHS despite the existence of an institutional conflict of interest. These facts include, but are not limited to, the nature of the science, the nature of the interest, how closely the interest is related to the research, the degree of risk that the research poses to human subjects and the degree to which the interest may be affected by the research, the degree or risk that the research poses to human subjects and the integrity of the research, the degree to which the institutional COI can be effectively managed, and whether CHS is uniquely qualified, by virtue of its attributes (e.g. special facilities or equipment, unique patient population, and the experience and expertise of the investigators), to conduct the research and safeguard the welfare of the human subject involved.

V. Structure
The Research Ethics Committee (established in Cooper Research Institute Policy R1) will serve as the ICOI. When convened for this purpose, the Chair of the Audit/Ethics Committee of the Board of Trustees and the Chief Compliance Officer will serve as members of the ICOI, with vote. If that individual is either employed or otherwise affiliated with the institution (for instance, a member of the medical staff), he or she shall designate a non-affiliated member of the Audit/Ethics Committee to serve in this capacity. Members of the ICOI must sign confidentiality agreements to assure that the personal information provided by individuals pursuant to this Policy is used and disclosed solely for the purposes of and pursuant to the procedures established by this Policy.

The report and recommendations of the ICOI shall in turn be sent to the Audit/Ethics Committee of the Board of Trustees, which shall either concur in the ICOI’s recommendation or may make a determination which is more, but no less, restrictive than those contained in the ICOI’s recommendations.

VI. Policy
No human research which involves an institutional conflict of interest will be conducted at Cooper unless that conflict has been evaluated by the ICOI and the Audit/Ethics Committee and either cleared by them, or if the conflict has not been cleared, these bodies have found a compelling interest to permit the research to proceed despite the conflict, subject to such conditions as the ICOI and the Audit/Ethics Committee may impose to minimize and manage the conflict. Nothing in this Policy shall be deemed to affect the prerogative of the Institutional Review Board (“IRB”) to disapprove, suspend
or revoke approval of a research protocol based on its perception of an institutional conflict of interest, regardless of a recommendation by the ICOI and the Audit/Ethics Committee allowing the research.

VII. Process

A. Reporting of Institutional Financial Interests to the Secretary of the Board of Trustees
Cooper’s legal and/or financial offices should provide the Secretary of the Board of Trustees with a list of any CHS equity holdings or royalty arrangements fitting the criteria described in IV (A) of this Policy. This information will be incorporated into a data base, along with information gleaned from the individual disclosures of institutional officials which can be checked by authorized IRB staff against any pending research protocols. In the event a “match” is found between a disclosed interest and a proposed protocol, the matter will be referred to the ICOI for a determination by the ICOI whether there is an institutional conflict of interest and whether there is a compelling interest that any affected protocol should proceed despite the conflict, and if so, what conditions should be imposed to minimize or manage the conflict.

B. Annual and Updated Reporting of Personal Financial Interests of Institutional Officials
Those individuals described in Appendix A must make an annual disclosure of any personal financial interests in any entity that is a potential sponsor of human subjects research as part of their Cooper Health System Annual Disclosure Statement which will be incorporated, along with the above described System disclosures into a data base for the disclosed information which can be checked by authorized IRB staff against any pending research protocols. It is expected that individuals identified in Exhibit A shall also update their disclosures for any changed circumstances that come into existence prior to the time the next Annual Disclosure Statement would be due.

In the event a “match” is found between a disclosed interest and a proposed protocol, the matter will be referred to the ICOI for a determination whether there is a conflict of interest and whether there is a compelling interest that the affected protocol should proceed despite the conflict, and if so, what conditions should be imposed to minimize or manage the conflict.

C. Reporting of Institutional Conflicts to the Institutional Review Board
After reviewing a significant financial interest in research that is allowed to proceed, the Audit/Ethics Committee will communicate its conclusions, along with any management conditions to be imposed, as well as provide a copy of the ICOI’s report and recommendations, to the Institutional Review Board. Should the IRB approve the protocol in question, all relevant conflicts should be disclosed to research subjects in a form to be determined by the IRB.

D. Additional Considerations for Conflict Management
In cases where the ICOI recommends that a human subject research protocol proceed despite an institutional conflict, the ICOI will consider additional measures, appropriate under the circumstances, to minimize or manage the conflict. Such measures may include, but are not limited to (i) in the event that the COI emanates from a disclosure made by a person among those listed on Exhibit A, recusal of the individual with a significant financial interest from any role in the approval or oversight of the protocol, and/or recusal from authority over salary, promotion and space allocation decisions affecting the investigator; (ii) change in Cooper’s institutional role in a protocol (such as moving from primary to non-primary status in a multicenter trial or not serving as the coordinating site), or use of external monitoring arrangements (for example, use of a data and safety monitoring board or an external IRB); (iii) eliminating, reducing or modifying the financial conflict; (iv) increasing or establishing firewalls or other conflict management systems to separate financial and research decision-making.

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E. Interim Recusal
If an institutional official who holds a significant financial interest in an investigational product or commercial research sponsor becomes aware that he or she must take an action or participate in a decision that may affect or reasonably appear to affect the institution’s human subjects research, and the official has not yet been directed by the ICOC to recuse himself or herself from the matter, the official is required to disclose the circumstances to the CMO. The CMO may determine that the recusal is necessary, or may decline to require recusal. When the CMO declines to require recusal, she will refer the matter to the ICOI for review, and in the event the ICOI feels recusal is necessary, the ICOI’s determination will control. In any case, the CMO should document her recusal determination and forward this documentation to the ICOI. The ICOI should maintain a central repository of information about all recusal determinations related to the institution’s human subjects’ research.

F. Separate sites
This policy applies to all affiliates operating under CHS’ Federal-wide Assurance (FWA), and to all CHS investigators involved in human subject research.

G. IRB Members
At the time any research protocol is presented to the IRB for review, any IRB member who has a reportable financial interest (as defined in Cooper Research Institute Conflict of Interest Policy R2) involving that sponsor must disclose that interest to the IRB Chair and the IRB shall determine whether and to what extent that member shall be permitted to participate in the IRB’s consideration of that protocol. All disclosures and management thereof shall be documented in the IRB’s meeting minutes.

VIII. Disclosure
Appropriate disclosure to research subjects, and in all publications is required whenever CHS holds a financial interest that is or could reasonably appear to be in conflict with a proposed human subjects research project under the terms of this policy, and the conflict has not been eliminated through recusal, divestiture or otherwise. The IRB will specify the form and content of the disclosure to research subjects on any IRB reviewed protocols and the ICOI shall specify the form of the disclosure to be made in any publications.
APPENDIX A

Individuals who have oversight responsibilities for human subject research:

- All members of the Board of Trustees
- All members of the Audit/Ethics Committee and Quality Committee of the Board of Trustees
- All members of Executive Management
- Chief Medical Officer
- Chair, Cooper Foundation
- In-house Legal Counsel
- Department Chiefs
- Division Heads
- Director Cooper Research Institute (CRI)
- Director Institutional Review Board (IRB)
- Chair IRB
- Chair Research Oversight Committee
- Chair Research Ethics Committee
- Director Grants Management
- Research Directors (Corporate, departmental and divisional)

Individuals may be added to this list by the Audit/Ethics Committee at any time.
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I. PURPOSE

To set forth The Cooper Health System (CHS) policy concerning investigator financial disclosure and conflict of interest that is in compliance with the Public Health Service (PHS) Objectivity in Research Final Rule (42 CFR Part 50 Subpart F and 42 CFR Part 94) and with the National Science Foundation (NSF) Investigator Financial Disclosure Policy, both effective January 1, 1995. The purpose of this policy is to determine and manage appropriately financial conflicts of interest among investigators applying for and receiving Federal and all other research, educational and service funds, thereby ensuring that the design, conduct and reporting of funded research, educational and service activities will not be biased by such conflicts.

II. ACCOUNTABILITY

The Senior Vice President for Academic Affairs through the Research Administrator shall ensure compliance with this policy.

III. APPLICABILITY

This policy shall apply to all members of the CHS staff and other employees who, on behalf of the CHS, apply for or receive Federal or other funds, products or services through a grant, subgrant, contract, subcontract, or cooperative agreement for any research, educational or service purpose. It shall also apply to all investigators working on behalf of the CHS as subgrantees, contractors, subcontractors or collaborators on projects funded or proposed for funding. The policy shall apply to applications to all potential sponsors, including Federal and other governmental agencies, as well as voluntary agencies, private entities, foundations, the Office of Development and other internal sources. The Policy shall also apply to all investigators who submit applications to the CHS IRB for review and approval of research projects.

IV. DEFINITIONS

A. Investigator

The term “investigator” shall mean:

the principal investigator,

co-principal investigators, co-investigators, and

any other person at the CHS who is or will be responsible for the design, conduct or reporting of funded or proposed research, educational or service activities proposed for funding by any internal or external sponsor; these persons may include research associates, technicians, consultants, postdoctoral fellows, graduate and other students, etc.

For purposes of this Policy, the term “investigator” also includes the investigator’s spouse and dependent children.

B. Reportable Financial Interests

The term “reportable financial interests” shall mean anything of monetary value including, but not limited to:
salary, royalties or other payments for services (e.g., consulting fees, honoraria, gifts of cash or goods, salary for an executive position on or for other employee position in a for-profit business, compensation for service on a Board of Directors or Scientific Advisory Board in a for-profit business, etc.)

intellectual property rights (e.g., patents, copyrights and royalties from such rights),

equity interests (e.g., stocks, stock options or other ownership interests) in business enterprises or entities.

equity interests, including stock options, of any amount in a non-publicly-traded financially interested company (or entitlement to the same).

The term “reportable financial interests” shall **NOT** include:

salary, royalties or other remuneration from the CHS;

income from seminars, lectures or teaching engagements sponsored by public or non-profit entities or given as honoraria by another academic institution for an academic activity, such as seminar or grand rounds presentation;

income from service on advisory committees or review panels for public or non-profit entities;

holdings in publicly traded, diversified mutual funds, pensions funds, or other investment funds over which the investigator does not exercise control

A “*de minimis* financial interest” means a “reportable financial interest” which meets the following criteria:

salary, royalties or other payments that, when aggregated for the investigator and the investigator’s spouse and dependent children, are not expected to exceed $10,000 during the next twelve-month period;

- equity interests that, when aggregated for the investigator and the investigator’s spouse and dependent children, meets both of the following tests: does not exceed $10,000 in value as determined through reference to public prices or other reasonable measures of fair market value and does not represent more than a 5% ownership interest in any single entity.

C. **Financially Interested Individual**

The term “financially interested individual” means an investigator who has a reportable financial interest.

D. **Financially Interested Company**

The term “financially interested company” means a commercial entity with financial interests that would reasonably appear to be affected by the conduct or outcome of the research.

E. **Rebuttable Presumption**

The term “Rebuttable Presumption Against Financial Interests in Human Subject Research” shall mean:

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the institution will presume that, in the absence of compelling circumstances, a financially interested individual who has reported more than a \textit{de minimis} financial interest may not conduct human subjects research. A financially interested individual may rebut the presumption by demonstrating facts that, in the opinion of the Research Ethics Committee, constitute compelling circumstances. The individual would then be allowed to conduct the research under conditions specified by the Research Ethics Committee and approved by the responsible IRB.

**F. Compelling Circumstances**

The term “compelling circumstances” means facts considered by the Cooper Health System Research Ethics Committee that convince the Committee to allow an investigator with a reportable financial interest to conduct human subjects research. Those facts include, but need not be limited to: the nature of the research; the magnitude of the financial interest and the degree to which it is related to the research; the degree to which the financial interest could be directly and substantially affected by the research; the degree of risk to subject’s participating in the research; the extent to which the financial interest can be effectively overseen and managed; whether the investigator is uniquely qualified to conduct the research by virtue of experience and expertise; whether the research could otherwise be conducted safely or effectively without the investigator. In reaching its determination the Committee will balance the potential benefits of the project and the investigator’s participation in it with the risks to the subjects, risks to the integrity of the research data, risks of bias, and any risks which might be caused by the appearance of conflict.

**G. Prohibition of Payments for Results**

The term “Payments for Results” shall mean:

- payments conditioned upon particular research results or tied to desirable or preferred research outcomes;

- payments for subject enrollment or for referral of patients to research studies are permitted only to the extent such payments are:

  - reasonably related to costs incurred, as specified in the research agreement between the sponsor and the institution;

  - reflect the fair market value of services performed; and

  - are commensurate with the efforts of the individual(s) performing the research.

**V. STATEMENT OF POLICY**

Investigators shall not apply for research, education or service funds unless he/she has completed a financial disclosure form that has been evaluated by the Research Ethics Committee.

Investigators planning to participate in sponsored pharmaceutical or device clinical trials shall file a financial disclosure form to be evaluated by the Research Administrator prior to IRB review.

No human subjects research shall be conducted by an investigator with a reportable financial interest unless the Research Ethics Committee has found compelling
circumstances, communicated its findings to the Cooper Health System IRB, and the IRB concurs with the Research Ethics Committee’s compelling circumstances determination. No research shall be conducted in the Cooper Health System which includes payment for desired or preferred results.

The Cooper Health System will not approve research protocols that: limit the right of the principal investigator to receive, analyze and interpret all data generated in the research; condition the right to publish on a preferred or desired outcome of the study; or permit a sponsor or other financially interested company to require more than a reasonable period of prepublication review.

VI. PROCESS

A. Disclosure of Reportable Financial Interests

1. Responsibility to Disclose

Each investigator planning to apply for or receiving funds for research, educational or service activities shall disclose to the Research Administrator all those reportable financial interests of the investigator and of the investigator’s spouse and dependent children as described below:

that might reasonably appear to be affected by the research service or educational activities funded or proposed for funding; or

in entities whose financial interests might reasonably appear to be affected by the research service or educational activities funded or proposed for funding.

This reporting obligation shall also apply to non-human subject research, and, under the following circumstances, to pre-clinical research: first, the non-human subject research is linked to any reportable financial interest, and; second, the pre-clinical research is reasonably anticipated to be (i) a component of an IND submission or (ii) progress to research involving human subjects within twelve (12) months. When a reportable financial interests is disclosed in the context of non-human subject or pre-clinical research, the Research Ethics Committee shall have the authority to decide whether any of the policy stipulations that apply to human subjects research should apply to this research.

The duty to disclose as provided for in this Policy shall also apply to research where an IRB other than a Cooper IRB is the designated IRB for the initial approval and continuing review of a research protocol. In such an instance, the Research Ethics Committee shall send its determination to the designated IRB, and also disseminate its determination as required in Section VI (B) (3) (a), below.

a. Timing of Disclosure

All of the above required financial disclosures shall have been provided by the investigator to the Senior Vice President for Academic Affairs through the Research Administrator AT THE TIME THE PROPOSAL IS SUBMITTED TO THE FUNDING AGENCY. No proposal may be submitted to a funding agency without such disclosure. For sponsored clinical trials, financial disclosure by investigators must be filed at or before the time of application for

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IRB approval. Human subjects research projects will not be reviewed by the IRB prior to receipt of disclosures and resolution of conflicts of interest as necessary. Investigators with conflicts as defined herein are advised to file disclosures as early as possible to avoid unnecessary delay in IRB review.

b. Disclosure Form

i. The financial disclosure shall be made on a special Investigator Financial Disclosure Form (see Exhibit I) that shall be submitted to the Research Administrator with the proposal. A separate Investigator Financial Disclosure Form must be completed for each individual who is an “investigator” as that term is defined in Section IV.A. above. If one or more such individuals had not been named at the time of proposal submission, a form or forms must be completed subsequently to the(se) individual(s) and submitted by the principal investigator to the Research Administrator as soon as such individuals are assigned to the project.

ii. The Investigator Financial Disclosure Form shall contain sufficient information to determine whether the investigator’s financial interests, if any, meet the definition of a “reportable financial interest” as defined in Section IV.B. 1 of this Policy, whether this financial interest is in entities whose financial interests might reasonably appear to be affected by the research, service or educational activity proposed, and how such a conflict of interest may be managed, reduced or eliminated.

iii. Prior to the submission to the Research Administrator, the Investigator Financial Disclosure Form shall be signed by the investigator and, if a conflict is indicated, by the Chief of the department or, if the investigator is a department Chief, by the Senior Vice President for Academic Affairs.

iv. The Research Administrator shall transmit the Investigator Financial Disclosure Forms to the Committee described in Section V.B. below when the information disclosed suggests that a reportable financial interest or other conflict of interest may exist. Those Investigator Financial Disclosure Forms which are not transmitted to the Committee shall remain on file in the office of the Research Administrator.

v. Each investigator shall be responsible for updating his/her Investigator Financial Disclosure Form during the period of the award and submitting it to the Research Administrator on an annual basis, or as new reportable financial interests are obtained or if the investigator’s situation with respect to potential conflict of interest otherwise changes since the original financial disclosure at the time of submission of the proposal.

B. Review of Financial Disclosures and Resolution of Conflicts Revealed

Review of any financial disclosures, determination of whether a conflict of interest exists, and the management, reduction or elimination of any conflicts must be completed PRIOR TO EXPENDITURE OF ANY AWARDED FUNDS. Human subjects Research Projects will not be reviewed by the IRB until financial disclosures have been received by the Research Administrator and where a significant financial -interest has been identified, the Research Ethics Committee has reviewed the financial interest, and, where applicable has made
recommendations to manage, reduce or eliminate the conflict caused by the reportable financial interest.

1. **Scope of the Committee**

   The Research Ethics Committee (hereinafter “the Committee”) will:

   a. review financial disclosures from investigators that have been referred by the Research Administrator

   b. determine whether a reportable financial interest exists, which reasonably appears to affect the design, conduct or reporting of the research, service or educational activities.

   c. In the case of human subjects research determine whether in the event of a reportable financial interest, there are nonetheless compelling circumstance for allowing the research to proceed pursuant to such conditions as may be imposed by the Committee.

   d. recommend what conditions or restrictions should be imposed upon the investigator to manage, reduce or eliminate such conflicts of interest. Examples of conditions or restrictions that might be imposed to manage, reduce or eliminate conflicts of interest include, but are not limited to:

       disclosure of the reportable financial interest to: (i) state and federal officials, as required by state or federal regulation; (ii) research funders or sponsors; (iii) if the study is part of a multi-center trial, the Principal Investigator of the trial and the IRBs of the other participating institutions (iv) to co-investigators and other staff working with the investigator on the project; (v) to the editors of any publication to which a manuscript concerning the project is submitted; (vi) the public, in connection with any oral or written public communication of the research results; (vii) to the research subjects in a manner sufficiently specific to identify the nature of the financial interest and that it has been reported to and is being managed by the institution

       monitoring of the research or educational activity by independent reviewers;

       modification of the research plan or educational activity;

       disqualification from participation in one or more elements of the research or educational activity (such as, restricting participation in subject recruitment or selection, consenting of subjects, analyzing or collecting data, or adverse event reporting, or, in the case of early-stage research, limiting participation to certain preliminary activities);

       divestiture of reportable financial interests or reduction of the amount of the interest to an acceptable level, of one exists;

       deferral or waiver of payment to an investigator, or:

       severance or limitation of the extent of relationships that create conflicts of interest.
2. Operations of the Committee

a. While considering specific disclosures, the Committee may, subject to appropriate confidentiality restrictions, consult with individuals such as other members of the staff, scientists, experts in the field, the CHS attorney, the UMDNJ Office for Legal Management, the Research Administrator, the Senior Vice President for Academic Affairs, the Associate Dean of the UMDNJ/RWJMS at Camden, or the Dean of Research at UMDNJ/RWJMS.

b. The Committee may ask the investigator to appear before it to provide additional details to assist in the Committee’s determination about the existence of a conflict of interest and/or its recommendations concerning conditions or restrictions. It is expected that all faculty and staff will cooperate with the Committee.

3. Determination, Recommendations and Final Decision

a. The Committee shall convey in writing its determination and recommendations and the reasons therefor to the IRB with copies to the investigator, Senior Vice President for Academic Affairs or his designee, appropriate Department Chief and Division Head.

b. If the final decision is that a conflict of interest exists, but the research may proceed, the Research Administrator shall report this to the funding agency prior to the expenditure of any funds under the award. The funding agency shall at the same time be assured that the conflict of interest has been managed, reduced or eliminated.

c. If the final decision includes conditions or restrictions to manage, reduce or eliminate a conflict of interest, the investigator shall be required to document in writing to the Research Administrator his or her compliance with the condition or restriction prior to the expenditure of any funds under the award.

d. Nothing in this policy shall be construed to limit or supersede the IRB’s right, as part of its process of reviewing human subjects research, to: disapprove of a research project even though the Research Ethics Committee has found compelling circumstances to allow the research to proceed despite a conflict of interest, or place conditions on the approval of the research beyond those imposed by the Research Ethics Committee.

4. Subsequent Disclosures

All investigators are required to immediately complete and submit a new Investigator Financial Disclosure form for any reportable financial interest which comes into existence while a funded research, service or educational protocol is pending. If there is a new reportable financial interest reported by the investigator subsequent to the initial disclosure, the same procedures for review of the disclosures, determination whether a conflict of interest exists, recommendations to manage, reduce or eliminate the conflict, and notification of the funding agency shall be followed as set forth in this Section. Such new conflicts must be managed, reduced or eliminated, at least on an interim basis, within sixty (60) days of their identification. The Research Administrator shall notify the IRB if the new reportable financial interest reported is with a human subject research project. The research activity may be suspended or otherwise restricted during the investigation.
C. Enforcement

1. Failure to Submit

Failure to fill out the required Investigator Disclosure Forms shall prevent submission of the proposal to the funding agency or sponsor, review by the IRB, or distribution of any funding received.

2. Failure to Disclose

Failure of any investigator to completely and truthfully fill out the Investigator Financial Disclosu...subject to the full range of disciplinary action, including, where applicable, notification of the funding agency and other interested parties.

3. Failure to Comply

If an investigator fails to comply with any conditions or restrictions imposed by decision of the Committee and IRB to manage conflicts of interest, or fails to comply with any other provision of this policy, AND/OR if such failure to comply has biased the design, conduct or reporting of the research, educational or service activity, the investigator is subject to the full range of institutional disciplinary procedures as provided for in applicable CHS disciplinary policies. The Research Administrator shall inform the Committee and the Senior Vice President for Academic Affairs or his designee of such failure of compliance, who shall in turn make any notifications to any funding agency as may be necessary of appropriate under the circumstances. The Committee shall recommend corrective actions to be taken under these circumstances; the decision of the Senior Vice President for Academic Affairs or his designee about corrective actions shall be transmitted to the funding agency by the Research Administrator.

4. Conflict Not Disclosed Prior to Research

If clinical research with the purpose of evaluating the safety or effectiveness of a drug, medical device or treatment has been designed, conducted or reported by an investigator with a conflicting interest that was not disclosed or not managed as set forth in this policy, the Senior Vice President for Academic Affairs or his designee shall, in addition to such other disciplinary action or notification initiated pursuant to this Policy, direct the investigator involved to disclose the conflicting interest in each public presentation of the research.

D. Reports and Record-Keeping

1. Maintenance of Determinations and Recommendations

The Office of the Research Administrator shall maintain records of all financial disclosures, Committee determinations and recommendations, final decisions, actions taken to resolve conflicts of interest and the outcomes thereof for at least three (3) years from the date of submission of the final expenditure report of the project, or until the resolution of any government action involving those records, whichever is longer.
2. Annual Reporting

Annually in January, the Research Administrator shall summarize for the Senior Vice President for Academic Affairs all of the past year’s financial disclosures, Committee determinations and recommendations, final decisions, actions taken and the outcomes thereof.
PURPOSE: To establish a policy on response to allegations and apparent occurrences of misconduct in scientific research conducted by or under the direction of CMSRU faculty. The objective of this policy is to ensure compliance with the highest ethical standards in research, to promote the understanding by CMSRU research personnel and employees of the principles of scientific inquiry, and to ensure the prompt and appropriate investigation of alleged or apparent misconduct with due regard to the rights of those involved in the process.

This policy is intended to implement federal law 42 USC Section 289b and the regulations promulgated pursuant thereto, and that of 42 CFR Part 93, Subpart C.

SCOPE: This policy applies students, faculty, staff, and employees of CMSRU, and, as appropriate, independent investigators involved in research administered by CMSRU whose activities are not reviewed pursuant to a scientific misconduct protocol overseen by a third party to whom said investigator is accountable. This policy does not create contractual rights, nor does it limit CMSRU’s rights to terminate employment, with or without cause. This policy is not intended to supersede other disciplinary action that might result from actions reviewed hereunder.

DEFINITIONS:

- Research means a systematic experiment, study, evaluation, demonstration or survey designed to develop or contribute to general knowledge (basic research) or specific knowledge (applied research). Research, as used herein, includes all basic, applied, and demonstration research in all fields of science, engineering, and mathematics. This includes, but is not limited to, research in economics, education, linguistics, medicine, psychology, social sciences, statistics, and research involving human subjects or animals.

- Research Misconduct means fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results.

- Fabrication is making up data or results and recording or reporting them.

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- Falsification is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.

- Plagiarism is the appropriation of another person’s ideas, processes, results or words without giving appropriate credit. Authorship or credit disputes and “self-plagiarism” of an author’s work from one paper to another or from a paper to a grant application are not ordinarily considered plagiarism.

- Research misconduct does not include honest error or differences of opinion.

- The research record is the record of data or results that embody the facts resulting from scientific inquiry, and includes, but is not limited to, research proposals, laboratory records, both physical and electronic, progress reports, abstracts, theses, oral presentations, internal reports, and journal articles, and any documents and materials provided by a Respondent in the course of the research misconduct proceeding.

- Office of Research Integrity or ORI means the office to which the HHS Secretary has delegated responsibility for addressing research integrity and misconduct issues related to PHS supported activities.

- Public Health Service or PHS means the unit within the Department of Health and Human Services that includes the office of Public Health and Science and includes the Office of Public Health and Science and the following operating Divisions: Agency for Healthcare Research and Quality, Agency for Toxic Substances and Disease Registry, Centers for Disease Control and Prevention, Food and Drug Administration, Health Resources and Services Administration, Indian Health Service, National Institutes of Health, and the Substance Abuse and Mental Health Services Administration, and the offices of the Regional Health Administrators.

- PHS Support means PHS Funding, or applications or proposals therefor, for biomedical or behavioral research, training or activities related to research or training, that may be provided through: funding for PHS intramural research; PHS grants, cooperative agreements, or contracts or subgrants or subcontracts under those funding instruments; or salary or other payments under PHS grants, cooperative agreements or contracts.

- Respondent means the person against whom an allegation of research misconduct is directed or who is the subject of a research misconduct proceeding.

- Preponderance of the evidence means proof by information that, compared with that opposing it, leads to the conclusion that the fact at issue is more probably true than not.

**POLICY:** The Associate Dean for Research shall have primary responsibility for assessing a proper response to allegations of misconduct.

Allegations of misconduct will ordinarily be made by a written statement describing the misconduct in sufficient detail to form the basis of an inquiry, and shall be delivered to the Associate Dean for Research.

Upon receipt of an allegation of misconduct, the Associate Dean for Research shall initially determine whether the further processing of the charge will be handled in accordance with this policy, or referred Rowan University or the Cooper Health System for consideration under their policy. The primary
responsibility for resolving an allegation of misconduct will ordinarily rest with the institution that has administered the research grant or contract.

A. Introduction

Employees and medical staff of CMSRU involved in scientific research are required to maintain the highest ethical standards in the conduct of such research. These standards are based on well-established principles of scientific research, including validity, accuracy, and honesty in collecting and reporting of data. Failure to observe these principles damages CMSRU’s image, the general public trust, and the entire scientific community. In addition, research misconduct is a major breach of the obligations owed by hospital staff, house staff, fellows, students, trainees, and other employees to CMSRU. A finding of research misconduct requires that: there be a significant departure from accepted practices of the relevant research community; and the misconduct be committed intentionally, or knowingly, or recklessly.

B. Research Ethics Committee

CMSRU will use the Cooper Health System’s Research Ethics Committee as its Research Ethics Committee.

The functions of the Committee will be to:

- Review and recommend CMSRU policies on scientific ethics and misconduct.
- Advise of developments and regulations on the issue of scientific misconduct and the status of CMSRU’s policies and procedures for dealing with this issue.
- Supply the Associate Dean of Research with the information needed to make Cooper’s annual submission to the Office of Research Integrity (ORI) of the US Department of Health & Human Services (HHS). This submission will consist of Cooper’s assurance of compliance with 42 CFR Part 93 and aggregate information on allegations, inquiries, and investigations as prescribed by the Department of Health and Human Services (DHHS).
- Conduct inquiries of allegations of scientific misconduct as detailed below.
- In collaboration with the IRB assemble and disseminate material to the Cooper and CMSRU communities with the purpose of preventing misconduct. This material will consist of standards and guidelines for research, and will inform all investigators of their responsibilities in the conduct of research, enabling each group of researchers to formulate its own set of specific procedures to ensure the quality and integrity of its research. These guidelines will include topics such as supervision of students, junior scientists, and research trainees; gathering, recording, storage, and retention of data; adherence to protocol; replication and discussion of results prior to publication; compliance with applicable rules, regulations, and policies; principles of authorship in publication practices; avoiding conflicts of interest, peer review; laboratory guidelines, letters of reference, and other appropriate items.
- Publish and disseminate annually throughout the Cooper and CMSRU communities policies and procedures on scientific misconduct, including the name, location and telephone number to whom reports or allegations of misconduct are to be made.
- Submit an annual report of its activities to the Chief Medical Officer (CMO) of Cooper and to the Dean of CMSRU.

C. Procedure for Investigating Allegations of Misconduct

1. The Dean of CMSRU shall additionally provide notice of the allegations to: the Chair of the Medical School Board, the President of RU and the President and CEO of Cooper (as appropriate and the Chairs of the Boards of Trustees of RU and CHS (as appropriate), legal counsel of RU or Cooper (as appropriate), and where the allegation involves human subjects research, the Chair of the IRB.

2. **Interim Action** - At any time during the course of an initial inquiry, investigation, or otherwise, the Office of Research Integrity (in the case of research conducted with PHS Support) or relevant funding agencies or sponsors will be immediately notified as soon as it appears that there is substantial evidence that:

   a. Health or safety of the public is at risk, including an immediate need to protect human or animal subjects; or
   
   b. there is an immediate need to protect federal or other funds or equipment; or
   
   c. there is a reasonable indication of possible violations of civil or criminal law; or
   
   d. there is an immediate need to protect the interests of those involved in the research misconduct proceeding; or
   
   e. if there is a good possibility that the alleged incident will be publicly disclosed; or
   
   f. For other reasons the research community or the public should be informed.

   The Committee may also recommend to the CMO and the Dean, and where applicable, to the Chair of the IRB, that interim administrative actions be taken in such situations as described above. If there is an indication of criminal conduct, notification shall be given within twenty-four (24) hours to: the Chair of the Medical School Board, the President of RU and the President and CEO of Cooper (as appropriate and the Chairs of the Boards of Trustees of RU and CHS (as appropriate), legal counsel of RU or Cooper (as appropriate), and, where applicable, to the Chair of the IRB and the relevant funding agencies or sponsors.

   In addition, at any time during the course of the inquiry, investigation, or otherwise, the ORI or relevant funding agencies or sponsors will be apprised of any facts that may affect current or potential federal or other funding for the Respondent, or that the ORI or relevant funding agencies or sponsors need to know to ensure appropriate use of federal or other funds and otherwise protect the public interest.

   All CMSRU personnel who receive notice pursuant to this section shall maintain confidentiality of the information received to the maximum extent possible.

3. **Initial Inquiry** – The initial inquiry will involve information gathering and initial informal fact-finding to determine whether an allegation of misconduct or apparent
instance of misconduct warrants further investigation. As soon as an allegation is made, the pertinent information, research records, and/or laboratory materials will be secured as appropriate under the circumstances. The conduct of the initial inquiry is not subject to the procedures required for an investigation, infra. The purpose of the initial inquiry is to determine if allegations of scientific misconduct are frivolous, unjustified, or clearly mistaken; or if the allegations warrant further formal investigation. The Committee will maintain confidentiality to the maximum extent possible during the initial inquiry and throughout the investigative process.

The Committee will meet within seven (7) working days of the receipt of an allegation or report to begin the initial inquiry of the allegation. A good faith effort will be made to notify the Respondent in writing of the inquiry, and will be informed of his/her obligation to cooperate fully. During the initial inquiry, the Committee should interview the individual(s) making the allegation and the Respondent against whom the allegations are made, and may interview such other individuals who may have information concerning the key aspects of the allegations as the Committee may deem appropriate. Legal counsel may not attend the inquiry. The Committee may also make a preliminary review of such documents as it deems necessary in order to determine whether further investigation of the allegations is warranted. The initial inquiry will be completed within sixty (60) calendar days from receipt of an allegation unless circumstances clearly warrant a longer period, in which case the records shall include documentation of the reasons for exceeding the sixty (60) day period. The Committee will determine whether the initial inquiry reveals:

a. Finding of No Cause, in which event the reasons for this decision will be documented in sufficient detail to permit later assessments of this decision, if necessary, and a written report will be prepared for the CMO, the Dean, the Chair of the Medical School Board, the President of RU and the President and CEO of Cooper (as appropriate and the Chairs of the Boards of Trustees of RU and CHS (as appropriate), legal counsel of RU or Cooper (as appropriate). If the Dean and CMO agree with the Committee’s finding of no cause, the case will be closed. If the Dean and CMO disagree with the Committee’s finding of no cause, a formal investigation will be initiated within thirty (30) days of the Dean and CMO’s action in the same manner as if the Committee made a finding of cause. In such event, the Dean and CMO or their designee shall supply a written statement setting forth the basis for recommending that the alleged actions warrant an investigation. The individual who made the report, the Respondent, the Chair of the Medical School Board, the President of RU and the President and CEO of Cooper (as appropriate and the Chairs of the Boards of Trustees of RU and CHS (as appropriate), legal counsel of RU or Cooper (as appropriate) and the Chair of the IRB, where applicable, will be formally notified in writing of the action of the Committee and of the resolution. In the event that the funding agency or sponsor was notified during the initial inquiry, the same will be informed of the finding of no cause following the initial inquiry. The Respondent shall be given a copy of the report of the inquiry and, where applicable, the written statement and an opportunity to comment on the allegations and finding of the initial inquiry. If such comments are made on the report, they will be made part of the record.
b. **Finding of Cause**, in which event a formal investigation will be initiated within thirty (30) days of this finding to examine and evaluate all relevant facts to determine if misconduct has occurred. Where a finding of cause is made, a written report summarizing the conduct of the initial inquiry and the basis for recommending that the alleged actions warrant an investigation will be prepared and a copy given to the Respondent, to the individual who made the allegation, to the Chair of the Medical School Board, the President of RU and the President and CEO of Cooper (as appropriate and the Chairs of the Boards of Trustees of RU and CHS (as appropriate), legal counsel of RU or Cooper (as appropriate), notifying these persons that they may submit comments on the inquiry report to the Chair of the Research Ethics Committee within fifteen (15) days. All such comments received from these individuals on the Committee’s report of the inquiry phase will be made part of the record.

Prior to the commencement of the formal investigation, the Chair of the Research Ethics Committee shall additionally provide notice of the finding of cause and the submission of the matter for further investigation to: the ORI, where PHS Support is involved (including a copy of the inquiry report and any comments received); any other relevant funding agency or sponsor; the Chair of the IRB, where applicable; and the Dean of CMSRU, if a full or part-time faculty appointee is the subject of the investigation. The Chair of the Research Ethics Committee may also inform, as he deems appropriate: (1) editors of the scientific journals in which articles and other publications concerning the research under investigation are pending publication; and (2) program directors of scientific meetings at which the individual under investigation is scheduled to present the research under investigation. Where notice is being sent to ORI per the terms of this paragraph, the notice shall include an identification of the PHS Support, including, for example, grant numbers, grant applications, contracts, and publications listing PHS Support.

4. **Investigation** – The Chairman of the Research Ethics Committee shall appoint a committee of not less than three persons responsible for the investigation, including designating the committee member who shall serve as the investigation committee chair. The Committee will consist of members of the Research Ethics Committee, if appropriate, and CMSRU staff members, if appropriate, who can provide expertise in the investigation. The investigation will be a formal examination and evaluation of all relevant facts to determine if misconduct has occurred. It will include interviewing the individual who made the allegation and the Respondent, as well as others who might have relevant information; reviewing original data and proposals; talking with experts in the same scientific discipline; considering materials and/or comments submitted by the individual in question; reviewing relevant literature, publications, correspondence, memos, telephone calls, etc. If appropriate, an independent expert capable of performing thorough and authoritative evaluations of all relevant technical evidence may be engaged as a consultant to the Committee for the purpose of inquiry or investigation. The expert may be internal to the organization or external.

Precautions will be taken against real or apparent conflicts of interest on the part of those involved in the inquiry or investigation. Committee members should not be involved with the research in question, should not be in competition with the Respondent, and should not have a previous or ongoing close professional or
academic relationship with the Respondent. If a question of bias or conflict of interest is raised with regard to any member of the investigating committee or any expert retained by the committee as a consultant, the issue shall be discussed between the Chair of the Research Ethics Committee, and the Dean and CMO. If it is determined that a change in the committee or expert should be made, the Chair of the Research Ethics Committee, in consultation with the Dean and CMO, shall make a new appointment.

At the time the investigating committee is appointed, the Chair of the Research Ethics Committee shall provide a written charge to the investigating committee that describes the allegations and related issues identified during the inquiry, defines scientific misconduct, and identifies the name of the respondent. The charge will advise the committee that the committee should determine, based on the results of its investigation, whether scientific misconduct has been proven by a preponderance of the evidence, and if so, to what extent, who was responsible, and its seriousness.

The Research Ethics Committee may consult with legal counsel as it deems appropriate during the course of the initial inquiry and subsequent investigation.

Once the investigation committee has been appointed, a written notice will be sent to the Respondent apprising him/her of:

first, the identity of the committee and any expert retained by the committee, enclosing a copy of the written charge provided to the committee, and, if not previously provided, a copy of this Policy;

second, Respondent’s right, if he/she has a concern regarding a possible bias/conflict of interest concerning any committee member or expert, to notify the Chair of the Research Ethics Committee of those specific concerns within five (5) days after receiving the notice. (if no timely concerns are raised regarding bias/conflict of interest, any such concerns will be deemed waived);

third, the rights which the Respondent shall have during the investigation process;

fourth, the dates have been selected by the committee, of the dates of each witness interview session;

Fifth, Respondent’s obligation to cooperate fully with the investigation. Notice shall also be given to the Respondent of any new allegations of research misconduct within a reasonable time of deciding to pursue allegations not addressed during the inquiry or in the initial notice of the investigation.

The Committee shall, prior to conducting its interviews, or otherwise sharing information, additionally advise the Respondent, the person(s) making the allegations, and any witnesses that they are required to maintain the confidentiality of the proceedings and any information disclosed during the investigative process. Each of these individuals will be asked to sign a written acknowledgement of these obligations.
During the pendency of the investigation, the Committee will take strict steps to minimize the potential dissemination of information about the investigation to unauthorized persons. Members of the committee and experts will sign written acknowledgements that they will observe the confidentiality of the proceedings and any information or documents reviewed as part of the investigation. Communications with the Respondent, the individual making the allegations, or any witnesses shall be confined to the formal proceedings of the committee.

The Respondent will have the opportunity to examine all evidence forwarded to the investigating Committee; have the right to be represented by legal counsel during any interview before the investigating Committee; and be afforded the opportunity to respond and provide additional information. Documentation substantiating the Committee’s findings will be carefully secured, prepared, and maintained. This information will be made available to Respondent.

In the event the investigating committee interviews the Respondent, the person(s) making the allegations or other witnesses, the investigating committee may be represented by counsel during the interview proceedings. At the discretion of the Chair, the committee’s counsel may serve as the presiding officer during the interviews for the purpose of assuring the orderly conduct of the interviews. In his/her role as presiding officer, the Committee’s counsel may ask questions of the witnesses, supplemented by questions of the Committee members. Any legal counsel who accompanies the individual under investigation to these interviews shall be limited to advising his/her client; he/she shall not be permitted to question witnesses, question committee members or experts, or otherwise participate in the interview process.

All interviews shall be transcribed by a court reporter. The witness shall be asked to take an oath or otherwise affirm the veracity of the testimony being provided. A copy of the transcripts of the testimony shall be provided to each witness for timely review and correction of errors only. The transcripts shall be included in the record of the investigation.

To the extent not already done by the Research Ethics Committee during the inquiry stage, the investigating Committee shall take all reasonable and practical steps to obtain custody of all the research records and evidence needed to conduct the research misconduct proceedings, inventory the records and evidence, and sequester them in a secure manner, except that where the research records encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, equivalent to the evidentiary value of the instruments. Whenever possible, the investigating Committee shall take custody of the records before or at the time the Respondent is given initial notice of the investigation and whenever additional items become known or relevant to the investigation.

Upon conclusion of its investigation, the Committee will prepare a final written report. The final report shall: first, describe the nature of the allegations of research misconduct; second, where PHS Support is involved, describe and document the PHS Support, including, for example, any grant numbers, grant applications, contracts, and publications listing PHS Support; third, identify and summarize the research records and evidence reviewed, and identify any evidence taken into custody but not reviewed; fourth, for each separate allegation of research misconduct identified during the investigation, provide a finding whether

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research misconduct did or did not occur, and for each such finding, whether (i) the misconduct was intentional, knowing, or in reckless disregard and (ii) summarize the facts and analysis which support the conclusion and consider the merits of any reasonable explanation by Respondent; fifth, provide the Committee’s recommendations regarding appropriate corrective actions and sanctions, if any.

A draft of the report will be given to the Respondent for review and written rebuttal. Where identified, the person who made the allegations will be provided with a copy of those portions of the committee report which address that individual’s role and opinions in the investigation for that individual’s comment. Any written rebuttals or comments must be submitted to the Committee within thirty (30) days of receipt by the individual of the Committee’s final written report. Exhibits and other evidence, including transcripts of the testimony relied upon by the Committee in its final report shall be made available for the purpose of providing such rebuttal/comments. The final report of the Committee shall include and consider any comments made on the draft report.

The final report will be sent to the Chair of the Medical School Board, the President of RU and the President and CEO of Cooper (as appropriate and the Chairs of the Boards of Trustees of RU and CHS (as appropriate), legal counsel of RU or Cooper (as appropriate). These individuals shall review the final report of the Committee, along with any comments or rebuttals on the draft report received from the Respondent or the individual(s) making the allegations. Following this review, the Chair of the Board of Trustees of RU or CHS (as appropriate) shall make a recommendation to the Board of Trustees whether misconduct has occurred and which corrective actions and/or sanctions, if any, are appropriate. The appropriate Board of Trustees shall review the report of the Committee, and shall decide whether misconduct has occurred and which corrective measures and/or sanctions, if any, are appropriate. The decision of the appropriate Board of Trustees shall be stated in writing, and shall be final.

The decision of the Board of Trustees may include:

a. Finding of No Misconduct – When necessary, diligent efforts will be undertaken to fully restore the reputation of the individual under investigation, to the extent possible, and appropriate action will be taken against individuals found to have made unsubstantiated allegations with malice or intentional dishonesty; or

b. Finding of Misconduct – The decision will include the determination about the appropriate corrective actions and/or sanction(s). The Board of Trustees will either accept the recommendations about sanctions or impose alternatives. Sanctions may range, for example, from a letter of censure to probation and monitoring, removal from a particular project, and withdrawal of funding of the research to termination of employment or appointment. In the case of a resident or fellow where corrective action might involve dismissal from the program, the due process procedures set forth in The Cooper Health System Resident Agreement of Appointment shall apply, and the matter will be referred to the designated institutional of the Cooper Health System for further disciplinary action pursuant to the terms of the Residency/Fellowship Agreement. Similarly, in the case of a physician whose clinical privileges or Medical Staff privileges would be...
adversely affected by the proposed sanction, the matter shall be referred for corrective action pursuant to the Medical Staff Bylaws. The Dean, under the direction of the Board of Trustees, should withdraw from publication all pending abstracts and papers that are tainted, and may notify the editors of journals, books, and other publications in which the investigator’s previous papers and abstracts have appeared in the preceding five (5) years.

The CMO or Dean (as appropriate) will forward to the ORI (in the case of research conducted with PHS Support) or to any other relevant funding agency or sponsor a copy of the final decision, along with the Committee’s final reports, and the rebuttals and/or comments from the individual against whom the allegations were made, as well as any comments from the appropriate President and Board of Trustees. Any report to ORI must additionally include a description of any pending or completed administrative actions against the Respondent.

A copy of the final decision and a summary of the Committee’s final report may be sent to the following individuals: the President of the Medical Staff (in the case where a physician is involved), Chair of the IRB, where applicable, the Chair of the individual department, editors of scientific journals and program directors of scientific meetings who had been notified of the existence of an investigation, the Respondent, and the individual who made the allegation.

It is expected that the investigating Committee will have concluded its work, including conducting the investigation, preparing the draft report and finalizing the report and sending copies of the final report to the person(s) listed above within one hundred twenty (120) days of the Committee’s appointment, unless special circumstances preclude completion of the Committee’s work within that time. In such event, the Committee shall document the reasons for the extended investigation. In cases where the research involves PHS support, if the investigation cannot be completed in one hundred twenty (120) calendar days of finding of cause by the Committee, an interim report will be prepared by the Committee and forwarded to ORI, along with a written request for an extension, an explanation for the delay, and an estimate of when the final report will be completed.

5. If the individual in question leaves CMSRU prior to the completion of the investigation, the investigation will nevertheless continue, and the individual will be afforded full opportunity to participate.

6. Diligent efforts will be made by CMSRU, under the guidance of the Committee, to ensure that those reporting alleged misconduct in good faith are protected from retaliation, and the reputations of those unfairly accused are not damaged or are restored.

7. The Associate Dean for Research shall ensure that the complete file, including the original records of the proceedings conducted by the Inquiry and Investigation Committees, copies of all documents and other materials furnished to the Committees, and transcripts of recordings of all interviews, be sealed and retained in a locked confidential cabinet for at least seven years after the termination of the investigation.
proceedings. These files shall be accessible only to the Dean, the CMO (as appropriate) or Chairperson of the REC, as required for the performance of their duties, and to legal counsel, who shall be involved in any and all subsequent circumstances (including receipt of any compulsory legal processes) which might involve the disclosure of any of the information maintained.
SECTION: Faculty Affairs  
SUBJECT: Faculty Dismissal/Non-reappointment  
ISSUE OR REVISION DATE: November 2010  
INITIATED BY: Faculty Policies and Procedures Committee  
APPROVED BY:  

Paul Katz, M.D., Dean  

Approved by: Rowan University Board of Trustees  

PURPOSE: To set forth circumstances or conditions under which a faculty member may be dismissed or terminated from employment or face nonrenewal of their contract at CMSRU.  

POLICY: During the term of employment, CMSRU may terminate the employment of a faculty member immediately for Cause in the event of one or more of the following:  

- Suspension or termination of your license to practice medicine in any State (if applicable);  
- Suspension or loss of medical staff privileges at Cooper or any other hospital which has an affiliation agreement with CMSRU and such suspension, limitation, termination, or non-renewal is not reversed within forty-five (45) days thereafter, except where the faculty member voluntarily resigns such privileges for reasons unrelated to care of patients, clinical competency or conduct;  
- Conviction of a crime;  
- Indictment, charge, conviction, or plea of guilty or nolo contendere for any crime involving fraud, falsehood, dishonesty or moral turpitude, or to a felony (or a crime classified under New Jersey law of the first, second or third degree);  
- Disbarment or exclusion by any state or federal agency;  
- Disability which renders the faculty member unable to perform the essential functions of their position with a requested reasonable accommodation;  
- Faculty member’s attempt or perpetration of a material fraud upon CMSRU or engaging in conduct which, in the discretion of CMSRU, is materially harmful to CMSRU’s operations;
- Faculty member’s threat or use of violence against any CMSRU student, staff member, faculty member, visitor, or associate;

- Faculty member’s death;

- Faculty member violates CMSRU’s ethics policies and procedures;

- Faculty member’s willful failure to materially perform their duties (for reasons other than incapacity due to illness or disability);

- Faculty member’s breach of any other provision of their employment agreement, after notice and 14 days opportunity to cure.

Any faculty member who will not be reappointed to the medical school will be notified by the departmental chair, as soon as possible, but, by contractual obligation at least three months prior to the end of their employment term. A faculty member may be dismissed for cause at any time. Reappointment may be withheld or withdrawn for Cause, for a change in programmatic need, or for fiscal reasons.

**SCOPE:** This policy applies to all faculty of CMSRU.
STATEMENT OF TERMINAL DEGREE:

The terminal degree for Academic Educator Faculty for the Department of Biomedical Sciences at the Cooper Medical School of Rowan University is the PhD or equivalent and/or the MD or equivalent.

PURPOSE OF THIS DOCUMENT

This document is designed to accomplish the following tasks:

1. To describe the types of activities that are expected of tenure-eligible faculty members in fulfillment of their academic career objectives, and that are valued as contributions to the Department, Medical School, University, Professional Community, and Wider, Non-Professional Community.

2. To define the characteristics of excellence that distinguish these activities as having high value to the Department, Medical School, University, Professional Community, and Wider, Non-Professional Community, and to identify those activities that are worthy of consideration in the tenure decision process.

PREAMBLE

From the perspective of a faculty member, tenure is designed as a means to protect the academic freedom of faculty members. It is a means to assure unfettered, unbiased, unencumbered search, verification, and communication of truth by professional scholars and teachers by freeing them from political, doctrinaire, and other pressures, restraints and reprisals which would otherwise inhibit their independent thought and actions in performing their professional responsibilities.

From the perspective of the institution, tenure provides a means of retaining faculty whose contributions add value, in the present and in the future, to the institution’s missions. In particular, tenure implies a mutual responsibility on the part of the institution and the tenured faculty member. In granting tenure to a faculty member, the institution makes a commitment to his or her continued employment and, in turn, expects that the tenured faculty member will maintain or improve upon the level of attainment which characterized the qualifications for the original award of tenure, thus ensuring the present and future distinction of the institution.

Only faculty members appointed to the tenure track are eligible to be considered for tenure. Documented evidence justifying the award of tenure is needed: This documented evidence includes:

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• Professional excellence in teaching, scholarly activities, and service to the institution, discipline or community; and

• Demonstrated professional dedication to the mission of CMSRU and outstanding potential for future contributions.

WEIGHING OF EVALUATION CRITERIA

The Recontracting and Tenure decision shall be based on a thorough evaluation of the candidate's total contribution to the mission of CMSRU. Faculty recognition and reward through the award of tenure shall be based upon each faculty member's sustained contribution in the areas of teaching effectiveness, research/scholarly achievement, and service to the defined mission and purpose of CMSRU, as undertaken and supported by the department and discipline in which the faculty member holds appointment. While specific responsibilities of faculty members may vary because of the special assignments or because of the particular mission of the academic unit, all evaluations for recontracting and tenure shall address the manner in which each candidate has performed in the areas of teaching, scholarly achievement, service to the Medical School and to the University, and service to the professional and wider, non-professional community.

To achieve recontracting and tenure, CMSRU faculty are expected to achieve excellence in 4 key areas: Teaching Effectiveness, Scholarship, Service to the Medical School and to the University, and Service to the professional and wider, non-professional community. For tenure-eligible faculty in the Academic Educator track, it is expected that the typical weighting of these criteria will be 55-65% to Teaching, 25-30% to Research/Scholarship and 5-10% to Service to the Medical School and to the University and 5-10% in Service to the professional community and the wider non-professional community. However, in recognition of the different paths and roles CMSRU faculty may pursue in their professional and academic development, some flexibility will be granted in the relative contribution of each criterion to an individual faculty tenure path, but in no instance can their weight fall below 50% to teaching, 20% to research/scholarship and 10% to service in total, respectively, for Academic Educators.

Criteria Definition and Evaluation

The criteria in this document are aligned with the criteria in the university's Tenure and Recontracting agreement and the criteria in CMSRU’s appointment and promotion document. The granting of tenure will require demonstrated excellence in all criteria, as per the following descriptions.

A. Teaching Effectiveness

At CMSRU, teaching includes all of the following activities: academic instruction, developing learning activities, developing as an educator, and student and colleague mentoring activities. While academic
instruction is the cornerstone of teaching, we believe that the other activities discussed here contribute to the development of excellence in academic instruction.

**Descriptions of Measures of Teaching Effectiveness**

The qualitative evaluation of the teaching contributions of a faculty member for the purpose of recontracting and tenure will focus on the following parameters, and will be based on peer observations, course director observations, student evaluations and feedback, and self-evaluation of the teaching portfolio, as applicable.

A. Academic instruction includes but is not limited to:
   1. Facilitating learning by instructing students and other biomedical trainees in courses, laboratories, clinics, active learning groups, workshops and seminars
   2. Managing instruction, e.g., planning and arranging for learning experiences, maintaining student records, grading
   3. Supervising students in laboratories, service learning, internship and experiences, and independent study

B. Contributing to development of learning activities that enhance excellence in academic instruction includes but is not limited to:
   1. Participation in development, review, and redesign of courses and programs
   2. Participation in developing and revising curriculum
   3. Developing teaching materials, manuals, software, and computer exercises
   4. Developing online courses
   5. Developing case-based and team-based learning activities
   6. Serving as a course director or co-director
   7. Participating in development of learning outcomes assessment tools and analysis of assessment results

C. Developing as an educator includes but is not limited to:
   1. Reflecting on one’s instruction and classroom presence to benefit the teaching-learning experience
   2. Attending and participating in faculty development activities at CMSRU, Rowan, or through professional organizations
   3. Maintaining currency in discipline-specific concepts
   4. Maintaining currency in pedagogical practices
   5. Collaborating with colleagues in course development, pedagogical scholarship, and team-teaching
   6. Observing and providing feedback related to the teaching of colleagues as such observations contribute to one’s own development in the classroom
   7. Mentoring other learners and colleagues with respect to career development

D. Student mentoring and tutoring activities include but are not limited to:

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1. Mentoring students, e.g., with regard to academics and career planning; this includes availability for review sessions and tutoring sessions with one or more students as necessary
2. Advising and supervising students in research/scholarly projects and other curricular projects

CHARACTERISTICS OF EXCELLENCE IN TEACHING AT CMSRU ARE:
A. Outstanding organization of subject matter and course material
B. Effective communication
C. Knowledge and enthusiasm for subject matter and teaching
D. Professionalism, especially reflected as positive attitudes toward students
E. Flexibility in approaches to teaching
F. Appropriate student learning outcomes

Role of Teaching Effectiveness in Recontracting and Tenure Applications:

As faculty members begin their employment at CMSRU, it is anticipated that the first year will be primarily dedicated to academic instruction, developing as an educator, and the development of specific learning activities related to courses taught. In the second and third years, it is expected that faculty members will continue focusing on academic instruction, with increased attention to development of learning activities and further developing as an educator. In the fourth and fifth years, it is expected that attention to these aspects will remain strong, and that focus on student mentoring and mentoring of colleagues as an aspect of teaching will increase.

IN PREPARATION FOR CONSIDERATION FOR RECONTRACTING AND TENURE, CANDIDATE DOCUMENTS REGARDING TEACHING SHOULD INCLUDE THE ITEMS DESCRIBED BELOW. EVALUATION OF EXCELLENCE IN TEACHING WILL BE ASSESSED IN TERMS OF THE CHARACTERISTICS OF EXCELLENCE PRESENTED ABOVE.
A. Candidate’s narrative which includes a description of teaching philosophy, goals, approaches, innovations, student engagement, evaluation techniques, activities to meet different student learning needs, and a discussion of how these elements correspond to the CMSRU vision of excellence in teaching. While addressing the characteristics of excellence, candidates should discuss the four teaching activities: academic instruction, developing learning activities, developing as an educator, and mentoring activities.
B. Summary of student review evaluations and candidate’s analysis of the reviews. Student review evaluations should document the candidate’s excellence and commitment as an educator.
C. Additional documents, such as course syllabi, curriculum proposals, teaching materials, materials created for professional organizations, as well as discussion of those documents should be provided in the supplemental materials where such materials provide evidence of the candidate’s excellence in teaching activities as discussed above.

B. Scholarly Activity
Categories of Scholarly Activity:

Scholarly activity is the pursuit of an active and continuing agenda of scientific or pedagogical inquiry whose purpose is to create new knowledge or resources, integrate knowledge or resources, or open additional knowledge-based areas for further exploration, and disseminating knowledge to colleagues in the scientific community. The work of scholarly activity includes any of the following: “Basic Research”, “Scholarship of Medical Education”, and “Applied Research and Evaluation”.

Descriptions of Productivity Measures for “Basic Research”, for “the Scholarship of Medical Education”, and for “Applied Research and Evaluation”

A. “Basic Research” includes scholarly efforts leading to presentation and publication of research findings as defined in the candidate’s discipline. To accomplish this goal, faculty members should participate in select scholarly projects with the levels of participation described below.

1. Faculty members engaged in Basic Research are expected to undertake grant-seeking and proposal development activities to public and private sponsoring agencies for support of basic research activities. Participation as a principal investigator or co-investigator in scholarly projects, which may be investigator-initiated or as part of a cooperative group, is expected. Research may include clinical, translational, or basic science areas of investigation. Participation may include intellectual contribution, project supervision and management, and dissemination of novel findings by means of presentations of abstracts at scientific meetings and/or meritorious publication in peer-reviewed journals.

2. Optimally, research should be peer-reviewed, grant supported research; however, additional funding mechanisms may include research supported by various gifts and/or noncompetitive grant mechanisms.

B. “The Scholarship of Medical Education” includes, but is not limited to, designing and conducting instructional and classroom research to benefit the teaching-learning experience.

1. Faculty members engaged in medical education research will participate in the development of innovative teaching and educational curriculum, materials or programs with dissemination to the educational community through presentations of abstracts and publications.

2. Their participation may include intellectual contribution, project supervision and management, and dissemination of novel findings and resources by means of presentation at regional, national, or international medical education conferences and meritorious publication in peer-reviewed journals. In general, abstracts alone will not be weighted as heavily as publications or abstracts that lead to publications.

3. In general, invited lectures will be valued higher than peer-reviewed abstracts; peer-reviewed abstracts will be valued higher than abstracts that are not peer-reviewed.
C. “Applied Research and Evaluation” includes but is not limited to participation in clinical trials and evaluations of therapeutic regimens, evaluation of new diagnostic procedures, evaluation of new devices, and design or creation of new products or devices.

1. Faculty members engaged in Applied Research and Evaluation will participate in the design, evaluation, and/or invention of new products or devices and in the supervision and management of projects.

2. Faculty members will be expected to disseminate their findings to sponsoring agencies (for proprietary projects) or to appropriate peer-reviewed publications.

**CHARACTERISTICS OF EXCELLENCE IN SCHOLARSHIP AT CMSRU ARE:**

A. The activity requires a high level of discipline-related experience
B. The activity can be replicated or elaborated (research activity)
C. The work and its results can be documented
D. The work and its results can pass peer-review
E. The activity is innovative and advances knowledge in the discipline

**Development of Scholarly Activity in Recontracting and Tenure Applications:**

For their second evaluation in the second year of service, faculty must minimally demonstrate a clear and detailed plan for their scholarly activity. For their third evaluation in the third year of service, faculty should present evidence of success in scholarly activity, including demonstration of the specific productivity measures described below. For their fourth evaluation (the tenure review) in the fifth year of service, faculty must clearly demonstrate evidence of appropriate accomplishment and a program of continued scholarly productivity. This should include either a plan for continued laboratory-based investigation to advance the body of scientific knowledge, or a plan for the development of further medical education-based instructional materials.

Recontracting and Tenure applications will include a full curriculum vitae describing the applicant’s Research/Scholarly accomplishments as well as a self-assessment narrative of Research/Scholarly activities by the applicant. In addition to the list of accomplishments, applications for recontracting and tenure must include a self-assessment to include the items listed below for the purpose of demonstrating the faculty member’s commitment to continued scholarly activity and productivity.

A. A description of short-term and long-term research/scholarly goals
B. A discussion of the significance of the faculty member’s research/scholarly activity to the scientific and medical communities
C. A discussion of any significant delays and impediments to the completion of the stated research/scholarly goals.

**IN PREPARATION FOR CONSIDERATION FOR TENURE, CANDIDATE DOCUMENTS SHOULD PRESENT EVIDENCE OF SUCCESS IN SCHOLARLY ACTIVITIES. EVALUATION OF EXCELLENCE IN SCHOLARSHIP WILL BE ASSESSED IN TERMS OF THE CHARACTERISTICS OF EXCELLENCE PRESENTED ABOVE. CANDIDATES FOR TENURE MUST SHOW EVIDENCE OF SUSTAINED PRODUCTIVITY SINCE THE DATE OF THEIR ORIGINAL EMPLOYMENT THAT FULFILLS THE CHARACTERISTICS OF EXCELLENCE AS DELINEATED ABOVE.**

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FOLLOWING ARE SOME EXAMPLES OF EVIDENCE OF SCHOLARLY PRODUCTIVITY (THIS LIST SHOULD NOT BE CONSIDERED EXHAUSTIVE).

A. Career Achievement/Development Awards
B. Award of extramural, peer-reviewed grant funding
C. Award of intramural, peer-reviewed grant funding
D. Awarding of patents or other notices of invention
E. Publications in refereed journals or conference proceedings (For all publications, candidates should supply information about the acceptance rate or the impact factor of the journal.)
F. Oral presentation at regional, national or international meetings
G. Publication of books, workbooks, monographs, or chapters in books or textbooks, or other electronic media
H. Publications in refereed journals or conference proceedings as co-author (For all multi-authored scholarship the candidate should explain his/her intellectual contribution to the work and its significance to the project.)
I. Publication of other papers and reports; e.g., trade, in-house, or technical reports
J. Publication of abstracts, reviews, or critiques
K. Presentation of papers, roundtables, posters, or demonstrations at academic or professional meetings
L. Documentation and dissemination of work performed in pursuit of the advancement of the scholarship of medical education
M. Documentation and dissemination of instructional and classroom research to benefit the teaching-learning enterprise
N. Development and dissemination of novel computer software
O. Speaker Awards and/or invited speakerships
P. Submissions of grant applications that, while unfunded, receive a favorable review
Q. Submissions of patents or other notices of invention applications relating to instructional and classroom resources and materials
R. Submissions of full-length manuscripts that, although not immediately accepted for publication, have been invited for revision and resubmission

Special Notes: References to grant funding (competitive or non-competitive), publications (refereed or non-refereed) or oral presentation include all three categories of Scholarly Activity as described above (i.e. “Basic Research”, “The Scholarship of Medical Education”, and “Applied Research and Evaluation”).

C. Service to the Medical School and to the University

Contribution to the Medical School and the University community describes the efforts of faculty members to participate in the shared governance process and to use their expertise, knowledge, and professional judgments for the betterment of the institution. Active participation and leadership in school-wide and University activities and governance, through committee membership, and representing the institution for its advancement are all aspects of contributing to the Medical School and the University community.
Special Note: Service to the University of Founding CMSRU Faculty Members

The faculty recruited from 2011-2014, were the founding members of the department. These founding faculty members were charged with the detailed construction and delivery of a completely novel pre-clinical curriculum. It is difficult to overestimate the amount of dedicated effort that was required of these faculty members, not only in terms of practical curricular design and delivery, but in terms of committee service and participation in governance of the medical school, and drafting of departmental tenure and reconstructing documents at CMSRU. Furthermore, the dedication of this founding cohort of faculty to the goals of success of CMSRU has, in many cases, caused these members to substantially interrupt their scholarly activities, including the continuation of successful and productive research careers of many members of the founding faculty. In light of these efforts, it should be clear that members of the founding CMSRU faculty have contributed extraordinary service to CMSRU and, therefore, to Rowan University, and that this service and dedication should be recognized and acknowledged in the Recontracting and Tenure process.

Description of Service Activities Pertaining to the Medical School and the University

A. Active participation and/or leadership in activities and governance includes but is not limited to:
   1. Participation on governing committees
   2. Contributing to tasks central to the department’s day to day activities serving both students and faculty
   3. Helping the department meet the expectations of CMSRU and the University
   4. Advising student groups
   5. Senate and Faculty Assembly participation/Union participation
   6. Chairing a Departmental, Medical School, or University committee
   7. Participating in the development and delivery of special programs sponsored by CMSRU (Post-baccalaureate, Med Academy, etc)

B. Representing the institution for its advancement includes but is not limited to:
   1. Participation in informational programs designed to attract participants to CMSRU programs
   2. Recruiting students
   3. Outreach for bringing more students or resources to the Medical School and the University and educational activities for potential donors to CMSRU

Role of Service Activity in Recontracting and Tenure Applications:

For their second evaluation in the second year of service, faculty must demonstrate evidence of contribution to the Medical School and University community. For their third evaluation in the third year of service, faculty must show a developing record of contribution to the Medical School and the University community that provides evidence of progressive growth. For their fourth evaluation (the tenure review) in the fifth year of service, faculty must clearly demonstrate evidence of a progressive and appropriate record of service at the department, Medical School, and university levels.

Contributions to the Medical School and the University community can be assessed by the quality of participation and leadership in Medical School and University endeavors. The type of committee, the nature and demands of the endeavor, and the amount of substantive participation need to be

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considered. This would include, but not be limited to, listing the types of service to the Medical School and/or the University with dates of service clearly indicated. Letters of testimony attesting to the quality of the service may be referenced in the document and placed in the supplemental folder.

A. **EXTRAORDINARY CONTRIBUTIONS OF EXCEPTIONAL QUALITY SHOULD BE REWARDED FOR PURPOSES OF RECONTRACTING AND TENURE. IN PREPARATION FOR CONSIDERATION FOR RECONTRACTING AND TENURE, CANDIDATE DOCUMENTS SHOULD PROVIDE EVIDENCE OF CONTRIBUTION TO THE MEDICAL SCHOOL AND THE UNIVERSITY.** While contribution to the Medical School and University is expected for Recontracting and Tenure, it cannot be used, in any amount, to substitute for a lack of excellence in teaching, in scholarly activities, or contributions to the wider, non-professional community.

B. Other manifestations or dimensions of contributions to the Medical School and University may include other faculty work not included in the above description of service activities. Nevertheless, such endeavors are worthy of recognition because of their contribution to functioning or reputation of the Medical School or University. Such endeavors may be offered as other service within this category.

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**D. Service to the Professional Community and to the Wider, Non-Professional Community**

Given the fundamental importance of service in CMSRU’s mission, service activities are recognized as an essential component of the contribution of CMSRU faculty to the Institution and to the community at large, highlighting their leadership qualities in their dual roles as academic scholars/educators, and as citizens. Contributions to the professional and wider community describe the work of faculty members aimed at addressing social or institutional issues beyond the CMSRU campus using their expertise, knowledge, and seasoned professional judgments. This expression of scholarship is defined as any of the following: dissemination of discipline-related knowledge, discipline-related partnerships with other organizations, and contributions to disciplinary and professional associations and societies. In accordance with the Mission Statement of CMSRU, contribution to the wider community may also include instruction and mentorship to students in Camden area primary and secondary schools and other student organizations, and may even include Service in national and international outreach, aid, and educational organizations related to the mission of CMSRU in medicine, science and education.

**Description of Service Activities Pertaining to the Professional Community**

A. Contributions to disciplinary and professional associations and societies include but are not limited to:

1. Membership on local and regional scientific review boards;

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2. Participation as a reviewer for granting agencies (including foundations and the NIH).

3. Membership in scientific and educational societies;

4. Leadership role in regional or national meetings and societies;

5. Service as a peer-reviewer/editor for clinical, scientific, and educational journals; and

6. Service to accreditation bodies or national examining boards

7. Service to governing boards, study sections, and task forces

8. Service in organizing or reviewing submissions for annual or regional meetings and conferences sponsored by professional organizations

B. Discipline-related partnerships with other agencies include

1. Short-term collaborations with schools, industries, or civic agencies for program or policy development

2. National and international outreach, aid, and assistance to educational organizations related to the mission of CMSRU in medicine, science and education

3. Exhibits and workshops in other educational or cultural institutions

4. Summer programs and enrichment programs for primary to college aged students

5. Economic or community development activities

Description of Service Activities Pertaining to the Wider, Non-Professional Community

A. Dissemination of discipline-related knowledge includes but is not limited to:

1. Consulting or technical assistance provided to public or private organizations

2. Public policy analysis for governmental agencies at all levels

3. Briefings, seminars, lectures, programs, and conferences targeted for general audiences

4. Discipline-related voluntary community service

5. Summaries of research, policy analyses, or position papers for general public or targeted audiences

6. Expert testimony or witness

7. Writing, contributing to, or editing journals, books, newsletters, magazines, or other publications for the general public or targeted non-professional audiences

8. Electronic productions (e.g., contributing to the development of websites, online seminars or programs) for the general public or targeted non-professional audiences

9. Serving on boards

10. Volunteerism in the community

Role of Service to the Professional Community and to the Wider, Non-Professional community in Recontracting and Tenure Applications:

For their second evaluation in the second year of service, faculty must minimally demonstrate some evidence of contribution to their professional community and to the wider, non-professional community. For their third evaluation in the third year of service, faculty must show a developing record of contribution to their professional community and to the wider, non-professional community that

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provides evidence of progressive growth. For their fourth evaluation (the tenure review) in the fifth year of service, faculty must clearly demonstrate evidence of professional activity and involvement in their profession and/or discipline, as well as evidence of commitment to the wider, non-professional community.

**EXTRAORDINARY CONTRIBUTIONS OF EXCEPTIONAL QUALITY SHOULD BE REWARDED FOR PURPOSES OF RECONTRACTING AND TENURE. IN PREPARATION FOR CONSIDERATION FOR RECONTRACTING AND TENURE, CANDIDATE DOCUMENTS SHOULD PROVIDE EVIDENCE OF CONTRIBUTING TO THE PROFESSION AND WIDER COMMUNITY. THIS WOULD INCLUDE BUT NOT BE LIMITED TO LISTING THE TYPES OF SERVICE WITH DATES OF SERVICE CLEARLY INDICATED. LETTERS OF TESTIMONY ATTESTING TO THE QUALITY OF THE SERVICE MAY BE REFERENCED IN THE DOCUMENT AND PLACED IN THE SUPPLEMENTAL FOLDER.**

A. While contribution to the professional and the wider, non-professional community for tenure is expected, it cannot be used, in any amount, to substitute for a lack of excellence in teaching, in scholarly activities, or contributions to the Medical School and the University community.

B. Contributions to the profession can be assessed by the nature and quality of participation in the professional associations of the discipline. Active participation and service in leadership roles on association or community boards, or as readers or discussants on those boards, are examples of service to the profession. Internships or externships served at external agencies are other examples. Testimony from association or agency leaders may be used as assessment evidence.

C. Contributions to the wider, non-professional community can be assessed by the nature and quality of consulting and pro bono work performed for individuals, schools, civic associations, and other public organizations. Testimony from association or agency leaders may be used as assessment evidence.

D. Other manifestations or dimensions of contributions to the professional and wider community may include other faculty work not included in the above categories. At times, faculty may engage in academic or other scholarly endeavors that do not directly relate to their academic disciplines or to the teaching and learning enterprise. Nevertheless, such endeavors are worthy of recognition because of their contribution to society at large. Such endeavors may be offered as other service within this category.

**ROLE OF THE DEPARTMENT CHAIR**

The approach to the Recontracting and Tenure process must begin with a discussion with the candidate’s Departmental Chair. This discussion will review the candidate’s progress toward recontracting and tenure as delineated in the candidate’s annual performance review. The Chairman will not, however, be a voting member of the Recontracting and Tenure committee. A constituted Recontracting and Tenure committee must review the candidate’s application and sign off on the application prior to its submission for consideration for Recontracting and Tenure.

*Cooper Medical School of Rowan University Faculty Handbook*

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PROCEDURE FOR STUDENT EVALUATIONS OF TEACHING EFFECTIVENESS

CMSRU has developed a series of evaluative rubrics for assessment of medical student courses. These include specialized rubrics for the assessment of faculty performance in lecture situations, as well as in active learning group and laboratory/practicum settings. The faculty member does not see the results of his/her assessment until after all grades have been submitted. The faculty member receives aggregate results from his Department Chair and is free to discuss the results with his/her Chair. This discussion forms the basis of an action plan for the faculty member for the future. All free-form student comments are included in the analysis given to the faculty member. Examples of student evaluation forms are below (see Appendices A and B).
RECONTRACTING AND TENURE

September 2015

Memorandum of Agreement

2015-2016

The attached document is reflective of the consultation and negotiation that has taken place and constitutes the memorandum of agreement that will be in effect for the academic year 2014-2015. Upon the request of either the Administration and/or the Union, both parties agree to revisit this Memorandum of Agreement each year during the first two implementation years to address any issues or concerns that may be raised by either party.

**Significant Changes for 2015-2016:**

As of 2015, significant changes are as follows:

1) Deleted the self-assessment form. This was redundant to the Checklist.
2) Updated the Application Checklist and simplified the order of items so that each section contains a self-assessment as well as plans for future growth. This negates the need for a separate section for future growth, and integrates it into each appropriate narrative.
3) The inclusion of peer observations and students evaluations in semester 3 and 7 for candidates hired after July 14, 2014.
4) Inclusion of all prior student, peer, and prior packet evaluation summaries in the teaching/professional performance section, rather at the end of the document or in the supplemental folder. By placing all prior evaluations in the document, the supplemental folder is optional.
5) Defined role of Department Head in process
6) External evaluation of scholarly/creative activity for tenure review (Assistant Professor and higher only) timeline established and starts in spring preceding the tenure packet due date to the Departmental Committee.
7) Professional staff and coaches are reviewed at the Senate level only for negative or split evaluations at a prior level of evaluation.
8) ½ time faculty need to have 1 observation per year, not two.
9) The same packet for tenure of Assistant Professors will be used for Promotion consideration.

[Signatures]

Robert Zazzali, Negotiator, Administration

Gerald E Houck, Negotiator
ROWAN AFIL #2373

Recontracting and Tenure, 2014-2015, Page 1
Preamble

1. Evaluation Criteria. Weighting and Responsibilities for All Probationary Staff

1.1 Evaluation Criteria for Probationary Employees
   1.1.1 Probationary Faculty
   1.11.1 Appropriate Teaching Effectiveness
   1.11.2 Appropriate Scholarly and Creative Activity
   1.11.3 Contribution to the University Community
   1.11.4 Contribution to the Wider and Professional Community
   1.1.2 Other Probationary Employees
   1.12.1 Appropriate Professional Performance
   1.12.2 Appropriate Professional Development
   1.12.3 Contribution to the University Community
   1.12.4 Contribution to the Wider and Professional Community

1.2 Weighting of Criteria

2. Procedures

2.1 Full-time, Tenure-Track Faculty
   2.1.1 Candidate Responsibilities
   2.1.2 Candidate Rights

2.2 Full-Time Temporary Faculty and Professional Staff
   2.2.1 Department/Office Review
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2.4 Department Responsibilities
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   2.5.1 Department Meeting
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2.6 Department Committee
   2.6.1 Elect Chair
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2.65 Student Responses
2.66 Committee Report
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3. Librarians
   3.1 With Less than Five Years
   3.2 Associate Provost of Library Information Services
   3.3 Assistant Director
   3.4 Recommendations of the Committee

4. Full-Time, Multi-Year Track Professional Staff
   4.1 Professional Staff Rights
   4.2 With Less Than Five Years
   4.3 With Five Years or More
   4.4 List of Professional Staff
   4.5 Professional Staff Office Committees
   4.6 Procedures

5. Coaches
   5.1 Department of Athletics Recontracting Committee
   5.2 Evaluation Criteria
   5.3 Multi-Year Appointments

6. The University Senate Recontracting and Tenure Committee
   6.1 The University Senate Recontracting and Tenure Committee Responsibilities and Procedures
   6.2 Procedure
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7. Procedures for Administrative Evaluation

8. Grievance Rights

Appendix A Roles and Responsibilities of Faculty and Evaluation of Faculty Work for Tenure/Recontracting
Appendix B Student Responses to the Teaching and Learning Process (Evaluation Process)
Appendix C Guidelines for Professional Staff Candidates
Appendix D Recontracting Forms—To Be Included in All Documents
Appendix E Conflicts of Interest (Information for External Reviewer Selection)
Appendix F Side Letters of Agreement. Recontracting and Tenure Processes. Cooper Medical School of Rowan University

For full Rowan University Tenure and Recontracting Document, please use the following link:

Cooper Medical School of Rowan University Faculty Handbook
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GUIDELINES FOR FACULTY MENTORING
Introduction and Purpose

CMSRU is committed to selecting and retaining excellent faculty who will contribute to medical education and the mission of the medical school throughout their careers. We are committed to creating an environment in which faculty members’ professional growth and goals are supported and encouraged. Faculty to faculty mentoring is a key element in offering the support that will help us achieve this goal. “Mentoring is best described as a reciprocal and collaborative learning relationship between two (or more) individuals who share mutual responsibility and accountability for helping a mentee work toward achievement of clear and mutually defined learning goals. Learning is the fundamental process, purpose, and product of mentoring.”¹ A mentor is a professional who takes an interest in a junior colleague, and serves as a source of guidance and support. There may be two types of mentors at an institution, “career” mentors, and “content” mentors. Career mentors provide overall career guidance and support; Content members help develop the intellectual scholarly careers of mentees.²

Recent research has shown that community is particularly important to the newer generation of faculty that will be entering our institution.³ Mentoring is a critical component for helping new faculty become integrated into the institutional community. New faculty actively seek and value community and recognize the benefits of working with a more seasoned member of the institution to facilitate acculturation and help them meet their goals. In a successful mentoring relationship, both the mentor and the mentee (faculty member being mentored) are beneficiaries. The mentee benefits from the knowledge and support of a senior colleague; the mentor benefits from the invigoration that comes from interacting with a junior colleague with new ideas and enthusiasm. The relationship is built upon mutual respect and trust. Successful mentoring programs have structured processes for mentoring and evaluation, available resources, and flexibility for providing maximal support. A “latticed” approach to mentoring is often used to allow for different mentors for the various responsibilities of professional life. One may have a mentor within the department and an external mentor for research, teaching, or service or other work-life issues. Mentoring may be individual or group-oriented. The Vice-Dean and Senior Associate Dean for Faculty Affairs of the Medical School, department chairs, the Assistant Dean for Faculty and Student Assessment and Development, and the Associate Dean for Research are all responsible for setting conditions and providing the necessary resources for effective an mentoring program at CMSRU. The following pages will provide guidelines for mentoring, but the mentoring relationship must be organic and individual. We encourage all faculty members, mentor and/or mentee, to create a program that works for them.

Mentoring Responsibilities of the CMSRU Professional Community

A mentoring program is most successful when it is an integral part of the institution. The responsibility thus lies with the leadership of the institution who foster and value mentorship as well as the professionals involved in the individual mentoring relationships.

Responsibilities of Leadership at CMSRU

• Establish a culture where mentoring is expected, valued and rewarded
• Provide necessary resources for an effective mentoring system
• Identify effective mentors within the medical school
• Assign mentors within departments when faculty are hired
Responsibilities of Mentors

- Career mentoring
  - Assist in creating a “social network” in the department and in the field
  - Help mentees find appropriate collaborators
  - Help ensure that the mentee is not exploited in service or teaching loads
  - Provide assistance and support for teaching, research, and service development
  - Serve as a critical friend to help the mentee navigate institutional life
  - Become knowledgeable about current promotion and tenure policies, as well as university resources for faculty development
  - Provide candid but constructive feedback to the mentee on progress towards promotion and tenure, if applicable

- Content mentoring
  - Evaluate manuscripts and grant proposals prior to submission if requested
  - Discuss mentee’s ideas and encourage the pursuit of promising lines of research
  - Help the mentee navigate the “unwritten rules” of academia, e.g., dealing with reviewers, editors, research sponsors, and ways to avoid pitfalls
  - Assist with strategies for learning from professional setbacks, such as manuscript/grant rejections, poor teaching evaluations, etc.
  - Help colleagues expand into new areas and undertake new professional responsibilities, such as serving on an editorial review board

Responsibilities of Mentees

- Assume responsibility for his/her career
- Take the initiative to learn about the available faculty mentoring resources, including resources and programs in the department, medical school, and the university
- Actively participate in new faculty orientation activities
- Take an active role in developing the mentoring relationship(s)
- Become familiar with the departmental and CMSRU policies, and procedures regarding faculty tracks, reappointment, promotion and tenure
- Strive for academic excellence in all areas of field of expertise and provide documented evidence of productivity
- Identify areas in which improvement is needed or help is needed to develop skills and seek help when an area of concern is identified.
- Actively engage in establishing connections with potential senior faculty mentors.
- Act as a peer mentor for other junior faculty.
- Look for opportunities to interact with senior colleagues and academic leadership both formally and informally

Characteristics of Effective Mentors

Each mentoring relationship is unique, based on the individual goals, motivations, strengths, and modes of interaction of each person. As such there is no one specific way to serve as an effective mentor. While a mentor is not expected to be all-knowing or have expertise in all areas, there are common characteristics of mentors that have been shown to lead to a more successful experience. These characteristics are commonly known as the “Three c’s” – competence, confidence, and commitment.
**Competence**

Competence includes professional and institutional knowledge and reputation and the ability to interact with colleagues in an appropriate and effective manner. The mentor’s competence is evidenced by:

- Professional knowledge and experience
- Knowledge of the institution’s
  - Policies and practices
  - Resources for faculty development within the institution
- Respect of colleagues within and outside of the institution
- Interpersonal skills and good judgment

**Confidence**

Good mentors have the confidence to recognize the service that they can provide to the institution through mentoring as well as the benefits that can accrue to them by being engaged with a junior colleague. Some ways in which confidence is manifest are through mentors’:

- Willingness to share network of contacts and resources
- Acceptance of and encouragement of the mentee’s plans for development
- Risk-taking/ self-starting
- Willingness to share credit and promote the work of a colleague

**Commitment**

Mentoring requires commitment to the relationship. Some elements of the type of commitment that is needed from mentors are:

- Time, energy and effort given to mentoring
- Sharing of personal experience for the benefit of the mentee
- Recognition of differences and a the value of having a diverse professional community
- Commitment to ethical behavior and respect for confidentiality

**The Successful Mentoring Experience**

In successful mentoring relationships the mentors recognize that their primary role is to encourage their mentees and provide guidance for professional success. Their stance should be that of the “guide on the side”; they should balance providing information with helping mentees achieve their own goals. The mentor does not direct the mentee. The good mentor:

- Listens actively
  - Provides full attention by removing or ignoring distractions such as emails, phone calls, and other interruptions
  - Rephrases the mentee’s comments to ensure understanding
  - Starts with the mentee’s questions
  - Uses questioning to help the mentee identify and clarify goals

- Encourages the mentee to
  - Identify professional strengths and accomplishments
  - Consider alternative approaches to issues that may arise

- Supports
  - Provides accurate institutional information
  - Identifies institutional and community resources
  - Functions as a critical friend by reading documents and papers as requested.
    - Encourages mentee to see strengths
    - Provides “outside” perspective that can strengthen the mentee’s work
  - Celebrates the mentee’s accomplishments
• Builds trust
  o Maintains confidentiality throughout the relationship
  o Admits not having all the answers
  o Does not spread rumors
  o Encourages mentee to confirm information before acting

Mentees contribute to successful relationships by:

• Maintaining a commitment by keeping appointments, adhering to agreed upon deadlines
• Identifying and articulating professional goals
• Asking questions when unsure
• Demonstrating trust through
  o Sharing successes,
  o Identifying and discussing challenges
  o Providing draft documents for feedback
  o Maintaining confidentiality
• Expressing appreciation
• Taking appropriate actions to improve performance.

Getting Started with Mentoring
Mentors and mentees should meet on a regular basis. The first meeting should ideally be in person, although at times, it may be necessary to use telephone or email. The meeting should focus on getting acquainted and identifying a mentoring structure that will work for both. Topics for discussion at the first meeting will include:

- Sharing information about selves in terms of background, experience, professional aspirations
- Determining number and type of formal meetings, sharing contact information
- Discussing confidentiality.

In subsequent meetings the mentor and mentee should continue to share information and discuss the goals of the mentee and of the relationship. In the beginning of the mentoring relationship the focus will probably be on providing specific information about the institution and helping with specific challenges.

In addition to the formal meetings the mentor and mentee should expect to have informal interactions. The mentor should check in periodically with the mentee to see how everything is progressing.

As the relationship deepens the focus will expand from the specific issues that have been identified to big picture items, looking at larger goals and identifying ways in which the mentor can help the mentee achieve them. It is at this point that the mentor may become more of a critical friend, reading institutional documents, and professional papers for publication.

Ending the Formal Relationship
The formal mentoring relationship is intended to be finite. As it ensues, there will be a natural progression from mentor/mentee to a more collegial relationship that may include collaboration in the different areas of their professional lives. When ending the formal mentoring relationship discussion of the following will help bring closure and provide a pathway for further success:

- Accomplishments and challenges
- Future professional directions
- Other types of support the mentee might need
- Expression of appreciation
Resources and references

Rowan University and CMSRU websites
CMSRU website: www.rowan.edu/coopermed

Rowan University Faculty Center (Teaching and Learning Resources and links to other appropriate offices at the university): www.rowan.edu/provost/facultycenter

References

2. University of Ottawa handbook on mentoring:

3. The Collaborative on Academic Careers in Higher Education
   http://isites.harvard.edu/icb/icb.do?keyword=coache&pageid=icb.page307142

4. Nuts and Bolts of Mentoring, presentation at the 2011 Annual Meeting of the AAMC, Denver, CO

5. Mentoring toolkit of the University of California, San Francisco, School of Medicine:
   http://abog.ucsf.edu/ABOG/3363-DSY/version/default/part/AttachmentData/data/Mentoring%20Toolkit.pdf

Additional Links and references

Center for Research on Learning and Teaching (University of Michigan) http://www.crlt.umich.edu/faculty/facment_biblio.php
### Medical Education Grand Rounds, 2015-2016

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Presenter Name(s)</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tuesday, October 6, 2015</strong></td>
<td>Ernesto T. Figueroa, MD, Division Chief, Nemours/DuPont Children's Hospital; Anthony Gannon, MD, FAAP, FACP; Emily Chernicoff, Ph.D., Licensed Psychologist</td>
<td><em>Disorders of Sexual Differentiation and Gender Identity: Surgical and Psychosocial Perspectives</em></td>
</tr>
<tr>
<td><strong>Tuesday, November 3, 2015</strong></td>
<td>Sal Mangione, M.D., Associate Professor, Thomas Jefferson University</td>
<td><em>Holocaust/Nazi Medicine/Collective Evil: Why Physicians Often Do Bad Things</em></td>
</tr>
<tr>
<td><strong>Tuesday, December 1, 2015</strong></td>
<td>Ethan Fried, M.D, MACP, Associate Professor, Hofstra-North Shore LIJ School of Medicine</td>
<td><em>Mentoring: What Will They Become?</em> (talk is about how to mentor medical students and residents in clinical skills and/or clinical research)</td>
</tr>
<tr>
<td><strong>Tuesday, February 3, 2016</strong></td>
<td>Alan Wasserstein, M.D., Associate Professor, Dept. of Medicine, Division of Nephrology, Perelman School of Medicine</td>
<td><em>Unconscious Bias</em></td>
</tr>
<tr>
<td><strong>Tuesday, April 5, 2016</strong></td>
<td>John Rich, M.D., Professor of Public Health, Drexel University School of Public Health</td>
<td><em>Wrong Place, Wrong Time: Trauma and Violence in the Lives of Young Black Men</em></td>
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## Faculty Development Week 2015
### November 16 - 18

<table>
<thead>
<tr>
<th>Monday, November 16, 2015</th>
<th>Tuesday, November 17, 2015</th>
<th>Wednesday, November 18, 2015</th>
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<tbody>
<tr>
<td><strong>8:00 am – 10 am</strong></td>
<td><strong>7:30 am – 9 am</strong></td>
<td><strong>8 am – 10 am</strong></td>
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<tr>
<td>CMSRU CONFERENCE ROOM 522</td>
<td>CMSRU MPL 405</td>
<td>E&amp;R BUILDING DEAN’S CONFERENCE ROOM</td>
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<tr>
<td>“Including Nurses and Patients in our Communication” (Handoffs and Rounds)</td>
<td>“Residents as Teachers” Resident Session</td>
<td>Family Med Grand Rounds “Large Group Teaching Techniques”</td>
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<tr>
<td><strong>OBSERVATIONS</strong></td>
<td><strong>OBSERVATIONS</strong></td>
<td><strong>OBSERVATIONS</strong></td>
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<tr>
<td>12 Noon – 2 pm</td>
<td>11 am – 12:30 pm</td>
<td>12 Noon – 1 pm</td>
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<tr>
<td>E&amp;R BUILDING DEAN’S CONFERENCE ROOM</td>
<td>Pavilion 1014</td>
<td>E&amp;R Building Classroom Pediatric Grand Rounds “Family Centered Rounds: Not Just for Families</td>
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<tr>
<td>“Resident as Teachers Workshop” Resident Session</td>
<td>Psychiatry Grand Rounds “How To Be an Effective Preceptor”</td>
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<tr>
<td>3 pm – 5 pm</td>
<td>12 Noon – 5 pm</td>
<td>1 pm – 3 pm</td>
</tr>
<tr>
<td>Dorrance 409</td>
<td>CMSRU Conference Room 522</td>
<td>CMSRU MPL 405</td>
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<tr>
<td>“Diagnosing the Problem Learner”</td>
<td>New Faculty Session (sign-up ahead of time)</td>
<td>“Feedback Workshop” (including difficult feedback scenarios)</td>
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<tr>
<td>5:30 pm – 7:30 pm</td>
<td>Pavilion 1014</td>
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<tr>
<td></td>
<td>“How to Teach Effectively in a Busy Clinical Setting”</td>
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</table>
ALG Facilitator End of Semester Evaluation

Instructions: Please evaluate your ALG Facilitator by completing the questions below. Active Learning (LCME): the process by which a medical student

1) Independently, or collaboratively with his or her peers, identifies his or her learning objectives and seeks the information necessary to meet the objectives and/or

2) Contributes to the learning of a group with information that he or she prepares and discusses.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Is familiar with the process of active learning keeping in mind that ALG facilitators are NOT content experts</td>
<td></td>
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<tr>
<td>*Is on time for sessions</td>
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<tr>
<td>*Is engaged throughout the ALG session</td>
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<td>*Shows respect for students</td>
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<tr>
<td>*Makes efforts to insure that all group members have an opportunity to contribute to the discussion.</td>
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<tr>
<td>*Provides direction when necessary to help students achieve session objectives without dominating the discussion or lecturing.</td>
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</tbody>
</table>
*Did the ALG facilitator create a safe learning environment?

☐ Yes
☐ No

If you answered no to the previous question, please comment below.

*Please provide comments regarding the performance of your ALG facilitator below:

The following will be displayed on forms where feedback is enabled...
(for the evaluator to answer...)

*Did you have an opportunity to meet with this trainee to discuss their performance?

☐ Yes
☐ No
(for the evaluee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

☐ Yes
☐ No
# Core Instructor Session Evaluation

**Instructions:** Core Instructors are CMSRU Faculty who have completed 3 or more educational session in a course/block. Please evaluate this faculty member by completing the questions below regarding their performance. Not Applicable (N/A) is available as an answer choice if you have not attended enough sessions to evaluate the core lecturer.

<table>
<thead>
<tr>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Educational sessions had clear objectives</td>
<td>n/a</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<td>□</td>
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<tr>
<td>2. Educational sessions were engaging and interesting</td>
<td>□</td>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>3. Educational sessions were clear</td>
<td>□</td>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>4. Educational sessions were organized appropriately to facilitate my learning</td>
<td>□</td>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>5. Educational sessions used examples that helped me learn the material</td>
<td>□</td>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>6. The faculty member responded to questions in a respectful and clear manner</td>
<td>□</td>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>7. The faculty member was on time for educational sessions</td>
<td>□</td>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>8. The faculty member ended educational sessions on time</td>
<td>□</td>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>n/a</td>
<td>Poor</td>
<td>Fair</td>
<td>Good</td>
<td>Very Good</td>
<td>Excellent</td>
<td></td>
</tr>
</tbody>
</table>

| 9. Overall rating of this faculty member | □ | □ | □ | □ | □ |

| 10. Please provide comments about the faculty member's performance across all educational sessions or specific sessions during this block (Place NA in the block if you feel you did not attend enough sessions to answer the question) |   |

* Did you have an opportunity to meet with this trainee to discuss their performance?  
  □ Yes  
  □ No

(for the evaluatee to answer...)

---

*indicates a mandatory response

---

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Did you have an opportunity to discuss your performance with your preceptor/supervisor?

☐ Yes
☐ No
* indicates a mandatory response

**CMSRU Lecture Evaluations 2.0**

Instructions: Please complete the following evaluations regarding the above named lecture.

*Please indicate your level of participation for this lecture*

- ☐ I did not attend this lecture or review posted materials. I plan on using an outside source to study this material only
- ☐ I did not attend this lecture, but I did review the posted materials
- ☐ I did attend this lecture

<table>
<thead>
<tr>
<th></th>
<th>n/a</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>The objectives were clear and correlated to the lecture content.</em></td>
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<td><em>The lecture was well organized and the material was presented clearly.</em></td>
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<tr>
<td><em>The faculty stimulated student's interest and participation in the subject.</em></td>
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Cooper Medical School of Rowan University Faculty Handbook

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*Please add comments to clarify your responses and give suggestions if any

The following will be displayed on forms where feedback is enabled...
(for the evaluator to answer...)

*Did you have an opportunity to meet with this trainee to discuss their performance?
  ☐ Yes
  ☐ No

(for the evaluee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?
  ☐ Yes
  ☐ No
Scholars Workshop Facilitator End of Semester Evaluation

Instructions: Please evaluate your Scholars Workshop Facilitator by completing the questions below. Active Learning (LCME): the process by which a medical student

1) Independently, or collaboratively with his or her peers, identifies his or her learning objectives and seeks the information necessary to meet the objectives and/or

2) Contributes to the learning of a group with information that he or she prepares and discusses.

<table>
<thead>
<tr>
<th><strong>Strongly Disagree</strong></th>
<th><strong>Disagree</strong></th>
<th><strong>Neutral</strong></th>
<th><strong>Agree</strong></th>
<th><strong>Strongly Agree</strong></th>
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<tbody>
<tr>
<td><em>Is familiar with the process of active learning keeping in mind that Scholars Workshop facilitators are NOT content expects</em></td>
<td>🅰️</td>
<td>🅱️</td>
<td>🅲️</td>
<td>🅳️</td>
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<tr>
<td><em>Is on time for sessions</em></td>
<td>🅱️</td>
<td>🅲️</td>
<td>🅳️</td>
<td>🅴️</td>
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<tr>
<td><em>Is engaged throughout the Scholars Workshop session</em></td>
<td>🅲️</td>
<td>🅳️</td>
<td>🅴️</td>
<td>🅵️</td>
</tr>
<tr>
<td><em>Shows respect for students</em></td>
<td>🅳️</td>
<td>🅴️</td>
<td>🅵️</td>
<td>🅶️</td>
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<tr>
<td><em>Make efforts that all group members have an opportunity to contribute to the discussion.</em></td>
<td>🅵️</td>
<td>🅶️</td>
<td>🅷️</td>
<td>🅸️</td>
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<tr>
<td><em>Provides direction when necessary to help students achieve session objectives without dominating the discussion or lecturing.</em></td>
<td>🅷️</td>
<td>🅸️</td>
<td>🅹️</td>
<td>🅺️</td>
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</tbody>
</table>
*Did the Scholars Workshop facilitator create a safe learning environment?

Yes

No

If you answered no to the previous question, please comment below.

*Please provide comments regarding the performance of your Scholars Workshop facilitator below:
The following will be displayed on forms where feedback is enabled...
(for the evaluator to answer...)

* Did you have an opportunity to meet with this trainee to discuss their performance?
  - Yes
  - No

* Did you have an opportunity to discuss your performance with your preceptor/supervisor?
  - Yes
  - No
Cooper Medical School of Rowan University (CMSRU) hires new faculty who strive to be successful and productive members of the CMSRU community. One way to do that is to secure a career mentor within your academic department. That faculty member should always be your “go to” person first and will help you find your disciplinary place. Equally important is your medical school place. Studies have shown that new faculty can benefit from a mentor outside of their department. There may be some issues you do not want to discuss with your department mentor. Often faculty from outside your department can provide you with a different perspective or suggest another way of dealing with difficult situations. These are valuable academic life skills to learn.

The Office of Faculty Affairs sponsors a mentoring program for new faculty. You will be matched with a mentor (a senior faculty member) and meet with him or her on a regular basis throughout the year. You and your mentor will decide how to work together. Please fill out the form below so we can match you with an appropriate mentor and assess the program’s effectiveness.

**Mentoring Questionnaire for Mentees**

Name:
Department/Office:
Phone:
Email:

1. My main concerns as a new faculty member are:

2. I expect my mentor to be knowledgeable about:

3. I would work best with a mentor who:

4. The specific things I would bring to this mentoring relationship are my abilities to:
Cooper Medical School of Rowan University (CMSRU) hires new faculty who strive to be successful and productive members of the CMSRU community. One way to facilitate that success is to provide a career mentor within the mentee’s academic department. That faculty member should always be the mentee’s “go to” person first and will help the mentee find their disciplinary place. Equally important is the medical school place. Studies have shown that new faculty can benefit from a mentor outside of their department. There may be some issues that the mentee does not want to discuss with the department mentor. Often faculty from outside the department can provide a different perspective or suggest another way of dealing with difficult situations. These are valuable academic life skills to learn.

The Office of Faculty Affairs sponsors a mentoring program for new faculty. You will be matched with a mentee (a new faculty member) and meet with him or her on a regular basis. You and your mentee will decide how to work together. Please fill out the brief form below so we can match you with an appropriate mentee and assess the program’s effectiveness.

Mentoring Questionnaire for Mentors

Name:
Department/Office:
Phone:
Email:

1. The specific things I would bring to this mentoring relationship are my abilities to:

2. I would work best with a mentee who:
Policies and Procedures

Section: Faculty
Subject: Annual Review of Faculty
Issue or Revision Date: November 1, 2013
Initiated By: Faculty Affairs
Approved By:

___________________________________
Paul Katz, M.D., Dean

Purpose: To establish a policy and procedures for the annual review of faculty

Policy
Annual review: There must be an annual review of all CMSRU faculty on their progress in meeting expectations related to teaching, research and other scholarly activities, clinical activities, if applicable, and service activities. Progress toward promotion and tenure/recontracting (if applicable) will be discussed.

Scope: This policy applies to all full-time CMSRU faculty.

Procedure:

- All CMSRU faculty must meet with their departmental chair (or designee) to complete the Cooper Medical School of Rowan University Faculty Evaluation Form and return it to the Office of Faculty Affairs at CMSRU by July 1.
- The form must be signed and dated by both the faculty member and the division head (or department chair where appropriate).
- The form is then reviewed and signed by the departmental chair (or designee), the chief medical officer of Cooper University Hospital (if applicable) and the Vice Dean or designee of CMSRU.
- A copy of the completed form is returned to the faculty member.
I. CLINICAL/PATIENT RELATED ACTIVITIES (Percent time ______%)

Please attach your clinical productivity measures (RVU’s, visits) and any relevant Quality Improvement and Patient Satisfaction data (if available).

Faculty Comments:
- Clinical/ special accomplishments

Division Head/Department Chair Comments:

II. TEACHING RESPONSIBILITIES (Percent time ______%)

Faculty Comments:
- Include a list of lectures, chief’s rounds and grand rounds.
- Include such resident and student areas as physical diagnosis course/OSCE’s and resident interviews.
- Attach evaluations from students and trainees
  - Medical Students
  - Residents
  - Fellows
  - Other (Visiting Professorships, Grand Rounds, etc.)

Division Head/Department Chair Comments:

III. RESEARCH AND OTHER SCHOLARLY ACTIVITIES (Percent time ______%)

Faculty Comments:
- Include publications, abstracts, presentations and works in progress since your last evaluation.

Division Head/Department Chair Comments:
IV. FACULTY DEVELOPMENT ACTIVITIES (Percent time %)

Faculty Comments:
- Please list faculty development activities since the last evaluation
  - Note: Clinically-related CME is not considered faculty development, according to ACGME.

Division Head / Department Chair Comments:

V. ADMINISTRATIVE SERVICE/COMMITTEES (Percent time %)

Faculty Comments:
- Please list all university, medical school, departmental, health system, scientific society committees served on, and your role on those committees.

Division Head/Department Chair Comments:

VI. HONORS AND AWARDS (List):

Faculty Comments:

Division Head/Department Chair Comments:

VII. CITIZENSHIP AND TEAM ACTIVITIES (Percent time %)

Faculty Comments:
- List ways in which you have contributed to the success of the Medical School, Division, Department or Health System.

- Hours of service to CMSRU:
VIII. SERVICE TO THE COMMUNITY

Faculty Comments:

Division Head/Department Chair Comments:

IX. SUMMATION AND CONCLUSION

Faculty Comments:

Division Head/Department Chair Comments:

Progress toward promotion discussed: 

Hours of Faculty Development (not in your discipline) 

(Check box) 

Progress toward tenure (for Biomedical 
Science Faculty only) discussed: 

Number of Hours of Service to CMSRU 

X. LIST MUTUALLY AGREED UPON GOALS FOR THE COMING YEAR

• Include scholarly goals, teaching goals, and service goals.
<table>
<thead>
<tr>
<th>Signatures:</th>
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<tbody>
<tr>
<td>Faculty Member</td>
<td>Date</td>
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<tr>
<td>Division Head</td>
<td>Date</td>
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<tr>
<td>Chair</td>
<td>Date</td>
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<tr>
<td>Chief Medical Officer</td>
<td>Date</td>
</tr>
<tr>
<td>Vice Dean or designee</td>
<td>Date</td>
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</table>
The Curriculum

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

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

This section of the handbook will:

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

Note:
This handbook is not intended to present a complete presentation of each course. Please visit our web site: www.rowan.edu/coopermed for details. The course directors will make available complete syllabi prior to the start of each class that will include specific learning objectives, expectations and assessment tools.

CMSRU Competencies and Medical Education Program Objectives
(Reviewed by the CMSRU Curriculum Committee October 21, 2015)

<table>
<thead>
<tr>
<th>General Competency</th>
<th>Medical Education Program Objective(s)</th>
<th>Outcome Measure(s)</th>
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<tr>
<td><strong>Medical Knowledge:</strong> Students will demonstrate knowledge of existing and evolving scientific information and its application to patient care</td>
<td>Demonstrate a strong basic science foundation in the understanding of health and disease</td>
<td>Formative Quizzes, TBL scores (IRAT/GRAT), Faculty Developed Examination Questions, NBME Customized Examination Questions, NBME Subject Examinations, Practical Examinations, Weekly ALG Student Assessments</td>
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<td></td>
<td>Perform a complete history &amp; physical examination</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 &amp; M4 Mini-CEX Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessment; OSCEs, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tbody>
<tr>
<td>Recognize the various determinants of health, including genetic background, culture, nutrition, age, gender and societal issues</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Scholar’s Workshop Examinations in M1 &amp; M2 related to Societal Health Care Issues, Ambulatory Clerkship Behavior Checklist Assessments, Ambulatory Clerkship Service Learning Reflective Essays, Life Stages TWA Assessment</td>
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<td>Access and critically evaluate current medical information and scientific evidence, and apply this knowledge to clinical problem-solving</td>
<td>Scholar’s Workshop Projects, Scholar’s Workshop Group Critical Appraisal Project, M3 Mid-Year and End-of-Year Preceptor Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td>Apply current knowledge of public health to patient care</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment</td>
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<td><strong>Patient Care:</strong> Students will demonstrate an ability to provide patient care for common health problems across disciplines that is considerate, compassionate, and culturally competent</td>
<td>Display appropriate clinical skills, critical thinking, medical decision-making and problem-solving skills in the delivery of care</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessments, OSCEs, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td>Use and interpret diagnostic studies appropriately</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td>Demonstrate relevant procedural and clinical skills, recognizing the indications, contraindications and complications, while respecting patient needs and preferences</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessment, OSCEs, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td>Implement and promote plans of disease prevention, management and treatment using evidence-based medicine</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td><strong>Professionalism:</strong> Students will demonstrate a commitment and an ability to perform their responsibilities with respect, compassion and integrity, unconditionally in the best interest of patients</td>
<td>Demonstrate compassion and respect for others</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td></td>
<td>Respect patient confidentiality and autonomy</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td>Show responsiveness and personal accountability to patients, society and the practice of medicine</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td>Put patients’ interests ahead of their own</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td>Recognize personal limitations and biases, knowing when and how to ask for help</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td>Effectively advocate for the health and needs of the patient</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td>Incorporate the principles of medical ethics into their care of patients</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/ Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td>Recognize and address disparities in health care</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/ Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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**Interpersonal & Communication Skills:** Students will demonstrate an ability to effectively communicate and collaborate with patients, families and healthcare professionals

Demonstrate effective interpersonal and communication skills with patients about their care, including ethical and personal issues

Demonstrate effective interpersonal and communication skills with patient’s family, friends, and other members of the patient’s community, as appropriate

Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/ Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives

Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Summative Inpatient Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/ Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives
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<tr>
<td></td>
<td>Demonstrate effective interpersonal and communication skills with all members of the healthcare team and relevant agencies and institutions</td>
<td>Ambulatory Clerkship Behavior Checklist, Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Summative Inpatient Assessments M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td></td>
<td>Maintain a professional demeanor of integrity and transparency in all communications</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td>Practice-Based Learning &amp; Improvement: Students will demonstrate the ability to investigate and evaluate their care of patients, appraise and assimilate scientific evidence, and continuously improve patient care, based on constant self-evaluation and life-long learning</td>
<td>Assess their own strengths, deficiencies and limits of knowledge and engage in effective ongoing learning to address these</td>
<td>Foundations of Medical Practice Individualized Education Plan, M3/M4/Student Self-Assessment of Program Objectives M1 &amp; M2 ALG and Scholar’s Workshop Peer &amp; Self Assessments, Ambulatory Clerkship Service Learning Group Assessment, Ambulatory Clerkship Service Learning Reflective Essay, and Service Learning Roundtable Discussion Assessment.</td>
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<td></td>
<td>Effectively engage in medical school, hospital and community projects that benefit patients, society and the practice of medicine</td>
<td>Ambulatory Clerkship Service Learning Reflective Essays</td>
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<td></td>
<td>Identify, appraise and assimilate evidence from scientific studies using information technology</td>
<td>Scholar’s Workshop Critical Appraisal Group Project, Scholar’s Workshop Independent Capstone Project, M3 Mid-Year and End-of-Year Preceptor Assessments</td>
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<tr>
<td>General Competency</td>
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<td>Recognize and empower other members of the healthcare team in the interests of improving patient care</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/ Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td></td>
<td>Apply the principles and practices of patient safety and process improvement</td>
<td>Scholar’s Workshop Projects, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/ Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td>Systems-Based Practice: Students will demonstrate an awareness of responsiveness to the larger context and system of healthcare, as well as the ability to effectively utilize other resources in the system to provide optimal health care</td>
<td>Work effectively to coordinate patient care within the social context of healthcare</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Summative Inpatient Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/ Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td>Incorporate risk-benefit analysis into care delivery</td>
<td>Ambulatory Clerkship Behavior Checklist, Assessment, M4 End of Clerkship/Elective Assessment</td>
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<td></td>
<td>Advocate for high-quality patient care</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td>Work in inter-professional teams to enhance patient safety and quality</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td></td>
<td>Demonstrate an appreciation for and understanding of the methodologies used to reduce errors in care</td>
<td>Scholar’s Workshop Projects</td>
</tr>
<tr>
<td>General Competency</td>
<td>Medical Education Program Objective(s)</td>
<td>Outcome Measure(s)</td>
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<td></td>
<td>Recognize the value, limitations and use of information technology in the delivery of care</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
</tr>
<tr>
<td></td>
<td>Apply an understanding of the financing and economics of care delivery regionally, nationally, and globally to optimize the care of patients</td>
<td>Scholar’s Workshop Written M2 Examination</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>General Competency</th>
<th>Medical Education Program Objective(s)</th>
<th>Outcome Measure(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scholarly Inquiry:</td>
<td>Demonstrate investigatory and analytical skills to seek and apply the best evidence in making patient care decisions</td>
<td>Scholar’s Workshop Written Examination, Scholars Workshop Capstone Project, Scholars Workshop Critical Appraisal Topic Presentation, M3 CLIC Trans disciplinary Examination, M3 CLIC Trans disciplinary Presentation Rubric, Foundations of Medical Practice Written Examination, Foundations of Medical Practice Clinical Skills Examinations,</td>
</tr>
<tr>
<td></td>
<td>Design and execute studies to answer well-structured research questions</td>
<td>Scholar’s Workshop Capstone Project</td>
</tr>
<tr>
<td></td>
<td>Conduct research according to good clinical practices and strict ethical guidelines</td>
<td>Scholar’s Workshop Capstone Project, Scholar’s Workshop M1 and M2 Written Examinations</td>
</tr>
<tr>
<td></td>
<td>Adhere to the principles of academic integrity in research and scholarship</td>
<td>Scholar’s Workshop Critical Appraisal Group Project, Scholar’s Workshop Independent Capstone Project, M3 Mid-Year and End-of-Year Preceptor Assessments</td>
</tr>
<tr>
<td></td>
<td>Demonstrate skills that foster lifelong learning</td>
<td>Weekly ALG Student Assessments, Foundations of Medical Practice Individualized Education Plan, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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</table>

**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

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<tr>
<th>General Competency</th>
<th>Medical Education Program Objective(s)</th>
<th>Outcome Measure(s)</th>
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</thead>
<tbody>
<tr>
<td>Health Partnership:</td>
<td>Recognize the social determinants of health</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td>General Competency</td>
<td>Medical Education Program Objective(s)</td>
<td>Outcome Measure(s)</td>
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<tr>
<td>Describe the health care needs of patients from diverse populations and develop appropriately tailored care delivery strategies</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td>Develop the skills and attitude to work in partnership with members of the community to promote health, disease prevention, and chronic care management</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessments M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td>Appraise the impact of the social and economic contexts on healthcare delivery</td>
<td>Scholar’s Workshop Projects, Ambulatory Clerkship Service Learning Reflective Essays, Ambulatory Clerkship Behavior Checklist Assessments, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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**Learning & Working in Teams:**
Students will learn to work as a member of a team in the coordinated, inter-professional model of care delivery

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<tr>
<th>General Competency</th>
<th>Medical Education Program Objective(s)</th>
<th>Outcome Measure(s)</th>
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<tbody>
<tr>
<td>Apply basic principles of inter-professional and multidisciplinary care</td>
<td>Weekly ALG Student Assessments, Ambulatory Clerkship Behavior Checklist Assessments, M3 Inpatient Summative Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td>Develop the skills to organize an effective health care team, valuing individuals’ skills and efforts</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Inpatient Summative Assessment M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td>Work with professionals from other disciplines or professions to foster an environment of mutual respect and shared values</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Inpatient Summative Assessment M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td>General Competency</td>
<td>Medical Education Program Objective(s)</td>
<td>Outcome Measure(s)</td>
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<td>Perform effectively in different team roles to plan and deliver patient and population-centered care</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Inpatient Summative Assessment M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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**Curriculum Overview**

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

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

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

Phase 1/Foundation and Integration – Years 1 and 2

<table>
<thead>
<tr>
<th>Year 1</th>
<th>1 Week</th>
<th>8 Weeks</th>
<th>2 Weeks</th>
<th>8 Weeks</th>
<th>4 Weeks</th>
<th>4 Weeks</th>
<th>5 Weeks</th>
<th>8 Weeks</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Orientation</td>
<td>Fundamentals</td>
<td>Week on the Wards (WOW 1)</td>
<td>Fundamentals</td>
<td>LifeStages</td>
<td>Infectious Diseases</td>
<td>Hematology Oncology</td>
<td>Skin and Musculoskeletal</td>
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<td></td>
<td>Ambulatory Clerkship</td>
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<td>Scholar’s Workshop</td>
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<td>Foundations of Medical Practice</td>
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<td>Selectives</td>
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<table>
<thead>
<tr>
<th>Year 2</th>
<th>5 Weeks</th>
<th>4 Weeks</th>
<th>3 Weeks</th>
<th>4 Weeks</th>
<th>5 Weeks</th>
<th>1 Week</th>
<th>4 Weeks</th>
<th>4 Weeks</th>
<th>6 Weeks</th>
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<tbody>
<tr>
<td></td>
<td>Cardiovascular</td>
<td>Pulmonary</td>
<td>Endocrine</td>
<td>Gastroenterology</td>
<td>Uro-Renal</td>
<td>Week on the Wards (WOW 2)</td>
<td>Women’s Health</td>
<td>ENT/Allergy</td>
<td>Neuro-Psych</td>
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<tr>
<td></td>
<td>Ambulatory Clerkship</td>
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<td>Scholar’s Workshop</td>
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<td>Foundations of Medical Practice</td>
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<td>Selectives</td>
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Phase 2/Application, Exploration and Advancement – Years 3 and 4

Year 3

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

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

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M3 Year with discipline based blocks and CLIC continuity:

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

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

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

An example CLIC week:

<table>
<thead>
<tr>
<th>AM</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
<tr>
<td>SDL</td>
<td>Surgery</td>
<td>SDL</td>
<td>Ob/Gyn</td>
<td>Surg/OR</td>
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<tr>
<td>SW** (alt)</td>
<td></td>
<td>Service Learning</td>
<td></td>
<td></td>
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<tr>
<td>Break</td>
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<tr>
<td>PM</td>
<td>Peds</td>
<td>APC</td>
<td>Neuro</td>
<td>Psych</td>
<td>Plenary Sessions</td>
</tr>
<tr>
<td>SDL</td>
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The 35% CLIC ambulatory component of each block permits students to see patients in each core discipline over the course of the clerkship year, providing continuity of care for patients, greater exposure to seasonal conditions, and continuity of experience with attending preceptors. This results in fourteen CLIC weeks over the course of the M3 year. Weekly CLIC schedules for each student includes clinic time in each of the core disciplines, a half day in the operating room with their surgery preceptor, and time for Ambulatory Clerkship, Scholar’s Workshop, service learning, weekly transdisciplinary plenary sessions, and self-directed learning (SDL) time. SDL may be used to follow patients to subspecialist appointments or procedures, exploration of career interests, or other learning activities specific to each student.

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

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

**Note:** Sub-Internships are available in:
- Internal Medicine
- Family Medicine
- Obstetrics/Gynecology
- Pediatrics
- Psychiatry
- Surgery
- Vascular Surgery
Phase 1 Course Overview

Courses Spanning Multiple Curricular Years

The Scholar’s Workshop

The Scholar’s Workshop is a continuous course, spanning all four years of the medical school curriculum. The design of the course is based on the recognition that, in order to thrive in 21st Century medicine, two attributes are necessary: the skills of critical thinking and proficiency with an enduring set of tools. The tools help students interact with information and systems. The Scholar’s Workshop kit are the tools of:

- evidence-based medicine;
- data collection and analysis;
- epidemiology;
- systems theory / engineering;
- quality improvement / patient safety;
- management and leadership;
- the scientific method, including the ethics of scientific inquiry.
- Healthcare financing and delivery systems

The curriculum of The Scholar’s Workshop is designed to help students develop habits of critical thinking. Faculty guide students – working in teams – though a series of projects aimed at developing their proficiency with the toolkit, as well as their team-building, teamwork, management and leadership skills. The projects are designed to correlate temporally and substantively with the remainder of the school curriculum. Through the Scholar’s Workshop, we endow students with the skills and mindset to lay the foundation for high quality practice in a vast sea of information and ever-changing systems of care.

Ambulatory Clerkship

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

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

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

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

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

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

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

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

Selectives consists of semester-long experiences, in which students are able to explore various course offerings related to medical humanities. Individual Selectives courses meet six times per semester and sessions are designed to be interactive in nature. Students are required to take two Selectives courses during Phase 1. Current individual Selectives courses include “The Social Mission of Medical Schools”, “Applied Medical Ethics”, “Medical Cineforum”, “Observational Drawing”, “The Art of Observation”, “Opera and Disease”, “Photography and Medicine”, “Dance and Medicine”, and “Persuasive Writing”. Additional courses are in the process of development.

Year 1 Block Courses

Fundamentals

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

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

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

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

Infectious Diseases

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

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

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

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

Skin and Musculoskeletal System

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

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

Year 2 Block Courses

Cardiovascular System

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

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

Pulmonary System

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

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

Endocrine System

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

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

Gastroenterology (GI)

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

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

Urology and Renal Systems

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

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

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

Women’s Health

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

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

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

Allergy and Otolaryngology (ENT)

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

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

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

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

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

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

Phase 2 Course Overview

Year 3

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

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

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

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

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

**Healer’s Art**

*Healer’s Art* is a five-session course, based on an internationally renowned medical school curriculum designed by Rachel Naomi Remen, MD, Director of the Institute for the Study of Health and Illness at Commonweal, and Professor of Family and Community Medicine at UCSF School of Medicine. It is designed to provide support for third year medical students by enabling students to appreciate and preserve the human dimension of health care. It permits and encourages students and faculty to experience a collegial relationship that is non-judgmental and non-competitive and offers a unique professional support and healing community. Faculty participants equally benefit from the shared experiences. Topics for individual sessions include: Learning to Remember Our Wholeness, Sharing Grief and Healing Loss, Beyond Analysis: Allowing Awe in Medicine, and The Care of the Soul: Service as a Way of Life. The *Healer’s Art* course encourages self-reflection through its highly interactive small and large group formats.
Year 4

Sub-internship

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

The subinternships are four weeks long. They include the following learning objectives:

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

Emergency Medicine Clerkship

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

1. Demonstrate skill in completing an appropriately tailored, chief complaint driven history and physical exam in the emergent setting
2. Demonstrate the ability to synthesize an appropriate differential diagnosis for some of the most common emergency department complaints (chest pain, shortness of breath, abdominal pain, blunt trauma, atraumatic back pain, laceration repair, and altered mental status)
3. Presenting cases in a clear and concise fashion
4. Demonstrate an understanding of the use and interpretation of commonly ordered diagnostic studies
5. Develop and assisting with the implementation of appropriate case management plans
6. Demonstrate a basic understanding of the role of emergency ultrasonography in patient care
7. Use ED patient care experiences along with appropriate educational resources to improve understanding of emergency medicine
8. Work in at team based setting with different providers to provide timely, efficient, and safe care to patients
Clerkship in Critical Care Medicine or Surgery

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

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

Interprofessional Care of Patients with Chronic Conditions

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

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

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

Leadership in Community Health

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

*Electives*

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

March 2016
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### CMSRU Competencies and Medical Education Program Objectives
(Reviewed by the CMSRU Curriculum Committee October 21, 2015)

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<td><strong>Medical Knowledge:</strong> Students will demonstrate knowledge of existing and evolving scientific information and its application to patient care</td>
<td>Demonstrate a strong basic science foundation in the understanding of health and disease</td>
<td>Formative Quizzes, TBL scores (IRAT/GRAT), Faculty Developed Examination Questions, NBME Customized Examination Questions, NBME Subject Examinations, Practical Examinations, Weekly ALG Student Assessments</td>
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<td>Perform a complete history &amp; physical examination</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 &amp; M4 Mini-CEX Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessment; OSCEs, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td>Recognize the various determinants of health, including genetic background, culture, nutrition, age, gender and societal issues</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Scholar’s Workshop Examinations in M1 &amp; M2 related to Societal Health Care Issues, Ambulatory Clerkship Behavior Checklist Assessments, Ambulatory Clerkship Service Learning Reflective Essays, Life Stages TWA Assessment</td>
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<td>Access and critically evaluate current medical information and scientific evidence, and apply this knowledge to clinical problem-solving</td>
<td>Scholar’s Workshop Projects, Scholar’s Workshop Group Critical Appraisal Project, M3 Mid-Year and End-of-Year Preceptor Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td>Apply current knowledge of public health to patient care</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment</td>
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<td><strong>Patient Care</strong>: Students will demonstrate an ability to provide patient care for common health problems across disciplines that is considerate, compassionate, and culturally competent</td>
<td>Display appropriate clinical skills, critical thinking, medical decision-making and problem-solving skills in the delivery of care</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessments, OSCEs, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td>Use and interpret diagnostic studies appropriately</td>
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<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td>Demonstrate relevant procedural and clinical skills, recognizing the indications, contraindications and complications, while respecting patient needs and preferences</td>
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<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessment, OSCEs, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td>Implement and promote plans of disease prevention, management and treatment using evidence-based medicine</td>
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<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td><strong>Professionalism:</strong> Students will demonstrate a commitment and an ability to perform their responsibilities with respect, compassion and integrity, unconditionally in the best interest of patients</td>
<td>Demonstrate compassion and respect for others</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td>Respect patient confidentiality and autonomy</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td>Show responsiveness and personal accountability to patients, society and the practice of medicine</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td>Put patients’ interests ahead of their own</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td>Recognize personal limitations and biases, knowing when and how to ask for help</td>
<td>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist, Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/ Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td>Effectively advocate for the health and needs of the patient</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/ Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td>Incorporate the principles of medical ethics into their care of patients</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/ Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td>Recognize and address disparities in health care</td>
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<td><strong>Interpersonal &amp; Communication Skills:</strong></td>
<td>Students will demonstrate an ability to effectively communicate and collaborate with patients, families and healthcare professionals</td>
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<td>Demonstrate effective interpersonal and communication skills with patients about their care, including ethical and personal issues</td>
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<td>Demonstrate effective interpersonal and communication skills with patient’s family, friends, and other members of the patient’s community, as appropriate</td>
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<td>Demonstrate effective interpersonal and communication skills with all members of the healthcare team and relevant agencies and institutions</td>
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<td>Maintain a professional demeanor of integrity and transparency in all communications</td>
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<table>
<thead>
<tr>
<th>General Competency</th>
<th>Medical Education Program Objective(s)</th>
<th>Outcome Measure(s)</th>
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<tr>
<td><strong>Practice-Based Learning &amp; Improvement:</strong> Students will demonstrate the ability to investigate and evaluate their care of patients, appraise and assimilate scientific evidence, and continuously improve patient care, based on constant self-evaluation and life-long learning</td>
<td>Assess their own strengths, deficiencies and limits of knowledge and engage in effective ongoing learning to address these</td>
<td>Foundations of Medical Practice Individualized Education Plan, M3/M4/Student Self-Assessment of Program Objectives M1 &amp; M2 ALG and Scholar’s Workshop Peer &amp; Self Assessments, Ambulatory Clerkship Service Learning Group Assessment, Ambulatory Clerkship Service Learning Reflective Essay, and Service Learning Roundtable Discussion Assessment.</td>
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<td>Effectively engage in medical school, hospital and community projects that benefit patients, society and the practice of medicine</td>
<td>Ambulatory Clerkship Service Learning Reflective Essays</td>
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<td>Identify, appraise and assimilate evidence from scientific studies using information technology</td>
<td>Scholar’s Workshop Critical Appraisal Group Project, Scholar’s Workshop Independent Capstone Project, , M3 Mid-Year and End-of-Year Preceptor Assessments</td>
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<td>Recognize and empower other members of the healthcare team in the interests of improving patient care</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/ Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td>Apply the principles and practices of patient safety and process improvement</td>
<td>Scholar’s Workshop Projects, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/ Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td><strong>Systems-Based Practice:</strong> Students will demonstrate an awareness of responsiveness to the larger context and system of healthcare, as well as the ability to effectively utilize other resources in the system to provide optimal health care</td>
<td>Work effectively to coordinate patient care within the social context of healthcare</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Summative Inpatient Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/ Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td>Incorporate risk-benefit analysis into care delivery</td>
<td>Ambulatory Clerkship Behavior Checklist, Assessment, M4 End of Clerkship/Elective Assessment</td>
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<td>Advocate for high-quality patient care</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td>Work in inter-professional teams to enhance patient safety and quality</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td>Demonstrate an appreciation for and understanding of the methodologies used to reduce errors in care</td>
<td>Scholar’s Workshop Projects</td>
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<td>Recognize the value, limitations and use of information technology in the delivery of care</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td>Apply an understanding of the financing and economics of care delivery regionally, nationally, and globally to optimize the care of patients</td>
<td>Scholar’s Workshop Written M2 Examination</td>
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**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.

<table>
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<tr>
<th>Scholary Inquiry</th>
<th>Outcome Measure(s)</th>
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<tr>
<td>Demonstrate investigatory and analytical skills to seek and apply the best evidence in making patient care decisions</td>
<td>Scholar’s Workshop Written Examination, Scholars Workshop Capstone Project, Scholars Workshop Critical Appraisal Topic Presentation, M3 CLIC Trans disciplinary Examination, M3 CLIC Trans disciplinary Presentation Rubric, Foundations of Medical Practice Written Examination, Foundations of Medical Practice Clinical Skills Examinations,</td>
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<tr>
<td>Design and execute studies to answer well-structured research questions</td>
<td>Scholar’s Workshop Capstone Project</td>
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<td>Conduct research according to good clinical practices and strict ethical guidelines</td>
<td>Scholar’s Workshop Capstone Project, Scholar’s Workshop M1 and M2 Written Examinations</td>
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<td>Adhere to the principles of academic integrity in research and scholarship</td>
<td>Scholar’s Workshop Critical Appraisal Group Project, Scholar’s Workshop Independent Capstone Project, M3 Mid-Year and End-of-Year Preceptor Assessments</td>
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<td>Demonstrate skills that foster lifelong learning</td>
<td>Weekly ALG Student Assessments, Foundations of Medical Practice Individualized Education Plan, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td><strong>Health Partnership:</strong> Students will demonstrate the ability to deliver high-quality, comprehensive, cost-effective, coordinated ambulatory care and community-oriented health education to underserved urban and rural populations</td>
<td>Recognize the social determinants of health</td>
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<td>Describe the health care needs of patients from diverse populations and develop appropriately tailored care delivery strategies</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td>Develop the skills and attitude to work in partnership with members of the community to promote health, disease prevention, and chronic care management</td>
<td>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<tr>
<td>Appraise the impact of the social and economic contexts on healthcare delivery</td>
<td>Scholar’s Workshop Projects, Ambulatory Clerkship Service Learning Reflective Essays, Ambulatory Clerkship Behavior Checklist Assessments, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor’s Assessment of the Student’s Attainment of Program Objectives</td>
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<td><strong>Learning &amp; Working in Teams:</strong> Students will learn to work as a member of a team in the coordinated, inter-professional model of care delivery</td>
<td>Apply basic principles of inter-professional and multidisciplinary care</td>
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<td>Develop the skills to organize an effective health care team, valuing individuals’ skills and efforts</td>
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<td>Work with professionals from other disciplines or professions to foster an environment of mutual respect and shared values</td>
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<td>Perform effectively in different team roles to plan and deliver patient and population-centered care</td>
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Anti-Violence Policy

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

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

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

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

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

PROCEDURE:

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

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

The University will support criminal prosecution of those who threaten or commit violence against its employees, students, or visitors within its facilities, programs, and activities.

CMSRU will attempt to reduce the potential for internal violence through student wellness and educational programs. Individual counseling will be utilized as needed. CMSRU will work to positively affect the attitudes and the behavior of its students and faculty.
Possession, use or display of weapons, or ammunition is prohibited on property owned by or under the control of CMSRU.

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

**Computer and Electronic Device Use**

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

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

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

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

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

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

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

**Conflict of Interest Policy**

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

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

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

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

SPECIFIC ACTIVITIES:

11. 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.

12. 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:

h. The activity is designed to promote evidence-based clinical care and/or advance scientific research
i. The financial support of Industry is prominently disclosed
j. Industry does not pay attendees’ travel and expenses
k. Attendees do not receive gifts or other compensation for attendance
l. Meals provided are modest (value comparable to Standard Meal Allowance as specified by IRS)
m. 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
n. Compensation is reasonable and limited to reimbursement of reasonable travel expenses and a modest honorarium not to exceed $2,500 per event

13. 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.

14. 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.

15. 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:

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

g. 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

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

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

j. 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.

16. 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.

17. 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:

d. 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.

e. 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

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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.

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

18. 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.

19. 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.

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

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

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

Copyright Infringement

PURPOSE: CMSRU respects intellectual property and has made it a priority to ensure that all faculty, students and staff respect the copyrights of others. CMSRU faculty, students and staff are required to comply with copyright law and to adhere to the CMSRU copyright policy and guidelines. Copyright infringement through inappropriate copying or distribution of copyrighted content is a personal as well as medical school liability and will result in disciplinary action.

POLICY: Copyright

SCOPE: All CMSRU medical students, faculty and staff

Important Information about Copyright

What is Copyright?
The purpose of copyright law is to provide authors and other creators with an incentive to create and share creative works by granting them exclusive rights to control how their works may be used. Among the exclusive rights granted to those authors are the rights to reproduce, distribute, publicly perform and publicly display a work. These rights provide copyright holders control over the use of their creations, and an ability to benefit, monetarily and otherwise, from the exploitation of their work. Copyright also protects the right to “make a derivative work,” such as a movie from a book; the right to include a piece in a collective work, such as publishing an article in a book or journal; and the rights of attribution and integrity for “authors” of certain works of visual art. If you are not the copyright holder, you must ordinarily obtain permission prior to re-using or reproducing someone else’s copyrighted work. Acknowledging the source of a work is not a substitute for obtaining permission. However, permission generally is not necessary for actions that do not implicate the exclusive rights of the copyright holder, such as reviewing, reading or borrowing a book or photograph.

What is Protected by Copyright?
The rights granted under the U.S. Copyright Act (embodied in Title 17 of the U.S. Code) are intended to benefit “authors” of “original works of authorship,” including literary, dramatic, musical, architectural, cartographic, choreographic, pantomimic, pictorial, graphic, sculptural and audiovisual creations. This means that virtually any creative work that you may come across in readable or viewable format, including books, magazines, journals, newsletters, maps, charts, photographs, graphic materials; unpublished materials, such as analysts’ reports and consultants’ advice; and non-print materials, including websites, computer programs
and other software databases, sound recordings, motion pictures, video files, sculptures and other artistic works are almost certainly protected by copyright.

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

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

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

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

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

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

Fact Finding Questions
Once you have identified the materials you want to use, ask yourself the following questions: is the work the type of work protected by copyright? If so, are you using the work in a manner that implicates the exclusive
rights of the copyright holder? Is it likely the work is still protected? If the answer is YES to these questions, then you must locate the copyright holder. Is the name of the copyright holder on the materials? Does the Copyright Clearance Center represent that work? Locating the copyright holder may take some investigative and creative work. Consult with the CMSRU Library to see if they can offer any guidance. The U.S. Copyright Office at the Library of Congress (www.loc.gov) may be of assistance in locating a copyright owner.

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

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

Guidelines for the Appropriate Use of Copyrighted Materials

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

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

DIVERSITY POLICY

PURPOSE: Diversity is essential to fulfilling the CMSRU mission of improving the health of our community and in achieving our vision of being a leader in medical education, research, and clinical practice with an emphasis on healthcare for underserved populations. CMSRU is committed to recruiting students, staff and faculty from diverse backgrounds with experiences that best match our mission to serve the needs of our community. Furthermore, CMSRU is invested in providing a learning environment that is enhanced by the exchange of varied viewpoints that increase awareness of health care disparities and increase interest in service and civic responsibility.
POLICY: CMSRU provides opportunities for learners from disadvantaged backgrounds and those who are underrepresented in medicine to gain information about health careers and programming to advance their knowledge/skillset to pursue those professions; these educational programs are inclusive in nature, and extend beyond CMSRU. Included are “pipeline” programs that span elementary school through undergraduate years. In addition to traditional entry pathways to medical school, CMSRU provides alternate routes for individuals from underrepresented in medicine/disadvantaged backgrounds (see definition below) to gain acceptance to CMRSU through partnering institutions and pipeline programs. CMSRU is equally committed to the recruitment, development and retention of qualified faculty/staff from underrepresented backgrounds.

CMSRU is dedicated to providing an academic and work environment that respects the contributions, talent, and diverse experiences of all of our students, faculty and staff. Our core values include a commitment to: personal mentorship, diversity and equity, professionalism, collaboration and mutual respect, civic responsibility, patient advocacy, and life-long learning.

SCOPE: This policy applies to all applicants, students, faculty and staff of CMSRU.

DEFINITIONS:

The following groups who are underrepresented in medicine are the focus of CMSRU’s recruitment and retention efforts to achieve mission-appropriate diversity outcomes among students, faculty, and senior administrative staff.

- Students: Hispanic/Latino, Black/African American and financially disadvantaged
- Faculty/Senior Administrative Staff: Hispanic/Latino, Black/African American, women in leadership roles
- Senior Administrative Staff: Deans, Departmental Chairs, Directors, and Managers

PROCEDURE:

CMSRU incorporates social justice and diversity in all of its functions including admissions, student affairs, faculty affairs, academic affairs, clinical practices, curriculum, research, and community service.

The Office of Diversity and Community Affairs (ODCA) engages faculty, students, and staff to develop and maintain an environment which embraces and respects the diverse educational and larger community. It creates partnerships to establish priorities and ensures that social justice, inclusion, and cultural competence are promoted within the institution and our larger community. The ODCA collaborates with hospitals, physician practices, universities, community colleges, elementary, middle and secondary schools, nongovernmental organizations, regional and community organizations to develop initiatives that will further improve the healthcare experience for disadvantaged communities, such as the creation of a pipeline to medical professions and community service programs. In addition, collaborations are sought to further our commitment to diversity and decrease health disparities in the community and surrounding region. The ODCA works with the Office of Faculty Affairs to broaden recruitment and retention efforts of diverse faculty members. The Committee for Diversity in the Learning Environment supports the efforts of the ODCA in monitoring achievement of diversity initiatives and contributes information and programming recommendations to guide the diversity strategic planning process.

To ensure diversity, the following are monitored on a regular basis as part of the CMSRU strategic planning process and continuous quality improvement:
• Progress of pipeline participants to graduation/health professions
• Recruitment, acceptances and retention of URM students/staff/faculty as defined above
• Support for diversity programs
• Faculty engagement in diversity and mentoring programs
• Diversity efforts of departmental chairs (URM - resident recruitment, faculty recruitment and retention, faculty promotions)
• Cultural content in curriculum

FERPA: Student Records

PURPOSE: The Family Educational Rights and Privacy Act (FERPA – 20 U.S.C. § 1232g; 34 CFR Part 99) is a law that protects the privacy of student education records. The law applies to all medical education records of students who are or have been in attendance at the CMSRU.

POLICY: Cooper Medical School of Rowan University will comply with the Family Educational Rights and Privacy Act of 1974 and all subsequent amendments (FERPA) providing students with the right to inspect and review their education record. CMSRU will respond to student requests to review records within 5 days of the day the University receives the request and provide guidelines for the correction of records, rather than the 45 day statement within the FERPA act of 1974.

SCOPE: This policy is a summary outlining CMSRU compliance to all provisions of FERPA.

DEFINITIONS:

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

School Officials: persons employed by the institution in an administrative, supervisory, academic research or support position including law enforcement, health staff personnel, a trustee, outside contractors and persons servicing as a student representative on an official committee (such as disciplinary or grievances committee), or assisting another school official in performing his or her tasks. School officials may obtain information from a student education records without prior written consent for legitimate educational interest. Legitimate educational interests must demonstrate: need to know by those officials of the institution who act in the student’s educational interest (faculty, administrators, clerical and professional employees, and other persons who manage student information). A school official has a legitimate educational interest if the official need to review is in order to fulfill his or her professional responsibility.

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

**STUDENT RIGHT and PROCEDURE:**

A. In accordance with the Family Educational Rights and Privacy Act of 1974 and its subsequent amendments (FERPA) current and former CMSRU students have the right to review and inspect their education records within 5 days of the date the University receives the request for access.

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

C. Access to Education Records

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

2. Right of CMSRU to Refuse Access. CMSRU reserves the right to refuse to permit a student to inspect the following records:
   a. the financial statement of the student’s parents;
   b. letters and statements of recommendation for which the student has waived his or her right of access, or which were placed in a student file before January 1, 1975;
   c. records which are part of a previous application to CMSRU if that application was unsuccessful and the student subsequently applies and is admitted;
   d. those records that are excluded from the FERPA definition of education records.

3. Right to Obtain Copies of Education Records
   a. With the exceptions listed below, a student may obtain copies of his/her education records from the CMSRU registrar upon submission of a written request and payment of a standard fee to cover duplication, reasonable labor costs and postage, if applicable.
   b. CMSRU reserves the right to deny copies of transcripts or education records in the following situations:
      - the student has an unpaid financial obligation to CMSRU; or
      - there is an unresolved disciplinary action against the student.

D. Disclosure of Education Records

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

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

E. Record of Requests for Disclosure of Education Records

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

F. Corrections/Challenges to Content of Education Records

1. A student has a right to a hearing to challenge education records which the student believes are inaccurate, incomplete, misleading or otherwise in violation of the privacy or other rights of the student, but a student does not have a right to a hearing on matters of academic judgment.
2. Following are the procedures for the correction of education records:
   a. The student clearly identifies the part of the education record he/she wants changed and specifies
his/her reasons why it is inaccurate or misleading.

b. If a satisfactory solution of an issue cannot be reached informally, CMSRU must hold a hearing within 60 days after receiving a student's written request for such a hearing. The hearing shall be before a University official, designated by the associate dean of student affairs and admissions.

c. A CMSRU official will prepare a written decision based solely on the evidence presented at the hearing within 21 days of such hearing. The decision will include a summary of the evidence presented and the reasons for the decision.

d. If CMSRU decides that the challenged information is inaccurate, misleading, or in violation of the student's right of privacy, it will amend the record and notify the student, in writing that the record has been amended.

e. If CMSRU decides that the challenged information is not inaccurate, misleading, or in violation of the student's right of privacy, it will notify the student that he/she has a right to place in his/her education record a statement commenting on the challenged information and/or a statement setting forth reasons for disagreeing with the decision; the student’s statement will be maintained as part of the student's education records as long as the contested portion is maintained. If CMSRU discloses the contested portion of the record, it must also disclose the student’s statement.

G. Questions about FERPA and this policy concerning the release of student information should be directed to the Office of the Registrar.

H. Students have a right to file a complaint with the U.S. Department of Education concerning alleged failures by CMSRU to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

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

REFERENCES:

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

FERPA Information for Faculty and Staff
As a CMSRU faculty and or staff member, you may have access to student records, provided you have a legitimate need to review records to fulfill your job requirements. Faculty and staff member granted access to the Banner Student Information System must complete FERPA training before given access and assumes full responsibility for protecting the confidentiality of records.

Faculty and staff members who do not have access to the Banner Student Information System and need documents from student confidential files to fulfill official duties must submit a request in writing to the Registrar clearly defining the purpose of the request.

Who can release student information?
An institution may disclose personally identifiable information without the student's written consent to "school officials" whom the institution has determined to have a "legitimate educational interest."

Obligation to release record information
An institution is not obligated to release directory information to anyone. FERPA only says that an
institution MAY release information, but there is no obligation to do so. When in doubt, do not release information.

**Student workers**
FERPA does not preclude an institution from identifying students as "school officials" with a "legitimate educational interest" for specific purposes. The same requirements and responsibilities for a full time school official exist for student workers. The student workers must be trained on FERPA just as if they were faculty or staff.

**Subpoenas**
At Rowan, all subpoenas are first reviewed by the Office of General Counsel to determine the appropriate course of action.

**Crisis situations/Emergencies**
If non-directory information is needed to resolve a crisis or emergency situation, an education institution may release that information if the institution determines that the information is "necessary to protect the health or safety of the student or other individuals." Factors to be considered or questions to be asked in making a decision to release such information in these situations are: (1) the severity of the threat to the health or safety of those involved; (2) the need for the information; (3) the time required to deal with the emergency; (4) the ability of the parties to whom the information is to be given to deal with the emergency.

**Who to contact with questions/concerns**
Registrar
Cooper Medical School of Rowan University
401 Broadway
Camden, NJ 08103
Phone: 856-361-2886
Fax: 856-361-2828

General questions may also be directed to the Office of the Registrar, as appropriate. Comments or suggestions should be addressed to the Rowan University Registrar's Office, registrar@rowan.edu, (856) 361-2828.

--FERPA waivers should be accepted only in the form of original, signed hard copies. Scanned versions may be submitted directly by attorneys but should not be accepted from other parties.

--FERPA waivers provided to faculty, advisors, and other academic or professional staff should be forwarded to General Counsel.

**On-Line Training for Faculty and Staff:**
http://www.rowan.edu/provost/registrar/facultypasswordforms/FERPA%20Training.ppt%20Sept%202013%20Wheatcroft.ppt
POLICIES AND PROCEDURES

SECTION: Medical Students
SUBJECT: Grading, Promotions, and Appeals
ISSUE OR REVISION DATE: February 15, 2016
INITIATED BY: Office of Medical Education
APPROVED BY: Paul Katz, M.D., Dean

POLICY: Grading, Promotions, and Appeals Policy

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

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

DEFINITIONS:
This document deals with those students who are candidates for the MD degree.
Remediate: A defined process created by a course or clerkship director to assure that a student who fails a course or clerkship has gained the knowledge and skills required. The process is tailored to the student and consists of activities to improve competency followed by a reexamination.

I. RESPONSIBILITY

Implementation

1. Faculty
The faculty is responsible for implementing grading policies, regulations and procedures. For the courses or clerkships for which they are responsible, faculty members:
a. establish standards to be met for attaining course or clerkship credit and criteria for assigning specific grades, and
b. assign final grades for the course or clerkship within six weeks of the last day of the course or clerkship.

2. The associate dean for medical education
The associate dean for medical education administers the grading and promotion policy regulations and procedures with the support of the associate dean for student affairs and admissions and the vice dean.

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

II. COURSE REQUIREMENTS AND SEQUENCING

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

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

III. ASSESSMENT AND STANDING OF STUDENTS

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

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

M3 Courses/Clerkships:

Honors (H): is a clearly superior performance that reflects comprehensive achievement of course/clerkship objectives. (Distribution: approximately 20% of the class may
receive H.)

**High Pass (HP):** a performance well beyond minimum achievement of course/clerkship requirements. (Distribution: after Honors grades have been determined, approximately 30% of the class may receive HP.)

**Pass (P):** a satisfactory performance that meets basic course/clerkship requirements. (A minimum grade of 70.00% is required to pass all courses and clerkships.)

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

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

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

**Incomplete (I)**

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

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

**Withdrawn (W)**

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

**M4 Courses/Clerkships:**

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

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

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

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

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

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

B. Standing of Students

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

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

2. Not in good academic standing (on academic probation)
   The student:
   • has not fulfilled the requirements of one or more courses/clerkships of a previous year, or
   • has not passed U.S. Medical Licensure Examination (USMLE) Step 1, Step 2CK or Step 2CS examinations by the second attempt.
IV. THE PROMOTIONAL SYSTEM

A. Phase 1

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

- A student who fails up to 2 courses in an academic year in Phase I will be permitted to remediate the failing grades before being placed on academic probation, however a student who chooses to repeat a year without having successfully completed all the academic requirements for that year will be placed on academic probation since they have not successfully remediated the courses and are choosing to repeat them.
  - Special circumstances related to the M1 Fundamentals course:
    - The M1 Fundamentals course is a 16 week course with four individual blocks. Student scores are averaged throughout the course to calculate the final grade. Given the critical nature of this course in the academic development of a CMSRU medical student, the following applies:
      - A student must achieve an average grade of 70 or above to pass the course.
      - Students can have a failing block score in two block modules in this course and have the ability to remediate the course at the end of the academic year if the student’s overall course average is below a 70.
      - If a student fails three of the course blocks, they must repeat the course the following academic year and will not be allowed to progress in the remainder of the M1 curriculum regardless of course average.
    - A student who fails to remediate a failing grade in 1 course/clerkship will be placed on academic probation and must repeat the course/clerkship in the subsequent year. Students will not be permitted to advance to the next academic year until the course/clerkship has been successfully completed. Students may register for an Independent Study during this time but are not permitted to take courses/clerkships/electives from the next academic year’s curriculum.
    - A student who fails to remediate 2 courses/clerkships must repeat the year, and will be placed on academic probation. The student must retake all courses/clerkships in the academic year and pass all to move to the next academic year in the curriculum.
    - A student who fails 3 courses/clerkships will be dismissed.
    - A student with an identified area of concern in their course narratives may be referred to the Vice Dean for review and action.

B. Phase 2

- Students are required to pass all clerkships and the Scholar’s Workshop course in Year 3 to be promoted to Year 4.
- In the M3 year, a student must successfully complete all assessment components of their clerkship requirements. For the three blocks in the Fall term of M3, students must remediate a failed assessment component during the December examination week. Students who need to remediate a failed assessment component in the Spring term blocks will do so during the study week or the examination week in June. Students who need to remediate assessment components for courses or clerkships with assessment components during the M3 examination weeks in June,
must do so within 21 calendar days of the last examination. Examinations held after the M3 year will delay entry in the M4 year. Students who need to remediate any portion of an M3 course or clerkship can only receive a final grade of Remediated Pass (RP) in those courses or clerkships.

- Students failing a single clerkship must remediate that clerkship prior to proceeding to the next academic year, or graduating, respectively.
- Students failing two clerkships or one clerkship and the Scholar’s Workshop course must repeat the entire academic year, and will be placed on academic probation.
- Students failing 3 or more clerkships or 2 clerkships and the Scholar’s Workshop course will be dismissed.
- Students failing the M3 Scholar’s Workshop course only, will be promoted to Year 4 with contingency, and must remediate that course during Year 4.
- Students are required to pass all clerkships and electives in Year 4, and complete their Scholar’s Workshop capstone project to be eligible for graduation.
- A student with an identified area of concern in their clerkship narrative assessments may be referred to the Vice Dean for review and action.

C. USMLE Examinations:

- All students studying for the MD degree at CMSRU are required to pass Step 1 and Step 2CK and Step 2CS of the U.S. Medical Licensure Examination (USMLE) as a condition of continued matriculation and of graduation.
  - Step 1 shall be taken prior to beginning Year 3 of the medical school curriculum.
  - Step 2 CK (Clinical Knowledge) and Step 2 CS (Clinical Skills) shall be taken no later than November 30th of the calendar year in which medical students are enrolled in Year 4 of the medical school curriculum.
  - Passing Step 1, Step 2 CK and Step 2 CS are required for candidates to sit for the Step 3 examination, which is usually taken during the first residency year after graduation from medical school.

- A student who fails to pass Step 1 on the initial attempt shall:
  - Complete the first block of the M3 year. A final grade is awarded in this block.
  - Be assigned Step 1 remediation time and prepare a remediation plan that is approved by the Associate Dean for Medical Education to be completed during block 2 of the M3 year.
  - Take Step 1 again within 40 days after completing the first block of the M3 year.
  - Resume the third year program following the remediation time by entering block 3 in the M3 curriculum.
  - Completion of the M3 year will require an extension of time (a minimum of four weeks) to complete all requirements, thus delaying the start of the fourth year.
  - At their request, students may choose to take a leave of absence for the remainder of the M3 year and begin the M3 year with the subsequent class. Any blocks that have been completed up to this time do not have to be repeated unless the student has received a grade of unsatisfactory that has not been remediated.

- A student who fails to pass Step 1 on his/her second attempt shall:
  - Stop all activities in the M3 year.
  - Be automatically registered in an independent study program (enabling him/her to continue to be considered a full-time student). This program will be monitored by the Office of Medical Education.
• Take Step 1 for the third time no later than May 30th of the original third academic year.
• If the student successfully completes the Step 1 examination, the student shall enter the third year with the subsequent academic class. Any blocks that have been completed up to this time do not have to be repeated unless the student has received a grade of unsatisfactory that has not been remediated.
• If a student fails the Step 1 examination a third time, she/he shall be dismissed.

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

• All M3 clerkships that have been successfully completed prior to the required independent study program will not have to be repeated.

• A student who does not take Step 2 CK and CS by November 30th of the fourth year shall not be permitted to continue clinical rotations until the student takes the Step 2 examination.

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

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

• A passing score for Step 2 CK and Step 2 CS must be reported to the Office of Medical Education no later than one week prior to graduation in order for the student to be awarded a diploma with his/her class.

D. Promotional Decisions

The associate dean for medical education is responsible for assessing the academic performance of each student. The associate dean for medical education will release final grades to the registrar. The director of assessment is responsible for informing any student of his/her status if the grade is a U, and will refer the student to the associate dean for student affairs and admissions for support in his/her decision making regarding remediation and the Academic Standing Committee review process for promotional decisions.

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

**Phase 1 Remediation:**
All remediation in all M1 and M2 courses/ clerkships is done after the academic year is concluded and all grades for that year have been submitted. Only one attempt is permitted to remedy by reexamination or other course assessment a U grade in any course/ clerkship. The remediation examination or other assessment will be conducted within 21 calendar days of the last day of classes in the M1 or M2 academic year. Students who fail remediation must repeat the course or clerkship. Students who are unsuccessful in their remediation attempts will be placed on academic probation until they have successfully repeated the failed courses or clerkships.

**Phase 2 Remediation:**
Remediation for courses and clerkships in the M3 year is timed to the closest possible remediation period which is the Examination Week in December or the 21 calendar day period following end of the M3 year. Students can begin the remediation process for failed assessment components in the Spring semester as soon as the M3 Examination period ends and grades are available. This will allow students to matriculate into the M4 year as soon as possible. Only one attempt is permitted to remedy by reexamination or other course assessment a U grade in any assessment component in the M3 year. The highest grade a student can earn with successful remediation in any M3 course or clerkship is a remediated/pass (RP).

**Remediation Process:**
Students will follow a plan developed for course/clerkship remediation by the course director(s)/clerkship director(s). The plan will be developed within fourteen (14) days of student notification of unsuccessful performance in a course/clerkship, except in the last course or block in an academic year when the plan is developed within 3 days. The plan will be implemented after completion of the academic year. The course/clerkship director(s) will:
1. Within seven (7) days of notification of unsuccessful performance, meet with the student to help identify his or her obstacles to achieving satisfactory performance
2. Meet with course/clerkship faculty, as necessary, to discuss the student’s learning needs and plan remedial experiences
3. Work with the Phase 1 or Phase 2 Dean to create a written plan for remediation, including:
   a. goals
   b. method(s) of study/practice
   c. duration of the program
   d. frequency of meetings between the student and designated faculty or course/clerkship director
   e. planned assessments
4. Share the proposed program with the Director of Assessment and the Associate Dean for Medical Education for their review and written approval. In the event the student is in Year 3, the M3 Director will also be involved. For students in Year 4, the M4 Director will also be involved. In either situation, their signature is required with the others on the remediation plan.
5. Meet with the student within one week of the original meeting to review the plan.
6. Present the student with the written plan, which will be signed by the student.
7. Carry out the plan after completion of the academic year. If the student successfully remediates the grade is changed from a U to an RP. In the case of a clerkship needing remediation, the highest grade available for posting will be a RP.
8. If the student fails to remediate, the grade is maintained as a U and the student is referred to the Academic Standing Committee.
V. PROBATION

A. Academic

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

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

B. Non-Academic

Professionalism is a core competency of the CMSRU curriculum. All matters related to professionalism within the curriculum are reviewed by the vice dean. When, in narrative comments evaluating a student, or other communication such as a Professionalism Intervention Report, faculty members express concern about a student’s professionalism, the vice dean may, after discussion with the faculty, and/or course/clerkship director, and/or the Associate Dean for Medical Education, and or the Associate Dean for Student Affairs and Admissions, refer the student to the Academic Standing Committee for review.

If the Academic Standing Committee places a student on non-academic probation, the chair of the Academic Standing Committee will forward the conditions for removal from non-academic probation to the vice dean. The vice dean will notify the student of their status and will state in writing the specific duration and conditions of the probationary status. The vice dean is responsible for monitoring the student’s adherence to the conditions of the probation. The vice dean will inform the Academic Standing Committee of the student’s progress. If a student completes the requirements of their probation, they will be removed from probationary status and informed in writing by the Academic Standing Committee. If a student does not complete the requirements of their probation, they may be dismissed by the Academic Standing Committee.

VI. APPEALS

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

A. Appealing a Course or Clerkship Grade

1. Appeal to the Course/Clerkship Director

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

2. **Appeal to the associate dean for medical education**

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

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

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

B. **Appealing Promotional Decisions**

All information pertaining to a student's academic promotion and professional attributes, including that contained in departmental files, may be utilized in the appeals processes described below. Appeals may be based upon procedural irregularity or extenuating circumstances.

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

   Process of Appeal
   
   - A student may appeal the decision of the Academic Standing Committee by requesting that the Vice Dean convene an Ad Hoc Committee for Student Appeals. The appeal is made through the Associate Dean for Medical Education. The process is monitored and documented by the Director of Curriculum and Student Development.
   - The Vice Dean convenes an Ad Hoc Committee for Student Appeals that shall be comprised of five members of the faculty who are not members of the Academic Standing Committee, the Curriculum Committee, the subcommittees of the Curriculum Committee, or the Advisory College Directors. The chair will be chosen from among the Ad Hoc Committee for Student Appeals committee members.
• The Ad Hoc Committee for Student Appeals shall hear the appeal and provide a decision within ten working days of receiving written notice of intent to appeal.
• The student shall be given at least 72 hours’ notice of the time and place of the committee’s hearing.
• At the discretion of the student making the appeal, one individual may accompany him/her at the hearing in the capacity of advisor and/or advocate. All other advocacy efforts must be in the form of written communications to the committee, and must be received by the committee not later than 24 hours preceding the time scheduled for the start of the appeals hearing.
• The decision of the ad hoc committee shall be communicated verbally and in writing to the Vice Dean and will be final. The Vice Dean shall communicate this final decision to the student.

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

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

Process of Appeal

• A student may appeal the decision of the Academic Standing Committee by requesting that the Vice Dean convene an Ad Hoc Committee for Student Appeals. The appeal is made through the Associate Dean for Medical Education. The process is monitored and documented by the Director of Curriculum and Student Development.
• The Vice Dean convenes an Ad Hoc Committee for Student Appeals that shall be comprised of five members of the faculty who are not members of the Academic Standing Committee, the Curriculum Committee, the subcommittees of the Curriculum Committee, or the Advisory College Directors. The chair will be chosen from among the Ad Hoc Committee for Student Appeals committee members.
• The Ad Hoc Committee for Student Appeals shall hear the appeal and provide a decision within ten working days of receiving written notice of intent to appeal.
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• At the discretion of the student making the appeal, one individual may accompany him/her at the hearing in the capacity of advisor and/or advocate. All other advocacy efforts must be in the form of written communications to the committee, and must be received by the committee not later than 24 hours preceding the time scheduled for the start of the appeals hearing.
• The decision of the ad hoc committee shall be communicated verbally and in writing to the Vice Dean and will be final. The Vice Dean shall communicate this final decision to the student.
Honor Code

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

POLICY: Honor Code

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

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

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

Student Responsibilities

Students will not:

- Give or receive aid during an examination.
- Give or receive unpermitted aid in assignments.
- Plagiarize any source in the preparation of academic papers or clinical presentations.
- Falsify any clinical report or experimental results.
- Infringe upon the rights of any other students to fair and equal access to educational materials.
- Violate any other commonly understood principles of academic honesty.
- Lie

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

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

The student must agree to participate in the enforcement of this Honor Code, and prior to matriculation, must sign a statement agreeing to uphold its principles while enrolled at Cooper Medical School of Rowan University. Impaired Student Process
Student Health & Safety – Process for Handling an Impaired Student

Cooper Medical School of Rowan University (CMSRU) will provide a safe academic environment so that student safety will not be compromised. Any impairment, whether acute or chronic in nature, as defined below, will be addressed by established policies and procedures of CMSRU and/or treatment efforts on behalf of the student. Unsatisfactory academic performance will be handled according to policies and procedures of CMSRU.

PURPOSE:

To state the process for the identification and referral of impaired students to the Student Assistance Program (SAP).

PROCEDURE:

A. Identifying an Impaired Student

1. Impairment is to be determined by the associate dean for student affairs and admissions after meeting with the associate dean for medical education and the vice dean and/or a designee from their offices based on a student's ability to adequately perform his/her academic responsibilities. Adequate academic performance is based on established CMSRU academic performance standards. This insures an objective basis for documenting inadequate or deteriorating performance. The deans and/or designees from their offices will not attempt to diagnose the cause of the student's impairment.

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

   a. Examples of acute impairment can include, but are not limited to, the following: hallucinations, increased agitation, paranoia, decreased level of consciousness, disorientation, loss of coordination, reduced capacity to communicate, and alcohol on the breath.

   b. Examples of chronic impairment can include, but are not limited to, the following: absenteeism, lateness, significant decrease of productivity, repeated mistakes, peer problems, poor personal hygiene, sleepiness, and poor judgment.

   c. If a student sees behavior that makes him/her believe a fellow student is impaired, he/she should report it to the associate dean for student affairs and admissions, who will take appropriate action.

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

B. Responsibility in Dealing with the Acutely Impaired Student

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

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

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

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

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

6. If a student refuses to be escorted to Worknet or the ED and/or refuses to be evaluated according to policy, no attempt should be made to force the student. Instead, the student should be suspended and the associate dean for student affairs and admissions and/or a designee from that office should document the student's refusal. Upon academic suspension, the associate dean for student affairs and admissions after meeting with the associate dean for medical education and the vice dean and/or a designee from their offices will make a mandatory SAP referral and if the student does not contact SAP within 72 hours, the student will be dismissed from CMSRU.

7. The student should not be permitted to leave the premises operating a vehicle. If the student insists on driving, advise him/her that the police will be notified. If the student still drives, the police must be notified.

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

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

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

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

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

13. The associate dean for student affairs and admissions and/or a designee from that office must document the means and the time by which the student left the premises and/or attempts made to arrange transportation. If the student refuses and insists on driving, the student must be told that the police will be notified and then contact the police.
14. If the test is positive or the student self discloses usage, Worknet will refer the student to the SAP. The SAP will conduct an evaluation and make a referral for appropriate treatment. The SAP will maintain contact with the rehabilitation program during treatment. The SAP will receive all documentation for students who are referred to them for rehabilitation.

C. Returning the Student to Academic Responsibilities

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

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

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

D. Responsibility in Dealing with the Chronically Impaired Student

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

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

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

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

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

      ii. Invoke disciplinary procedures.

   d. If the student’s performance impacts patient/public safety, the associate dean for student affairs and admissions and/or a designee from that office may recommend evaluation by Worknet.
**Needle Sticks and Bodily Fluid Exposures**

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

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

**SCOPE:** All CMSRU students and visiting students.

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

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

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

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

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

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

**POLICY:** CMSRU will provide primary medical student healthcare services to all CMSRU registered students in a confidential, professional and sensitive manner. All students will maintain accident, medical, and disability insurance.

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

**PROCEDURE:**

The Director of Student Health (housed in the primary care facility in Suite 104, 3 Cooper Plaza in Camden weekdays 8:30 a.m.-4:30 p.m.) oversees all health services offered to students. The Director of Student Health may also be designated by a student as her/his health insurance primary physician. At all times students have emergency and after-hour medical coverage by the Department of Emergency Medicine facility in Cooper University Hospital’s Emergency Department. **Physicians who are CMSRU faculty and who provide health care services to students will not be involved in the evaluation or promotion of any student for whom they provided services.**

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

a. History, physical and laboratory examination
b. Physical assessments and consultations with physicians and other personnel, including:
   1. Primary care, including preventive care, general medical services such as episodic and chronic care screening and monitoring
   2. Immunization review and updating
   3. Health education
c. Annual PPD testing and appropriate follow-up care will be through Worknet yearly starting in the M2 year. Results will be captured in the EMR at Student Health.
d. Annual influenza vaccination will be through Worknet and recorded in each student’s EMR via the Student Health Center.
e. Record keeping and periodic reports to the Associate Dean for Student Affairs and Admissions office regarding immunizations will be provided as required as needed.
f. Management of exposures to blood borne pathogens*: medical students will undergo initial counseling and will be given initial therapy at the Worknet facility or in the CUH Emergency Department through a fast-track process.

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

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

CMSRU students can contact the reception area at 856-342-2439 for routine appointments, and the nursing area at 856-342-2439 for sick visits and nurse visits. Hours have been set aside during the week for CMSRU students who will be encouraged to schedule their visits at these times. All students will identify themselves when calling the Student Health Center.

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

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

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

* See separate policy on Needle Stick and Bodily Fluid Exposures

Student Health Providers

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POLICY: CMSRU will provide primary medical student healthcare services to all CMSRU registered students in a confidential, professional and sensitive manner. All students will maintain accident, medical, and disability insurance.

SCOPE: This policy applies to all CMSRU medical students.

PROCEDURE:
The Director of Student Health (housed in the primary care facility in Suite 104, 3 Cooper Plaza in Camden weekdays 8:30 a.m.-4:30 p.m.) oversees all health services offered to students. The Director of Student Health may also be designated by a student as her/his health insurance primary physician. At all times students have emergency and after-hour medical coverage by the Department of Emergency Medicine facility in Cooper University Hospital’s Emergency Department. Physicians who are CMSRU faculty and who provide health care services to students will not be involved in the evaluation or promotion of any student for whom they provided services.

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a. History, physical and laboratory examination
b. Physical assessments and consultations with physicians and other personnel, including:
   (1) Primary care, including preventive care, general medical services such as episodic and chronic care screening and monitoring
   (2) Immunization review and updating
   (3) Health education
c. Annual PPD testing and appropriate follow-up care will be through Worknet yearly starting in the M2 year. Results will be captured in the EMR at Student Health.
d. Annual influenza vaccination will be through Worknet and recorded in each student’s EMR via the Student Health Center.
e. Record keeping and periodic reports to the Associate Dean for Student Affairs and Admissions office regarding immunizations will be provided as required as needed.
f. Management of exposures to blood borne pathogens*: medical students will undergo initial counseling and will be given initial therapy at the Worknet facility or in the CUH Emergency Department through a fast-track process.
The students of CMSRU will be able to access a physician 24 hours a day, 7 days a week, through the hospital operators.

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

CMSRU students can contact the reception area at 856-342-2439 for routine appointments, and the nursing area at 856-342-2439 for sick visits and nurse visits. Hours have been set aside during the week for CMSRU students who will be encouraged to schedule their visits at these times. All students will identify themselves when calling the Student Health Center.

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

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

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

* See separate policy on Needle Stick and Bodily Fluid Exposures

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**Professional Appearance**

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

**POLICY:** Professional Appearance

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

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

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

**Phase I** - During most of the first two years of the curriculum, students will spend their time in lectures and small group activities where attire should be comfortable, neat and not distracting. Avoid dress or attire that could be perceived as offensive to others. During the WOW weeks,
Ambulatory Clerkship, and when interfacing with patients at any CHS facility students must follow the Dress Code Policy of Cooper University Health Care stated below.

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

I. **POLICY:**
   A. It is the policy of Cooper University Health Care to establish standards of dress, grooming and appearance. Personal appearance should reflect a neat, professional, businesslike image and should be appropriate for the employee's work situation. While Cooper understands that dress and appearance are often a matter of personal taste, Cooper must be mindful of patient and employee safety as well as Cooper’s professional image. Therefore, Cooper maintains the right to establish and enforce standards of dress, grooming and appearance as dictated by business need, interactions with customers and other visitors. In addition to the traditional work setting, this policy applies to work related functions and events, such as education programs and job fairs that an employee attends as a representative of Cooper.

II. **PURPOSE:**
   A. To set forth the standards of appropriate dress, grooming, and appearance for employees.

III. **PROCEDURE:**
    Dress code guidelines may vary by department, job function and location. Department dress codes may be more restrictive. Cooper recognizes three (3) types of dress: business, business casual and uniforms. Management at all times reserves the right to take appropriate action toward any employee whose grooming or dress violates the letter or the spirit of this policy. Employees that appear for work inappropriately dressed will be sent home and directed to return to work in proper attire. Under such circumstances, employees will not be compensated for time away from work and disciplinary action may be taken.
   A. **General Guidelines**
      1. The Cooper identification badge is required to be worn at collar level with employee name and photo facing forward and clearly visible at all times while working at any Cooper location. Badges must be free of obstacles so patients and others can view the employee’s picture, name and job title. Lanyards should not be used unless they have a mechanism to “break” in the back in the case of a safety issue. Lanyards must hang to allow visibility of the badge in the upper chest area. Lanyards that are longer than upper chest area are not permitted. When off duty, the ID badge cannot be worn at any Cooper location unless the employee is in compliance with the dress code.
      2. All clothing should fit properly. Garments cannot be transparent, low cut at the neckline, or form fitting. Clothing should not be unduly revealing or cause distracting or disruptive attention or reaction on the part of others.
      3. Dresses and skirts cannot be excessively short. Dress/skirt slits must not be excessive.
      4. Shirts/Blouses with lettering or graphics that advertise or promote a product or service or causes distracting attention or reaction on the part of others will not be
permitted. Only shirts/blouses with Cooper logo or approved graphics or lettering are permitted.

5. Footwear must be clean and neat. Individual directors can approve clogs and sneakers, depending on the setting and interactions.

6. Hair, beards, and mustaches must be neat and well groomed. For purposes of safety, infection control, and operation of equipment and personal protective equipment, facial hair must be of a reasonable length to enable the performance of job functions.

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

8. Every effort should be made to cover or conceal tattoos. Tattoos or markings that are offensive or portray violent/threatening images must be covered. Tattoos or markings that extend beyond the edge of one’s neckline or collar, or the sleeve of one’s shirt are not permitted to be exposed and must be concealed. Likewise any tattoos or markings that are visible on an individual’s face, neck, palm, fingers or back of the hand are not permitted to be exposed and must be concealed in a manner that does not interfere with patient safety, infection control or equipment operation.

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

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

11. The wearing of Cooper issued buttons or pins on a uniform is to be kept to a minimum and cannot be attached to or conceal the Cooper identification badge.

12. Fragrances, perfumes, colognes, hair sprays, etc. should be kept to a minimum and may be prohibited if they pose a health concern to others.

13. Hats and caps are not permitted unless they are part of a uniform. Permission may be requested and granted for a medical or religious reason.

14. Sunglasses may not be worn indoors unless medically necessary.

15. The following are not considered appropriate dress:
   a. Denim clothing of all colors
   b. All types of shorts
   c. Leggings/Spandex pants (unless worn under an appropriate dress)
   d. Sweat jacket, pants, hoodie
   e. Sweat shirts
   f. Fleece jackets
   g. Athletic clothing
   h. Miniskirts
   i. Beachwear
   j. T-shirts
k. Tank tops or spaghetti strap shirts
l. Flashy, “loud” clothing
m. Lingerie-like clothing
n. Flip-flops/thong shoes
o. Pool shoes

16. Employees who require accommodation for medical or religious reasons should contact Human Resources.

B. Guidelines for employees who provide direct patient care, have direct patient contact or who work in patient care areas:
   1. Open toe shoes are not permitted. Heels must be of a reasonable height to perform assigned duties. Footwear is of sturdy construction, well fitted and maintained in good repair. Flexible, non-slip soles are recommended in work locations where use of liquids may increase the risk of falls.
   2. Employees who give direct, hands-on patient care may not wear artificial fingernails. Fingernails must be clean. For purposes of safety, infection control, and operation of equipment, fingernails must be of a reasonable length for the performance of job functions. Employees having direct hands-on patient care may not have fingernails in excess of ¼ inch in length and may not wear artificial fingernails, which is inclusive of gel nail polish, wraps, acrylics, silks, etc
   3. Sleeveless shirts, blouses, and dresses are not permitted unless covered by a jacket or sweater.
   4. Stockings or socks must be worn.
   5. The length of pants/trousers must extend to the ankle.
   6. When clothing is soiled with blood or body fluids, the clothes must be changed as soon as possible.

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

D. Types of dress
   1. Business Attire –
      a. In order to meet the expectations of patients and their families, Cooper must project a professional, business-like image. Therefore, business attire is expected to be worn except where department specific dress requirements, casual business attire or uniforms apply as outlined in sections 2 and 3 below. Business attire includes such clothing as suits, ties, dresses, dress skirts and dress pants.
   2. Casual Business Attire (Dress Down Day)
      a. A more casual or relaxed dress code will be permitted during the summer and on Fridays. Casual business attire must still follow the guidelines
outlined above and must be appropriate for a work environment. Casual business attire must be neat and professional. Casual business attire includes such clothing as colored polo shirts, oxford shirts, blouses, sweaters/cardigans, blazers/sport coats, casual slacks (no jeans), khaki pants, pants to mid-calf, dresses and shirts, casual skirts, loafers, sandals, and boots.

3. Uniforms
   a. Uniforms may be required in specific areas. They will constitute regular business attire when approved by management. Employees should consult with their individual Department Director for specific guidelines on uniforms. Scrub uniforms may be worn with Departmental approval. Denim like scrubs are not permitted. Uniforms owned by Cooper must be returned upon separation of employment.

IV. ATTACHMENTS

   8.604a Attachment - Employee Scrubs Program

V. RELATED POLICIES

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

Professional Conduct

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

POLICY: Professional Conduct Policy

SCOPE: Candidates for the Doctor of Medicine degree

DEFINITIONS:

Professionalism is broadly defined. It is expected that this will be applied beyond the elements of the curriculum. It is expected to be a way of life for the health care professional.

Hearing Body for Student Rights
Hearing Body for Student Rights, a standing committee of the School, consists of six members and three alternates. Two members are elected from the faculty; two members are elected by the students; the president of student government shall serve as a member; and one member of the administration shall be appointed by the Dean. This committee will hear all matters of dispute regarding student behavior and professionalism.
**Professionalism Intervention Report**
This form may be filed by anyone, including another student, when an incident of unprofessional behavior is noted involving a CMSRU student.

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

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

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

**Request for Review:**
- A student wishing to file a request for review of a decision made by the Hearing Body for Student Rights must submit a written request for review to the ADSAA within 14 calendar days of notification of the action.
- The ADSAA will refer the request for review in writing to the ad hoc committee of the faculty for review.
• The ad hoc committee will review the matter formally within 7 calendar days of receiving the written request for review.
• The student may elect to have one representative present for the formal review. This person will not be permitted to speak at the meeting.
• The ad hoc committee will submit a written decision to the vice dean within 7 calendar days of the formal review.
• The decision of the ad hoc committee will be communicated to the student in writing by the vice dean within 7 calendar days and is final.

Religious Observances

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

POLICY: Religious Observances

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

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

PROCEDURE:

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

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

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

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

This link provides the most recent policy:


Standards for the Learning Environment

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

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

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

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

- Student Mistreatment
- Teacher Learner Compact
- Ombudsman

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

Initiatives to Enhance the Learning Environment:

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

- Committee for a Positive Learning Environment
- Wellness Programming – regular fitness, yoga, and meditation sessions are scheduled in the dedicated wellness space. Access to recorded wellness sessions are always available. Wellness events, challenges, and communications are ongoing.
- Lunch and Learn programming – these one hour noon sessions given to M1 students weekly focus on stress management, career direction, professionalism, and self-awareness.
- The Advisory Colleges – every student is assigned to a College during Orientation. The Colleges are designed to foster mentoring and support for every student. Each student has a student mentor one
year ahead of them in the curriculum. The Colleges meet regularly as groups and each Director meets with their students multiple times each year individually. Career guidance is a special focus.

- The Student Assistance Program – Counseling service is available to each student utilizing student fees. Issues addressed may range from test anxiety, fear, sleep issues, and related emotional disorders. Referrals to psychiatrists not associated with teaching our students are available.
- Faculty Development – Mentoring and Professionalism are areas of focus.
- Resident Development – Self-care, resident as teacher (PRIME program), Mentoring and Professionalism are areas of focus.
- An open door policy in the Office of Student Affairs – every student is told that the staff of the OSAA is always available for any issue.

**Monitoring the Learning Environment**

CMSRU has developed ongoing mechanisms to monitor and enhance the learning environment in all educational settings including the classroom, laboratory, hospital and clinic through:

- Soliciting reports from students of exemplary learning environments to celebrate and learn from them
- Development of a culture in which students feel safe reporting mistreatment events if they occur, so they can be addressed and avoided in the future
- Creation of a system of liaisons for each class to interface with the teaching faculty on a regular basis
- Utilization of the Advisory College system. Direct communication with the Office of Student Affairs and Admissions, or the CMSRU Ombudsperson
- Student and faculty evaluations, including course evaluations
- C-change student and faculty surveys
- Graduation Questionnaires (beginning in 2016)

**Reporting mistreatment or hostile learning environment:**

- CMSRU encourages students to report mistreatment or hostile learning environment in end of course evaluations or at any other time. In situations where a student may be hesitant to do so, the associate dean for student affairs and admissions will be available by walk-in, phone or email at all times. When a student prefers that the reporting be totally confidential:
  - A drop box is available in the hallway near the Office of Student Affairs
  - A confidential call-in phone number is available to report issues: 856-956-2777
- The associate dean for student affairs and admissions will receive any report issued by any student surrounding learning environment issues.
- The associate dean for student affairs and admissions, the associate dean for medical education and the vice dean will meet regularly to review these reports and monitor follow-up actions within the departments where the events occurred. To preserve anonymity to the fullest extent possible reports are ‘quarantined’ until after course directors have submitted grades (in the case of Phase 1 courses and clerkships) or after students have matched (in the case of electives).
- The associate dean for student affairs and admissions addresses reports of mistreatment and hostile learning environment and responds to these reports in a relevant and constructive manner.
- When the issue is one that extends beyond a single student or situation the following resources are called upon to address the issues:
  - The Center for Student Wellness
The Student Assistance Program

The Committee for a Positive Learning Environment

The CMSRU Ombudsperson

Other resources as needed

The vice dean is ultimately responsible for addressing issues of the learning environment that cross the continuum of undergraduate and graduate medical education, faculty affairs, and non-physician health care workers.

Reporting sexual misconduct

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

Committee for a Positive Learning Environment

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

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

CMSRU fully supports the AAMC Statement on the Learning Environment:

We believe that the learning environment for medical education shapes the patient care environment. The highest quality of safe and effective care for patients and the highest quality of effective and appropriate education are rooted in human dignity.

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

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

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

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

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

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

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

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

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

**Student Complaint Procedure**

**I. Departmental Level**

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

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

c. If the faculty/professional staff member is not accessible for any reason (e.g., prolonged illness, on leave, refuses to meet with student), or if the student fears reprisal, the student may initiate the process by first meeting with the departmental chairperson/supervisor.
d. In any case, if the matter is not resolved, the student must notify (in writing) the faculty/professional staff member or departmental chairperson/supervisor within twenty (20) calendar days from the date the student knew or should reasonably have known about the matter.

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

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

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

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

II. Medical School Level

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

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

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

Notes:

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

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

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

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

5. All students, faculty, professional staff, department chairs, supervisors, and deans are expected to follow the steps in this policy.
6. If a departmental chair/supervisor, dean/division head, the provost, or the president of the university receives a letter of complaint about a faculty or professional staff member from a student, he/she will forward the letter to the individual being complained about and inform the student that the complaint process must begin with an attempt to resolve the problem with the faculty/professional staff member, and that the above complaint procedure must be followed.

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

Social Networking

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

POLICY: Social Network Policy

SCOPE: Candidates for the Doctor of Medicine degree

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

PROCEDURE:

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

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

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

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

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

**The following actions are strictly forbidden:**

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

**Additional Guidance for Use of Social Networks**

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

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

### Student Attendance

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

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

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

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

**PROCEDURE:**

**Responsibilities of the student:**

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

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

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

**Responsibilities of the Faculty:**

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

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

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

**Phase 1**

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

**Phase 2**

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

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

**Process:**

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

Excused Absence: A Guide

The following are considered excused absences:

• Acute personal illness
• A physician’s appointment for personal care that could not be scheduled at any other time
• Acute event such as a car breaking down – these will be case by case
• Family Crisis
  o Death of parent, child, spouse or sibling (other than this will not definitely be excused)
  o Acute major illness or accident involving the above
• Religious Observance: Please see the full policy in the Handbook that includes the following: “CMSRU will not penalize a student who must be absent from a class, examination, study or work requirement for a religious observance. Students who anticipate being absent because of a religious observance must, as early as possible and in advance of an anticipated absence of a day, days or portion of a day, inform ... the associate dean for student affairs and admissions.” This does not mean that all such days are excused, only that the decision is yours to make.
• Attending a Conference: these will be excused if you are presenting, doing a poster, or have been asked to go by administration to represent our school (Ex: OSR)
• Wedding – Please note that there are times in the schedule that work best for any event that can be scheduled in advance. Wedding dates are usually known long in advance. These will be addressed on a case by case basis but not usually excused.

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

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

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

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

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

M4 INTERVIEW AND VACATION PERIOD

Students have 9 four week blocks to complete their required clerkships and electives in their M4 year. That leaves 1 four (4) week block open for interviews and personal time (vacation, illness).
In addition, students are permitted five (5) additional days of personal time (vacation, illness) in the M4 year that can be taken outside of the four (4) weeks already given for interviews and personal time.

Personal time can only be taken off during electives. The maximum is 2 days of personal time for a 4 week elective, 1 day for a 2 week elective. You must contact the elective director and coordinator as far in advance as possible if you know that you will be taking personal time off. Personal time is not permitted during the mandatory M4 clerkships: Emergency Medicine, Chronic Care, Sub-Internship, Medical/Surgical Intensive Care.

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

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

**Student Clinical Assignment**

**PURPOSE:**
The faculty and academic administrators of CMSRU recognize their responsibility to maximize the fair and equitable assignment of CMSRU students during their clinical clerkship education. This policy guides the assignment and as needed, the reassignment, of clinical supervisors to third and fourth year medical students.

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

**DEFINITIONS:**

Clinical assignment: Students are assigned preceptors and supervising physicians who are responsible for teaching and assessing students in the clinical clerkship education program.

**I. RESPONSIBILITY**

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

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

2. **M3 Cooper Longitudinal Integrated Clerkship (CLIC) placements**
Similarly, M3 students are randomly assigned to outpatient based Cooper Longitudinal Integrated Clerkship clinical offices in the M3 year. A student may request a change in preceptor or clinical learning site with the Cooper Health System for extenuating circumstances. The clerkship director, in conjunction with the M3 director and the assistant dean for phase 2, reviews the request and makes the change, if appropriate, within 48 hours. If the request for change is denied, the assistant dean for phase 2 meets with the student to explain the rationale for not making the change. The student may appeal the decision to the associate dean for medical education, who reviews the request and makes the final decision within 48 hours.

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

Student Supervision Policy

POLICY: Medical student supervision during required clinical activities

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

PURPOSE:
In its efforts to ensure excellent medical education and to guard patient and student safety, CMSRU has developed the following policy with the goal of providing guidance for faculty physicians when supervising medical students during clinical activities. The following policy defines the supervision of medical students during clinical activities.

RESPONSIBILITY:
It is the responsibility of the supervising faculty member to ensure policy standards are followed for all students participating in clinical activities.

Medical students participating in patient care must be supervised at all times. The primary supervising physician is an attending physician employed by Cooper University Health Care, or a volunteer physician with a CMSRU faculty appointment, practicing within the scope of his/her discipline as delineated by the credentialing body of the health system.

When resident physicians, clinical post-doctoral fellows or other healthcare professionals are actively involved in medical student supervision during clinical activities, it is the responsibility of the supervising faculty physician to ensure all those personnel are appropriately prepared for their roles for supervision of medical students, and are acting within the scope of their practice.
When the attending physician is not physically present in the clinical area, the responsibility for supervising CMSRU medical students will be delegated to the appropriately-prepared resident physician or clinical post-doctoral fellow at the discretion of the primary attending physician. Students are provided with rapid, reliable systems for communicating with faculty and resident physicians.

Clinical supervision is designed to foster progressive responsibility as students’ progress through the curriculum. The intensity of medical student supervision in any given situation will depend on the medical student’s level of education and experience, demonstrated competence, and the learning objectives of the clinical experience. Course/clerkship directors will provide specific faculty members and other preceptors with guidance for each clinical experience, including the students’ level of responsibility and scope of approved activities and procedures during the rotation. Clinical faculty preceptors will be knowledgeable about CMSRU Institutional Educational Objectives, clerkship-specific objectives, supervisory recommendations, and access to educational resources, including assessment instruments. Relevant resources will be emailed to faculty prior to the start of the medical student’s clinical experience, and reviewed with them by the clerkship director. They will also be available remotely on Blackboard® and One-45®.

First- and second-year medical students will be directly supervised, with the supervising physician present or immediately available, and prepared to take over the care of the patient if needed. Under the direct supervision of the supervising physician, first- and second-year students may participate in history taking, physical examinations and critical data analysis, and may have access to the medical record.

Third- and fourth-year medical students will be directly supervised, with the supervising physician available to provide direct supervision. Students may participate in the care and management of patients, including performing procedures, under the direct supervision of the supervising physician at all times, with patient permission. Clinical interventions are never to be executed by medical students without a supervising physician’s awareness and permission.

Medical student participation in invasive procedures requires direct supervision by the supervising attending physician or credentialed resident physician at all times during the procedure. The supervising physician must have the credentials to perform the procedure being supervised. A student may assist in procedures only when the supervising attending physician agrees that the student has achieved the required level of competence, maturity, and responsibility to perform the procedure.

Supervising physicians and other preceptors are expected to provide opportunities for students to demonstrate responsibility for patient care. These opportunities may be in the form of history-taking; physical examination; reporting and entering findings in the patient’s medical record with the explicit approval of the patient’s supervising attending physician. In all patient care contacts the patient shall be made aware that the individual providing the care and/or performing the procedure is a student. Patients have the right to decline to have a student participate in their care.

The supervising physician will be responsible for reviewing student chart documentation and providing constructive feedback. Medical student findings entered in the medical record of the patient will be for educational and student evaluation purposes only and cannot be used in lieu of any required attending staff or house staff documentation. Students must clearly sign all entries in the medical record, along with the designation that they are medical students. Supervising attending physicians or graduate medical trainees must review student notes. Fourth-year students may enter orders in the electronic medical record but those orders cannot, by virtue of an electronic “hard stop,” be executed until they are countersigned by the supervising attending physician or senior resident.

Note: For billing purposes, the teaching physician must personally verify and redocument the history of present illness (HPI) and personally perform and redocument the physical examination and medical decision-
making activities of the service. The teaching physician may refer to the student’s documentation only with respect to Review of Systems and Fast/Family/Social History. (See Cooper Health System Policy 1.220 Teaching Physician Billing Policy).

Supervising faculty physicians or residents must provide medical students with regular, timely, and specific feedback based on their supervision. Supervising faculty will notify the clerkship or course director if there is concern for any potential academic and/or professional gaps in student performance. Should students have any concern regarding clinical, administrative, professional, educational, or safety issues during their rotation, they will be encouraged to immediately contact the supervising physician, clerkship/course director, or the Associate Dean for Student Affairs.

A CMSRU faculty physician who provides medical and/or psychiatric care, psychological counseling, or other sensitive health services to a medical student, or who has a close personal relationship with a medical student, must recuse himself/herself from the supervisory role. In such cases, the faculty physician must have no involvement in assessing or evaluating the medical student’s academic performance, or participating in decisions regarding his/her promotion and/or graduation. The faculty physician and the medical student are advised to immediately contact the appropriate clerkship/course director and/or Associate Dean for Student Affairs should the potential for these conflicts of interest arise.

Preclinical Academic Workload

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

Purpose: A primary goal of CMSRU is to provide a quality education for medical students. In doing so, CMSRU recognizes the importance of creating an atmosphere that encourages students to maintain a healthy balance between required academic activity and a lifestyle focused on wellness. Therefore, it is important to develop policies that define limitations of scheduled educational sessions within the curriculum, so as to simultaneously maximize educational benefits and limit fatigue which may impair the student's ability to learn. A current duty hour policy exists for the educational program during the clinical years at CMSRU (M3 and M4). This policy will specifically address academic workload during the pre-clinical years (M1 and M2) and will also provide for allotment of time on a weekly basis for students to engage in self-directed, independent learning. The method of oversight and monitoring of the effectiveness of this policy by the Curriculum Committee and Office of Medical education is also discussed.

Scope: Candidates for the Doctor of Medicine degree (M.D.)

Definitions:
In-class activity: An in-class activity refers to an educational session that appears on the weekly academic schedule and involves presentation of curricular content through direct interaction between medical students and faculty. Although these sessions appear on the weekly academic calendar, not all sessions are considered mandatory (e.g. attendance is required).

Required out-of-class activity: A required out-of-class activity refers to an educational activity that is required to be completed outside of scheduled class time, generally in preparation for a scheduled in-class activity. Examples of required out-of-class activities include, but are not limited to, case preparation for Active Learning Group, reading of assigned literature for Scholars’ Workshop sessions, and review of material (e.g. a recorded lecture) prior to an in-class flipped lecture. Required out-of-class activities do not include time to study material presented in in-class activities.
**Self-directed learning time:** Self-directed learning time refers to blocks of time built into the weekly academic calendar to allow students to identify, analyze, and synthesize information relevant to their own learning needs. Self-directed learning time also allows students the time required to complete required out-of-class activities or to prepare for in-class activities. The actual activities that occur during self-directed learning time are at the discretion of the student.

**Mandatory educational session:** A mandatory educational session refers to an educational session that appears on the weekly academic calendar, at which student attendance is required. Some educational sessions, because of their interactive nature (e.g. Active Learning Groups, Scholars’ Workshop, Foundations of Medical Practice, Ambulatory Clerkship), are always considered mandatory. Other sessions, such as lectures, are not mandatory. Specific descriptions of which educational sessions are designated as mandatory are contained within the syllabus for each course and are at the discretion of the course directors.

**Policy:** The structure of each course within the Phase 1 (pre-clinical) curriculum is developed by the faculty course directors and then approved and subsequently monitored by the Curriculum Committee. The average weekly total academic workload, which includes in-class educational sessions and required out-of-class activities, shall not exceed 40 hours. In the pre-clinical (Phase 1) curriculum at CMSRU, the weekly academic calendar consists of total of 40 hours. These 40 hours are divided between scheduled in-class sessions and self-directed learning time.

The weekly schedule includes no more than 30 hours of scheduled in-class sessions and for most weeks this ranges from 27.5 to 29.5 hours. The format for scheduled in-class sessions includes lectures, small group or team-based learning activities, laboratory or practical sessions, simulation activities, and clinical experiences. These scheduled educational sessions generally occur Monday through Friday between the hours of 8AM and 5PM, although occasionally an Ambulatory Clinic session may extend beyond this time frame. No more than nine hours of scheduled in-class sessions will occur in a single day.

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

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

**PRIME Policy**

**PURPOSE:** To ensure that all residents and fellows who interact with medical students in educational settings are adequately prepared as educators. Specifically, to ensure that they are familiar with the learning objectives of the course or clerkship; they are familiar with key school policies pertinent to their role; they are prepared for their roles in teaching and assessment; resources to enhance teaching and assessment skills
are provided by CMSRU; and, their participation is monitored by the Office of Medical Education (OME) (Graduate Medical Education (GME) division) by the designated institutional official (DIO) and the vice dean of CMSRU.

**BACKGROUND:** Medical education is a continuum from undergraduate medical education (UME) to GME to practice. GME trainees (residents and fellows) spend a significant amount of their time teaching near peers, including medical students. Residents and fellows also play a significant role in the professional identity formation of medical students. To do their work most effectively, residents and fellows need to have received, reviewed, and understand the objectives of the course or clerkship and be given education in methods of teaching and assessment. Accordingly, CMSRU has developed this policy.

**POLICY:** To prepare residents as instructors in medical education through the PRIME program. (This centrally developed and monitored program of the OME (both UME and GME divisions) is mandatory. Departments and divisions may have supplementary programs.) This program replaces the previous Resident as Teacher program.

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

**DEFINITIONS:** Resident is defined as a graduate of an accredited medical school program who is actively enrolled in specialty medical training. Fellow is defined as a graduate of an accredited medical school program and, who has successfully completed residency training and is now enrolled in subspecialty or advanced training. GME trainee is defined as a resident or a fellow.

**PROCEDURE:**

- All GME trainees receive the CMSRU institutional learning objectives during orientation and in the Compendium of Student Policies.

- All GME trainees receive the course or clerkship syllabus from the course/clerkship director and the course/clerkship director reviews the syllabus with the GME trainees to ensure understanding and an opportunity to ask questions.

- It is the responsibility of the course/clerkship director to ensure that the trainees receive the syllabus and they work with the residency or fellowship program director (PD) to ensure that a review session is organized. The course/clerkship director sends a copy of the attendance record to the vice dean.

- All GME trainees must complete basic education from the PRIME curriculum (2 on-line modules on teaching and assessment), review of the institutional and course/clerkship objectives, and review of the compendium of Student Policies before engaging in teaching. It is the responsibility of the PDs to ensure that the GME trainees have completed the education. This is monitored centrally by the OME (GME division and the DIO).

- The DIO prepares a report of compliance and non-compliance for the vice dean.

- PDs and the DIO address issues of non-compliance. If non-compliance persists, the vice dean addresses it with the departmental chair.

- PDs are responsible for arranging the schedule of their trainees to accommodate their participation in live aspects of the PRIME program.
• The PDs assess the performance of their trainees as teachers, as part of their regular assessment program using the milestones.

• The CMRSU office of medical education (UME division) is responsible for soliciting and compiling the medical students’ evaluation of the teaching effectiveness of the GME trainees they have worked with, and for sending those evaluations to the DIO who reviews and disseminates the evaluations to the appropriate PD.

• The PDs review teaching performance with their trainees. If necessary, a remediation plan is prepared by the PD and approved and monitored by the DIO.

• Notices of faculty development programs that may be of interest to GME trainees, but are not mandatory, are sent by the vice dean to the director of GME for dissemination to the trainees.

• Compliance with review of the Compendium of Student Policies is monitored by the vice dean.

• GME trainees who are non-compliant with the PRIME program and/or compendium review will be removed from teaching and may face disciplinary action from the PD, the departmental chair, or the DIO.

Teacher-Learner Interaction

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

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

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

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

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

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

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

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

COMMITMENTS OF FACULTY

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

COMMITMENTS OF STUDENTS AND RESIDENTS

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

Technical Standards

PURPOSE: Graduates must have the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care. Candidates for the Medical Degree must have observation, communication, motor, conceptual, integrative, quantitative, behavioral and social abilities and skills which are essential to complete the educational program.
POLICY: Qualified and accepted applicants to Cooper Medical School of Rowan University must be able to complete all requirements inherent in and leading to the Doctor of Medicine degree. CMSRU will not discriminate against individuals with disabilities, and shall provide reasonable accommodation and support to qualified disabled individuals. Technological compensation can be made for some handicaps in certain areas but a candidate must be able to perform in a reasonably independent manner. CMSRU will attempt to maximize the opportunity for success of every applicant and student while maintaining the integrity of the educational program and the ability of the program to accommodate the individual’s particular disability and/or handicap. CMSRU will provide an equal opportunity for an individual with a disability who attests that they meet our technical standards for the MD degree to participate in the application process and be considered for enrollment.

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

PROCEDURE:
CMSRU is committed to making reasonable accommodations for its students with disabilities who are capable of completing all requirements and fulfilling all responsibilities leading to the Medical Degree. CMSRU will comply with the Americans with Disabilities Act (ADA) and the Rehabilitation Act of 1973 and will adhere to AAMC Technical Standards. All students that request a secondary application will attest that they have read and meet our technical standards for the admission of applicants before being sent a secondary application or charged an application fee.

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

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

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

      II. Communication: A candidate should be able to speak, to hear with or without traditional amplification devices and to observe patients in order to elicit both verbal and non-verbal information, and must be able to communicate effectively and sensitively with and about patients. Communication therefore includes speech, reading and writing. The candidate must be
able to communicate effectively and efficiently in oral and written form with the patient, the patient’s family, and all members of the health care team.

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

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

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

B. Accommodation Requests

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

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

REFERENCES:
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.”

1. RESPONSIBILITY

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

Implementation

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

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

3. Faculty
Faculty members are responsible for implementing duty hour policies, regulations, and procedures. For the courses or clerkships for which they are responsible, faculty members:
• Agree to abide by the duty hours for CMSRU medical students as defined by CMSRU and the ACGME.
• If faculty require students to be out of compliance with the established CMSRU duty hours, faculty members will have a warning issued by the vice dean’s office to ensure that students make every effort to comply with established CMSRU duty hours.
• If, after a warning to comply with established CMSRU duty hours for medical students, faculty members continue to require students to be out of compliance with the defined duty hours of CMSRU, they will have their faculty appointments revoked.

Drug-Free Environment

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

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

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

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

DEFINITIONS:

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

Drug – any legal or illegal substance (including over-the-counter medication, prescribed medication, alcoholic beverages, unprescribed controlled substances, or any other substances) which potentially affects student’s productivity and ability to perform duties or which potentially affects their own safety and/or the safety and well-being of their patients, students or others.
**Substance Abuse** – the use or misuse of any drug or alcohol in a manner that may reduce student effectiveness or pose an unsafe condition in their clinical work or learning environment.

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

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

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

**Student’s Responsibility:**
- Every student is expected to maintain a lifestyle which will not negatively impact the ability to perform his/her duties safely, productively and efficiently.
- A student should notify his/her advisor/instructor when his/her physical or mental condition may affect their performance of duties or may jeopardize personal safety or the safety of others.
- A student who reasonably suspects that another student is unfit for work or learning by virtue of his/her observed physical or mental condition or performance of duties and responsibilities are expected to immediately notify their advisor/instructor and the associate dean for student affairs and admissions. Retaliatory action is prohibited against any persons who reports, responds to, or participates in an investigation of a drug and alcohol policy violation.
- In cases where the possibly impaired individual is the person’s advisor/instructor, the student may report to the next higher-level supervisory member.

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

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

PURPOSE: This policy defines the areas and circumstances in which CMSRU reserves the right to do drug and alcohol testing and the mechanism by which the results of such testing will be addressed.

POLICY: Cooper Medical School of Rowan University Drug Testing Policy

SCOPE: This policy applies to all CMSRU students.

DEFINITIONS: The term “drug” means a controlled dangerous substance, analog, or immediate precursor as listed in Schedules I through V in the New Jersey Controlled Dangerous Substances Act, N.J.S.A. 24:21-1 and as modified in any regulation issued by the Commissioner of the Department of Health. It also includes controlled substances in Schedules I through V of Section 202 of the Federal Controlled Substance Act of 21 U.S.C. 812. This policy applies to the use, possession or distribution of such items which is unlawful under the Controlled Substances Act. Such term does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provisions of Federal law.

PROCEDURE:

A. Drug Testing program:
   - The school reserves the right to screen students for inappropriate drug and alcohol use as defined in this policy if reasonable cause is established.
   - Reasonable cause is defined by inappropriate behavior, appearance, or work performance as determined by associates, team members, or faculty of the school.
   - A standard reasonable suspicion record will be established for uniform and objective assessment necessitating the need for drug and alcohol testing.
   - CMSRU also reserves the right to perform random and follow up drug screenings of students who have participated in a Drug and Alcohol Treatment program while matriculating at CMSRU.

B. All drug testing will be reviewed by the Director of Student Health Services and/or staff prior to a student’s participation in direct patient contact. The Director of Student Health Services reserves the right to review and determine whether alternative medical explanations could account for positive findings.

C. CMSRU, while recognizing the importance of providing an optimal learning environment for all students, also places the health of each student first. CMSRU recognizes the importance of physical and emotional health as it pertains to work and learning performance and overall quality of life. CMSRU complies with the policies of Rowan University in the area of a safe workplace. Additionally, CMSRU fully subscribes to the provisions of the Drug-Free Workplace Act. A student’s participation in prohibited conduct constitutes grounds for disciplinary proceedings and such conduct may be brought to the attention of the appropriate criminal authorities.

D. CMSRU, through the Student Affairs Office will make available to all students a drug and alcohol free awareness program to inform students about the dangers of drug and alcohol abuse through activities, seminars, training programs and distribution of information in the student handbook.
A. Students who present with the need for ongoing counseling services may use the Student Assistance Program. This center provides alcohol, tobacco and other drug treatment, education classes and prevention programs designed to serve the entire university community. It is a fully licensed facility that provides therapeutic services for those experiencing problems with drug and alcohol use. The staff is composed of a multidisciplinary team of counselors, psychologists, dependence specialists and social workers.

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

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

**Inclement Weather**

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

**POLICY:** Inclement Weather Policy

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

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

CMSRU will notify the students, faculty and staff of a closing through the following ways:

- Rowan Alert Message System ([register](#))
- CMSRU website ([http://www.rowan.edu/coopermed/](http://www.rowan.edu/coopermed/))
- Email
- Voicemail

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

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

http://www.rowan.edu/coopermed/faculty/esign/
Rowan University Employed Faculty Policies and Procedures

New Employee Orientation
Faculty and Staff
Office of Human Resources

Materials for the following items in the Table of Contents can be accessed at:
www.rowan.edu/hr/files/training/NEO_Faculty_Staff.pdf

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