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

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

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

Vision

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

**Educational:**

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

**Research:**

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

**Community:**

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

Dear CMSRU students,

Welcome to the Cooper Medical School of Rowan University! We are pleased to have you join one of the newest medical schools in the country and one that we believe will help set the standards for medical education in the future.

The faculty, staff and administration of CMSRU are fully committed to you – not just to prepare you for a career in medicine, but also to foster your own personal growth and development. Our mission truly reflects that which we hold most dear – it guides all that we do and I urge you to embrace it and live it.

The Student Handbook is just one of the many resources available to our students. Perhaps our most valuable resource is the availability of all of us at the school to help guide you through your four years at CMSRU. While organizations frequently state that “our doors are always open”, ours actually are!! Please contact and visit us often – we welcome the interaction.

Our school has gotten off to a remarkable start and we continue to build upon our early momentum. Please note that the early classes at CMSRU have an enormous responsibility to help create the standards and legacies for the classes of the future. I hope you will take this obligation very seriously and work with the faculty and staff to help shape our school for decades to come. This Handbook will be a “living” document – one that will change over time as CMSRU evolves and as we collectively mature as a school.

On behalf of all of us at the Cooper Medical School of Rowan University, I congratulate you and welcome you to the noble profession of the practice of medicine. A great journey awaits you.

With warmest regards,

Paul Katz, MD
The Origins of Cooper Medical School of Rowan University

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

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

About Rowan University

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

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

About the Cooper Health System

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

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

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

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Raymond A. Meillier (Emeritus)

Academic Calendar 2014-2015

<table>
<thead>
<tr>
<th>M1 – Class of 2018</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>August 11-14</td>
<td>M1 Orientation</td>
</tr>
<tr>
<td>August 15</td>
<td>M1 First Day of Classes</td>
</tr>
<tr>
<td>September 1</td>
<td>Labor Day – No Classes</td>
</tr>
<tr>
<td>September 19</td>
<td>White Coat Ceremony</td>
</tr>
<tr>
<td>November 27-30</td>
<td>Thanksgiving Break</td>
</tr>
<tr>
<td>December 19</td>
<td>M1 Last Day of Fall Semester Classes</td>
</tr>
<tr>
<td>December 20</td>
<td>Examination Make up Days</td>
</tr>
<tr>
<td>December 24 – January 4</td>
<td>Winter Break</td>
</tr>
<tr>
<td>January 5</td>
<td>Classes resume</td>
</tr>
<tr>
<td>January 19</td>
<td>Martin Luther King Day of Service</td>
</tr>
<tr>
<td>March 23-29</td>
<td>Spring Break</td>
</tr>
<tr>
<td>April 3 and May 25</td>
<td>No Classes</td>
</tr>
<tr>
<td>June 5</td>
<td>M1 Last Day of Classes</td>
</tr>
<tr>
<td>June 6 - 19</td>
<td>M1 Remediation Period</td>
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**M2 – Class of 2017**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>August 11</td>
<td>M2 Orientation</td>
</tr>
<tr>
<td>August 11</td>
<td>M2 First Day of Classes</td>
</tr>
<tr>
<td>September 1</td>
<td>Labor Day – No Classes</td>
</tr>
<tr>
<td>September 19</td>
<td>IPE Experience with Rutgers Camden students</td>
</tr>
<tr>
<td>November 27-30</td>
<td>Thanksgiving Break</td>
</tr>
<tr>
<td>December 19</td>
<td>M2 Last Day of Fall Semester Classes</td>
</tr>
<tr>
<td>December 20 – January 4</td>
<td>Winter Break</td>
</tr>
<tr>
<td>January 5</td>
<td>Classes resume</td>
</tr>
<tr>
<td>January 19</td>
<td>Martin Luther King Day of Service</td>
</tr>
<tr>
<td>March 23-29</td>
<td>Spring Break</td>
</tr>
<tr>
<td>April 3</td>
<td>No Classes</td>
</tr>
<tr>
<td>May 8</td>
<td>M2 Last Day of Course Block Classes</td>
</tr>
<tr>
<td>May 11 – May 29</td>
<td>M2 Remediation Period</td>
</tr>
<tr>
<td>May 11 – July 3</td>
<td>Dedicated USMLE Step 1 Study Period</td>
</tr>
<tr>
<td>July 3</td>
<td>Last possible day to take USMLE Step 1 – check USMLE website for availability of testing dates</td>
</tr>
</tbody>
</table>

**M3 – Class of 2016**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 7</td>
<td>M3 Orientation – USMLE Step 1 must be taken prior to July 7</td>
</tr>
<tr>
<td>July 14 – August 22</td>
<td>M3 Inpatient Immersion Weeks – Cooper Hospital</td>
</tr>
<tr>
<td>August 24 – June 19</td>
<td>M3 CLIC weeks</td>
</tr>
<tr>
<td>November 27-30</td>
<td>Thanksgiving Break</td>
</tr>
<tr>
<td>December 24 – January 4</td>
<td>Winter Break</td>
</tr>
<tr>
<td>January 5</td>
<td>CLIC resumes</td>
</tr>
<tr>
<td>January 19</td>
<td>Martin Luther King Day of Service</td>
</tr>
<tr>
<td>May 25</td>
<td>Memorial Day – No Classes</td>
</tr>
<tr>
<td>June 19</td>
<td>M3 Last Day of CLIC</td>
</tr>
<tr>
<td>June 22 – June 26</td>
<td>M3 OSCEs and Preparation for Step 2 CK, CS</td>
</tr>
<tr>
<td>June 29 – July 2</td>
<td>M4 Orientation and Study period for Step 2 CK, CS</td>
</tr>
<tr>
<td>July 3</td>
<td>4th of July – No Classes</td>
</tr>
<tr>
<td>July 6</td>
<td>M4 Block 1 begins</td>
</tr>
</tbody>
</table>

**Important Future Dates**

M4 Block 1 begins July 6, 2015  
M4 Match Week – TBA – probably Friday March 18, 2016  
Commencement – Charter Class of 2016 – Thursday, May 12, 2016
Our Locations

Medical Education Building

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

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

Cooper University Hospital
1 Cooper Plaza
Camden, NJ
(856)342-2000
Cooper University Hospital (CUH) is the main teaching hospital for CMSRU. The facility includes a new state-of-the-art 312,000 square foot, 10 story patient care center with 60 private patient rooms, 30 state-of-the-art critical care beds, an expanded emergency department and 12 operating suites. Cooper now has 660 licensed beds. It is the home of the only South Jersey Level 1 Trauma Center and is well known for its innovative programs in cardiology, cancer, critical care, orthopedics and neurosciences.

Camden Campus Map:

The Glassboro Campus of Rowan University

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

Student Life

On-Campus Dining

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

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

**ID/Access Cards**

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

**Medical Supplies**

Cooper Medical School of Rowan University will host medical instrument sessions in which students will be able to preview medical instruments needed for use in the clinical setting. Stethoscopes and sphygmomanometers will be used starting in the first year.

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

**Lockers**

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

**Parking**

Students may park in the Camden County Improvement Authority parking center in Camden, located at Broadway and Benson Streets. This secure, badge access garage is monitored at all times by Cooper University Hospital security guards and closed circuit TV. It is located diagonally across Broadway from the CMSRU Medical Education Building. Security guards are available for CMSRU faculty, staff, and students wishing for an escort after hours from any location on the health sciences campus, including the Medical Education Building and all hospital buildings. Parking in this garage is available for a fee, paid semi-annually, or daily parking may be purchased by pulling a garage ticket.

Parking on the Glassboro Campus of Rowan is available for students who have purchased a parking pass in student lots A, C, D, M-1, R and Y. Campus parking is purchased through the Parking Services office. Please display the parking hangtag as indicated to avoid parking violations. A replacement fee is charged for lost tags unless replacement is due to theft or vandalism of the vehicle (police report required for waiver of fee). Any falsification of University hangtags will result in disciplinary action and possible dismissal.
The Parking Services office (www.rowan.edu/safety/services/parking) manages the University’s parking and traffic resources on the Glassboro Campus of Rowan. Parking and traffic rules and regulations are in effect at all times unless otherwise noted. Parking Services Office will issue citations, and tow or boot illegally parked vehicles.

All students, faculty and staff, contract workers, visitors, and guests who park a vehicle in an unmetered lot or garage on the Rowan campus must have a properly displayed and valid parking permit or parking pass.

Temporary or visitor permits are available from the Welcome Gates or the Parking Services Office in Bole Annex. Persons needing a temporary permit after business hours may obtain one from the Public Safety Communications Office in Bole Annex.

Annual parking permits are obtained using an online process at www.thepermitstore.com.

Public Safety

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

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

Student Selection

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

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

Suggested Course Work

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

Required Courses

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

Recommended Courses

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

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

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

- **State of residence:** Applicants from all states will be considered but New Jersey residents will be given special consideration.
- **GPA:** The strength of course work, academic performance, trends in GPA, and any performance in post-baccalaureate and graduate courses will be reviewed carefully.
• **Work/life experiences**: CMSRU will be reviewing applications to search for the applicant who has shown activities that demonstrate initiative, leadership, the ability to multi-task, and resonance with our mission.

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

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

## The Admission Process

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

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

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

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

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

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

Diversity Policy

PURPOSE: Excellence in medical education, research, and clinical practice is best achieved through promoting diversity and maintaining an academic and work environment free of discrimination.

POLICY: 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: 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:

Discrimination – Unfair or unfavorable treatment of a person or class of persons based on race, color, creed, ethnic background, religion, sex, age, national origin, ancestry, atypical hereditary cellular or blood trait, genetic information, marital status, sexual orientation, sexual preference, disability, handicap, service in the Armed Forces of the United States, or being a disabled veteran of the Vietnam era, except as otherwise permitted by law.

PROCEDURE:

CMSRU is committed to demonstrate fair and equitable treatment and will actively pursue the elimination of any areas of unequal treatment.

The mission of CMSRU can only be obtained by practicing a standard of non-discrimination in all activities.

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 will engage faculty and students to develop and maintain an environment which embraces and respects the diverse educational and larger community. It will create partnerships to establish priorities to ensure social justice, inclusion, and cultural competence are promoted within the institution and our larger community. The Office of Diversity and Community Affairs will continue to collaborate 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 and societal experiences for disadvantaged communities, such as the creation of a pipeline to medical professions and community service programs. In addition, collaborations will also sought to further our commitment to diversity and decrease health disparities in the community and surrounding region. The Office of Diversity and Community Affairs will regularly assess diversity achievement and contribute information and programming to support diversity within the school’s strategic planning function.

The curriculum is designed to prepare future physicians to practice in a diverse society and facilitates physician training in basic principles of culturally competent health care, recognition of health care
disparities and the development of solutions to such burdens, the importance of meeting the health care needs of medically underserved populations, and the development of core professional attributes needed to provide effective care in a multi-dimensionally diverse society.

The Office of Equity and Diversity of Rowan University is responsible to ensure all employment activities are administered in accordance with the New Jersey State Policy prohibiting discrimination in the workplace and the Equal Employment Opportunity policy.

All employees are expected to adhere to the Non-Discrimination and Equal Employment Opportunity Policy as it relates to their specific job duties.

All members of the CMSRU community are responsible to promote diversity and a discrimination free environment. In the event of offensive behavior, the offender should immediately be directed to cease the offensive behavior. An informal complaint may be filed with the offender’s supervisor or advisor and the Office of Diversity and Community Affairs should be informed. A formal complaint may be submitted to the Office of Equity and Diversity.

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 allow for the strengths of our educators to flourish. This section of the handbook will present an overview of years one and two, known as Phase I: “Foundation and Integration” and years three and four, known as Phase II – the “Application, Exploration and Advancement” of the curriculum.

There are several courses that span all four years. The Scholar’s Workshop focuses on evidence based medicine and quality, and the Ambulatory Clerkship allows each student to interact with patients from early in year one and develop a panel of patients they will follow for all four years while helping to develop systems of care for the residents of Camden.

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 as 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 I

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.
### Institutional Learning Objectives

<table>
<thead>
<tr>
<th>General Competency #1</th>
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<tbody>
<tr>
<td><strong>Medical Knowledge:</strong> Students will demonstrate knowledge of existing and evolving scientific information and its application to patient care.</td>
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</table>

**Educational Program Objectives.**

**Graduates will:**

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

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<thead>
<tr>
<th>General Competency #2</th>
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<tr>
<td><strong>Patient Care:</strong> Students will demonstrate an ability to provide patient care for common health problems across disciplines that is considerate, compassionate, and culturally competent.</td>
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</table>

**Educational Program Objectives.**

**Graduates will:**

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

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<tr>
<th>General Competency #3</th>
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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>
</tr>
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</table>

**Educational Program Objectives.**

**Graduates will:**

- Demonstrate compassion and respect for others
- Respect patient confidentiality and autonomy
- Show responsiveness and personal accountability to patients, society and the practice of medicine
- Put patients' interests ahead of their own
- Recognize personal limitations and biases, knowing when and how to ask for help
- Effectively advocate for the health and needs of the patient
- Incorporate the principles of medical ethics into their care of patients
- Recognize and address disparities in health care
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<tr>
<th>General Competency #4</th>
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<tbody>
<tr>
<td><strong>Interpersonal and Communication Skills:</strong> Students will demonstrate an ability to effectively communicate and collaborate with patients, families and healthcare professionals.</td>
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<tr>
<th>Educational Program Objectives.</th>
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<tr>
<td><strong>Graduates will:</strong></td>
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<tr>
<td>Demonstrate effective interpersonal and communication skills with patients about their care, including ethical and personal issues</td>
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<tr>
<td>Demonstrate effective interpersonal and communication skills with the patient's family, friends, and other members of the patient's community, as appropriate</td>
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<tr>
<td>Demonstrate effective interpersonal and communication skills with all members of the healthcare team and relevant agencies and institutions</td>
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<tr>
<td>Maintain a professional demeanor of integrity and transparency in all communications</td>
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<th>General Competency #5</th>
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<tr>
<td><strong>Practice Based Learning and Improvement:</strong> Students will demonstrate the ability to investigate and evaluate their care of patients, appraise and assimilate scientific evidence and continuously improve patient care based on constant self-evaluation and life-long learning</td>
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<table>
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<tr>
<th>Educational Program Objectives.</th>
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<tr>
<td><strong>Graduates will:</strong></td>
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<tr>
<td>Assess their own strengths, deficiencies and limits of knowledge and engage in effective ongoing learning to address these</td>
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<tr>
<td>Effectively engage in medical school, hospital and community projects that benefit patients, society and the practice of medicine</td>
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<tr>
<td>Identify, appraise and assimilate evidence from scientific studies using information technology.</td>
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<tr>
<td>Recognize and empower other members of the healthcare team in the interests of improving patient care</td>
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<tr>
<td>Apply the principles and practices of patient safety and process improvement.</td>
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<tr>
<th>General Competency #6</th>
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<tr>
<td><strong>Systems-based Practice:</strong> Students will demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to effectively utilize other resources in the system to provide optimal health care.</td>
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<th>Educational Program Objectives.</th>
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<tr>
<td><strong>Graduates will:</strong></td>
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<tr>
<td>Work effectively to coordinate patient care within the social context of healthcare</td>
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<td>Incorporate risk-benefit analysis into care delivery</td>
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<tr>
<td>Advocate for high-quality patient care</td>
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<tr>
<td>Work in inter-professional teams to enhance patient safety and quality</td>
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<tr>
<td>Demonstrate an appreciation for, and understanding of, the methodologies used to reduce errors in care</td>
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<tr>
<td>Recognize the value, limitations and use of information technology in the delivery of care</td>
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<tr>
<td>Apply an understanding of the financing and economics of care delivery regionally, nationally and globally to optimize the care of patients</td>
</tr>
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### General Competency #7

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

**Educational Program Objectives.**
**Graduates will:**

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

### General Competency #8

**Health Partnership:** Students will demonstrate the ability to deliver high-quality, comprehensive, cost-effective, coordinated ambulatory care and community-oriented health education to underserved urban and rural populations.

**Educational Program Objectives.**
**Graduates will:**

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

### General Competency #9

**Learning and Working in Teams:** Students will learn to work as a member of a team in the coordinated, inter-professional model of care delivery.

**Educational Program Objectives.**
**Graduates will:**

- Apply basic principles of inter-professional and multidisciplinary care
- Develop the skills to organize an effective health care team, valuing individuals skills and efforts
- Work with professionals from other disciplines or professions to foster an environment of mutual respect and shared values
- Perform effectively in different team roles to plan and deliver patient and population centered care.
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 relevance to basic science knowledge – beginning within the first few weeks of school, and continuing throughout the four years. Basic science knowledge is reinforced throughout clinical rotations. 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 I) that would then allow for “Application, Exploration and Advancement” (Phase II). Phase I consists of two years where students develop the scientific background, knowledge, skills, and behaviors to immediately begin integrating that information into clinical practice. Phase II 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

<table>
<thead>
<tr>
<th>Phase 1/Foundation &amp; Integration – Years 1 &amp; 2</th>
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<tbody>
<tr>
<td><strong>Year 1</strong></td>
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<tr>
<td>Orientation</td>
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<td>Clinician’s Clinic</td>
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<td>Fundamentals</td>
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<tr>
<td>Week on the Wards I</td>
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<td>Fundamentals</td>
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<td>Life-stages</td>
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<td>ID</td>
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<td>Heme-Onc</td>
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<td>Skin-Mus-Skel</td>
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<td>Research or Service</td>
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<tr>
<td>Ambulatory Clerkship</td>
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<tr>
<td>Scholar’s Workshop</td>
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<tr>
<td>Foundations of Medical Practice</td>
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| **Year 2**                                  |
| Cardiovasc-Pulmonary                       |
| Week on the Wards II                      |
| GI-Endo                                    |
| Selective                                  |
| Uro-Renal                                  |
| Women’s Health                            |
| Allergy-ENT                                |
| Neuro-Psych                                |
| Prep for Step 1                            |
| Intro to Phase 2                           |
| Ambulatory Clerkship                       |
| Scholar’s Workshop                        |
| Foundations of Medical Practice            |
Sample week

Below is a sample week of our first year curriculum, highlighting the integration of basic scientific principles, professionalism, and clinical care.
Phase I 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;
- performance improvement / patient safety;
- medical anthropology (cultural competency);
- management and leadership;
- the scientific method, including the ethics of scientific inquiry.

The curriculum of The Scholar’s Workshop is designed to help students develop habits of critical thinking. Faculty will 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 intend to endow students with the enduring skills and mindset to lay the foundation for fruitful, rewarding, high quality practice in a vast sea of information and ever-changing systems of care.

Ambulatory Clerkship

The Ambulatory Clerkship is a 4 year progressive and continual course that provides students with supervised clinical experiences in various outpatient settings (physician practices, student-run clinic, patient-centered home) and allows them to assume increased patient care responsibilities 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 health disparities in real time, c) science delivery of care, and d) interprofessional collaborative practice. The course will provide the foundation for the practice of medicine, irrespective of one’s specialty or subspecialty.
One of the primary 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 delivery system. This clinic is overseen, organized and staffed by the students, closely supervised and directed by physician educators. It allows the students to become increasingly proficient with the team based model of care delivery for primary care. At its maturity the students’ team will consist of 4 students (one each of 1st, 2nd, 3rd and 4th year students) who will be responsible for up to 10 patients of different ages, genders and backgrounds. In addition to providing care at the clinic the students will accompany patients and coordinate their care across different parts of the healthcare and social service systems.

**Foundations of Medical Practice**

*Foundations of Medical Practice (FMP)* is a two-year course designed to assist 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, Quality and Patient Safety.

The course meets twice per week throughout the entire Phase I of CMSRU 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 I and II (WOW I and WOW II)**

*Week on the Wards I and II (WOW I and WOW II)* 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.

The two *Week on the Wards* experiences occur at the midway point of the *Fundamentals* course (year 1) and following completion of the *Cardiovascular/Pulmonary* module (year 2) and allows
for direct clinical application of basic science knowledge learned to date. The rotation consists of experiences on the following four inpatient services: Medicine, Surgery/Perioperative care, Emergency Room/Trauma/Intensive Care Unit, and Pediatrics/Obstetrics and Gynecology.

Year 1

Clinician’s Clinic

Clinician’s Clinic is the initial one-week introductory course designed to both educate and inspire new medical students. This course will provide an orientation for students as they transition from their previous undergraduate experience to medical school. Clinician’s Clinic introduces students to the network of classmates, faculty, and resources at CMSRU and to foster attitudes that will ensure success in the immediate future and beyond. It begins the process of ultimate transformation from medical student to physician and endeavors to develop the values of life-long learning and a passion for medical education.

Clinician’s Clinic focuses on four core content areas: Medical Information, Contemporary Practice, Success in Medical School, and The Medical Professional. The course is highly interactive and instruction occurs through lectures, small group exercises, student presentations, class and panel discussions, mock hearings, literature search assignments and field trips.

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
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. Clinical experiences 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 Musculo-Skeletal System (SMS) is a nine-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 Musculo-Skeletal 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.
Year 2

**Cardiovascular and Pulmonary Systems**

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

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

**Gastroenterology (GI) and Endocrine Systems**

The *GI-Endocrine Systems Course* spans six weeks. Students appreciate the integration of the systems, particularly in the areas of alimentation/nutrition and metabolism.

The gastrointestinal (GI) and hepatobiliary content is offered for the first half of this 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.

The endocrine system curriculum spans three weeks, 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.

**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 course in *Allergy- ENT* is presented over a three-week period. 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

This six-week course 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 II Course Overview

Year 3

The Cooper Longitudinal Integrated Clerkship (CLIC)

Year 3 of medical school curricula has traditionally consisted of individual core clerkships within different departments. In designing the curriculum for CMSRU, the curriculum committee determined that a different approach was appropriate to prepare students for the team-based practice of health care delivery necessary in the 21st century. In developing this process, several models were considered, including the Harvard Medical School Harvard-Cambridge (Boston, MA), The Commonwealth Medical College (Scranton, PA), and the Sanford School of Medicine Yankton, SD models.

The Cooper longitudinal integrated clerkship (CLIC) is a transformational clinical educational experience in the third year of medical school designed to encourage and foster learning utilizing continuous immersion with a cohort of patients in the core disciplines of Adult Primary Care (traditionally Family Medicine, and Internal Medicine), Surgery, Neurology, Women’s health, Pediatrics and Psychiatry. Students are paired with faculty mentors from each discipline during the one year experience. Introductory bursts with an immersion experience working with the care team in each discipline occurs for the first seven weeks of the clerkship. Radiology is experienced longitudinally along with didactic activities related to basic science, communication skills, and reflective sessions aimed to assist students in understanding the complexity of healthcare today.

CLIC students follow their patients to scheduled visits, consultations with specialists, in-patient admissions for acute care, surgical procedures, deliveries and acute and sub acute rehabilitation services. The epatient encounters and procedures that students encounter are monitored by our curriculum management system (One45). Each student will have the opportunity to admit acutely ill internal medicine or surgical patients from the emergency department or the ambulatory care setting. During the admission students will follow these patients with the team. During the CLIC year, Radiology and Pathology are incorporated utilizing a combination of didactic sessions to provide the students with the necessary skills for clinical understanding.

The structured didactic curriculum consists of rotating weeks dedicated to addressing learning objectives in each core discipline, case-based seminars, and the clinical application of skills learned in the Scholar’s Workshop, Foundation of Medical Practice, and Ambulatory Clerkship. The didactic curriculum is developed in conjunction with the multidisciplinary clerkship directors of Phase II. The seminars are designed to present the most common and important diseases and syndromes identified by each
disciplines national organizations. The seminars are based on actual student cases that identify the best learning objectives with integration of basic and clinical sciences. Students develop skills in diagnosis, management, common procedures, team work, communication, patient safety, and error reduction. Similarly, students enhance and reinforce humanism, professionalism, communication skills, reflective practice, and cultural competency related to patients. All didactic sessions are taught by experienced faculty educators from the basic, clinical, and social sciences.

Regular formal formative feedback occurs throughout the clerkship and is provided by the core faculty, clinic preceptors, and CLIC clerkship directors. NBME subject examinations are administered to assess the medical knowledge attained in each discipline. Learners will complete Objective Structured Clinical Examinations (OSCEs), reflections on patient care experiences, and have their patient encounter and procedure logs reviewed on a regular basis. A mid-year formative assessment provides the student with key information for improvement. A summative assessment helps to prepare students 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 is taught in both small and large group formats and will be highly interactive as well as self-reflective. This course is part of the orientation week for the CLIC.

**Year 4**

*Medicine or Surgical Sub-internship*

Part of the requirements developed by the Curriculum Committee in conjunction with LCME standards, are for students to have an experience as “sub-interns” in either surgery or medicine. In sub-internships they are given more independence, and work with the care teams in caring for inpatients on the medical and or surgical units. The goal is to aid the development of independent thinking in caring for patients. The curriculum has been established internally but is 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 courses span 4 weeks each and have multiple learning objectives which include:
• Gain sufficient understanding of the evaluation and management of patients with surgical or medical diseases to enable comprehensive primary care management of these conditions.
• Delineate relevant findings in obtaining the history and physical examination of patients with surgical or medical 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 surgical or medical conditions.

**Emergency Medicine Clerkship**

Emergency Medicine is a required Phase II clerkship spanning four weeks. The students’ clinical encounters will be in the emergency department (ED) setting at CUH. They are expected to see common patient presentations in the setting of this clerkship such as abdominal pain, altered mental status, chest pain and headache. Among the objectives for the clerkship are the following:

• Demonstrate the ability to synthesize a differential diagnosis for some of the most common emergency department complaints (e.g., chest pain, shortness of breath, abdominal pain, blunt trauma, laceration repair/wound care, back pain, and altered mental status) and create an evaluation and treatment plan.
• Work in a team-based healthcare group with faculty, residents, nurses, social workers, and other healthcare providers.
• Use ED patient care experiences and appropriate educational resources to improve the understanding of emergency medicine.
• Work in a team-based healthcare group with faculty, residents, nurses, social workers, and other healthcare providers.

**Advanced Clerkship in Critical Care Medicine or Surgery**

This required clerkship is a four week experience. It is designed to introduce the student to the systematic resuscitation, evaluation and management of the critically ill patient. Students may take the Advanced Clerkship in Critical Care Medicine or the Advanced Clerkship in Critical Care Surgery, but not both.

The clerkship is the culmination of the required third year experience in both Surgery and Medicine, providing the student with the opportunity to apply the knowledge learned in the third year and gain additional experience in the direct clinical management of acutely ill patients in a critical care environment. This clerkship is focused on the "acute" patient in the intensive care unit. The student will actively participate on a critical care team in either a surgical or medical unit working with faculty and other care providers. The educational experience will
include supervised clinical experiences, didactic lectures, case based learning and self-study. This curriculum has been established internally but is consistent with standards established by the Society of Critical Care Medicine (SCCM).

**Chronic Care**

Research has shown that the typical medical student graduates without an awareness/understanding of the needs of the chronic care patient. In order for CMSRU graduates to have experiences that will allow them to possess the necessary knowledge, skills, and attitudes to provide high-quality, compassionate care to individuals with chronic diseases, we developed a 4 week required course in **Chronic Care**. This course is developed to aid our students in identifying essential elements that encourage high-quality chronic disease care, including the community and health system, self-management support, delivery system design, decision support and clinical information systems.

The students will spend time in geriatrics, palliative and chronic disease care divided equally during the 4 week exposure. Some of the overarching goals of this course are to:

- Facilitate medical decision-making for patients with chronic morbidity, incorporating medical assessment as well as patient goals and preferences.
- Display effective communication skills and respect for patients with chronic morbidity.
- Identify and differentiate acute illness from “acute-on-chronic” exacerbation in patients with chronic morbidity and manage it accordingly.
Our New Medical Education Facility

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

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

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

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

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

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

Active Learning Rooms
Hi-Def SIM Rooms

METI HPS

METI child

Laerdal adult

Gaumard birthing simulator (Noelle)

Laerdal baby

Active Learning Room
Policies Related to Student Affairs

Academic and Career Counseling

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

POLICY: Academic and Career Counseling

SCOPE: This policy applies to all medical students.

DEFINITIONS:
- **MSPE** – The Medical School Performance Evaluation (MSPE) is an evaluative tool indicative of a residency program applicant’s entire medical school career created by the applicant’s medical school.
- **Advisory Colleges** – The four academic and career counseling units of CMSRU made up of assigned medical students and directors
- **Advisory college directors** – A CMSRU faculty member who is neither a course director, an associate dean, nor a departmental chair who can also be a Faculty Academic Mentor.
- **Faculty Academic Mentor** – A CMSRU faculty member who is neither a course director, an associate dean, nor a departmental chair.
- **Peer mentor** – 2nd – 4th year student in good academic standing.

PROCEDURE:

A. Advisory Colleges
   1. Upon acceptance to CMSRU, students will be assigned to one of the four advisory colleges for their four years of school.
   2. The four advisory colleges are overseen by the Office of Student Affairs.
   3. The academic and student affairs deans are able to address any and all academic and other issues; however, the advisory college system gives students several options for guidance depending on the nature of the issue at hand.
   4. Each advisory college will be assigned an approximately equal number of admitted students. Each will have an advisory college director who is responsible for overseeing issues related to the students in that college, including:
      - General academic advisement
      - Identification of students in need of tutoring/academic counseling
      - Career counseling
      - Specialty academic advisement
      - Opportunities for research during medical school
      - Opportunities for community involvement
      - Mentoring
Peer mentors

Psychological Component
- Stress management
- Anxiety counseling/management
- Situational counseling (grief counseling/relationship issues)
- Prevention of burnout

Student Oriented Social Activities

5. Each student is assigned to a faculty academic mentor who works with that student for their entire educational experience. Each faculty academic mentor will be assigned to no more than 2 students.

6. The faculty academic mentor is responsible for general overall mentoring and recognizing if specialty services (professional counseling, course tutoring, etc) are needed. S/he assists in selection of electives for 3rd and 4th year and finding a specialty mentor should the student identify an area of interest in a particular specialty and wish for additional career counseling within that particular specialty.

7. Students, during Orientation, are be paired with a peer mentor (a 2nd year student) who provides support during transition into each curriculum year; insight into career choices; and assists in stress management, time management, and overall attention to physical and mental well being.

8. Guidance in choosing intramural and extramural electives will be given by the student’s faculty academic mentor, their peer mentor and if they have one, their specialty advisor.

9. The faculty academic mentor is ultimately responsible for assuring that appropriate electives are chosen, with input from the medical education deans.

10. All electives must be approved by the associate dean for medical education three months prior to matriculation in a specific elective month.

B. Residency and Career Counseling

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

1st and 2nd year

- Students, after the first semester of the M1 year, may accompany faculty, with the approval of the associate dean for student affairs and admissions, from various departments in their offices or during their hospital rounds/duties, to gain an early understanding of the specifics of a particular specialty.
- Through the Careers in Medicine program regular panel presentations featuring physicians from different subspecialties of medicine are made available to all students in Phase I to allow students to explore different career paths.
- Opportunities are also available for students to develop a relationship with a faculty member in a discipline they may wish to pursue.
- Faculty mentors will assist in finding more specialized career counseling.
- Students will be introduced to the AAMC Careers in Medicine database in year one, and guided through this by the associate dean for student affairs and admissions.

3rd and 4th year (Phase II)

- Students will work with their assigned faculty academic mentor to narrow down their career interests and ensure their elective selection is appropriate for the residency they wish to
pursue. If the student wishes to develop a relationship with an additional mentor in a particular specialty, the advisor will help to arrange that.

- Faculty academic mentors will also work closely with the student at this point to ensure they have appropriate faculty resources to write recommendation letters and help with selection of residency programs to which they apply.
- The Deans for Academic and for Student Affairs will hold three 4th year planning meetings.
- Faculty academic mentors are responsible for working with the student to create a fourth year schedule suited to assist the student in his/her projected career path.
- Faculty academic mentors will advise on the selection of residencies and guide the student in evaluating individual programs.
- Medical education staff and faculty mentors will assist in navigating the ERAS system.
- Faculty advisors and medical education deans will ensure that a sufficient number of programs are applied to and assist in reevaluation of that number based on interviews granted.
- Students may use their faculty advisor, student affairs dean, to assist in preparing rank list.
- The MSPE will conform to AAMC Guidelines. MSPE letters will be written by the associate dean for medical education.
- The MSPE, letters of reference and credentials for residency applications will not be released prior to October 1, or the release date mandated by the AAMC of the student’s final year.

FERPA: Student Records

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

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

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

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

PROCEDURE:

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

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

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

2. Right of CMSRU to Refuse Access. CMSRU reserves the right to refuse to permit a student to inspect the following records:
   a. the financial statement of the student’s parents;
   b. letters and statements of recommendation for which the student has waived his or her right of access, or which were placed in a student file before January 1, 1975;
   c. records which are part of a previous application to CMSRU if that application was unsuccessful and the student subsequently applies and is admitted;
   d. those records that are excluded from the FERPA definition of education records.

3. Right to Obtain Copies of Education Records
   a. With the exceptions listed below, a student may obtain copies of his/her education records from the CMSRU registrar upon submission of a written request and payment of a standard fee to cover duplication, reasonable labor costs and postage, if applicable.
   b. CMSRU reserves the right to deny copies of transcripts or education records in the following situations:
      - the student has an unpaid financial obligation to CMSRU; or
      - there is an unresolved disciplinary action against the student.

D. Directory Information

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

E. Disclosure of Education Records

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

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

F. Record of Requests for Disclosure of Education Records

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

G. Corrections/Challenges to Content of Education Records

1. A student has a right to a hearing to challenge education records which the student believes are inaccurate, incomplete, misleading or otherwise in violation of the privacy or other rights of the student, but a student does not have a right to a hearing on matters of academic judgment.
2. Following are the procedures for the correction of education records:
   a. The student clearly identifies the part of the education record he/she wants changed and specifies his/her reasons why it is inaccurate or misleading.
   b. If a satisfactory solution of an issue cannot be reached informally, CMSRU must hold a hearing within 60 days after receiving a student's written request for such a hearing. The hearing shall be before a University official, designated by the associate dean of student
affairs and admissions.

c. A CMSRU official will prepare a written decision based solely on the evidence presented at
the hearing within 21 days of such hearing. The decision will include a summary of the
evidence presented and the reasons for the decision.

d. If CMSRU decides that the challenged information is inaccurate, misleading, or in violation
of the student's right of privacy, it will amend the record and notify the student, in writing
that the record has been amended.

e. If CMSRU decides that the challenged information is not inaccurate, misleading, or in
violation of the student's right of privacy, it will notify the student that he/she has a right to
place in his/her education record a statement commenting on the challenged information
and/or a statement setting forth reasons for disagreeing with the decision; the student’s
statement will be maintained as part of the student's education records as long as the
contested portion is maintained. If CMSRU discloses the contested portion of the record, it
must also disclose the student’s statement.

H. Questions about FERPA and this policy concerning the release of student information should be
directed to the Office of the Registrar.

I. Students have a right to file a complaint with the U.S. Department of Education concerning alleged
failures by CMSRU to comply with the requirements of FERPA. The name and address of the Office
that administers FERPA are:

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

REFERENCES:

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

Honor Code

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

POLICY: Honor Code

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

DEFINITIONS: The objective of the Honor Code is to foster an environment of trust, responsibility,
and professionalism among students and between students and faculty. Its fundamental goals are to
promote ethical behavior, to ensure the integrity of the academic enterprise, and to develop in students a
sense of responsibility to maintain the honor of the medical profession.
PROCEDURE: Students will abide by Cooper Medical School of Rowan University Honor Code which aims to foster an atmosphere of ethical and responsible behavior and to reinforce the importance of honesty and integrity in the examination process and throughout the medical school experience.

Student Responsibilities

Students will not:

- Give or receive aid during an examination.
- Give or receive unpermitted aid in assignments.
- Plagiarize any source in the preparation of academic papers or clinical presentations.
- Falsify any clinical report or experimental results.
- Infringe upon the rights of any other students to fair and equal access to educational materials.
- Violate any other commonly understood principles of academic honesty.
- Lie

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

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

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

Professional Appearance

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

POLICY: Professional Appearance

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

PROCEDURE: This policy is based upon safety, concern for the patient, respect for others, an awareness of cultural competence, and the central importance of professionalism in medicine. Recent trends in clothing, body art, and body piercing may not be generally accepted by your patients, and should not be worn by medical students. Clothing should be clean and neatly pressed. Note that CMSRU ID badges are 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 detracting. When in clinical areas students are expected to dress professionally as outlined below. Avoid dress or attire that could be perceived as offensive to others.

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

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

Other Rules:
- Jewelry selection: Two earrings per ear maximum may be worn and must be appropriate for patient care areas. Nose piercings are not allowed. Bangle bracelets are not recommended.
- Makeup should project a professional image.
- Hair must be clean and styled in such a manner as to prevent inadvertent contamination during patient care and other professional duties. Unusual and unprofessional hair styles or color are not allowed. Long hair should be controlled in the back and unable to fall forward during laboratory and clinical activities. Facial hair must be neatly groomed or clean-shaven.
- Headgear that is not worn for religious purposes is not allowed. Fingernails should be clean and maintained at a reasonable length of ¼” or less. Acrylic nails are not allowed due to health risks.
- Body art/tattoos should not be visible.

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

Professional Conduct

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

POLICY: Professional Conduct Policy

SCOPE: Candidates for the Doctor of Medicine degree

DEFINITIONS:

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

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

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

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

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

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

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

Any issues related to the Statement on Fitness for Professional Responsibility are reviewed by both the Associate Dean for Medical Education along with the Associate Dean for Student Affairs and Admissions and the Vice Dean.

Any reports of a breach in professional behavior are submitted to the Associate Dean for Student Affairs and Admissions.

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. The issue, and any decision made by the deans, will be referred to the Hearing Body for Student Rights as soon as possible.

APPEALS:

There are processes in place through which a student can appeal a decision or action based upon professional behavior. As per the Grading, Promotions and Appeals Policy 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 promotional system is inappropriate in particular circumstances.

When a promotional decision is based upon an issue surrounding professionalism, the student may:

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

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.

Smoking

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

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

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

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

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

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 Activities Policy

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

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

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

DEFINITIONS:
• Activity: This would include physician shadowing, research, and related experiences that are generally such that one student is involved.

• Clubs/Organizations: This includes current groups organized through Rowan and Cooper University Hospital that CMSRU students may elect to become members of, as well as the development of new clubs and organizations by our students alone or in association with our faculty and/or the housestaff of Cooper University Hospital.

PROCEDURE:
• This policy becomes effective in the second semester of the first year for all students.

• A student may participate in activities, clubs and organizations only if the student is in good academic standing. For the purposes of this policy that is defined as having achieved a passing grade in all tests for the prior 6 week period. A student who does not meet these criteria will be notified and able to resume involvement when approved.
• The Office of Student Affairs and the office of Multicultural and Community Affairs will offer their resources when possible to support the development of clubs and organizations, especially those linked to national organizations.

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

Student Mistreatment

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

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

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

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

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

PROCEDURE: Allegations of student mistreatment should be reported to the 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
Policies Related to Medical Education

Active Learning Group Policy

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

SCOPE: This policy applies to all Active Learning Group Rooms in the CMSRU medical education building and users of these spaces.

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

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

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

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

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

Students wishing to bring in appliances not included on either of these lists shall request permission from the Associate Dean for Finance, Administration, and Operations prior to installation. Requests will be reviewed weekly with CMSRU leadership and final decisions shared with all students. These lists may be altered at any time based on a number of factors, including need to limit electrical power usage, recurrent unsanitary conditions, or other factors.
General Room Conditions
Rooms should always be maintained in a clean condition, with specific avoidance of states that may attract insects and other pests. This includes:
1. Cleaning/removal of dirty dishes by the end of the day
2. Disposal of any food/beverages and empty food/beverage containers in an appropriate trash receptacle
3. Storage of retained food in sealed, pest-proof containers, preferably put away in cabinets or refrigerators
4. General maintenance of a professional, non-cluttered appearance to rooms

It is not the role of CMSRU custodial staff to wash dishes. **Evening shift staff members are directed to throw away any food or dirty dishes left out in the ALGs.**

Bicycles may not be stored in the ALGs or anywhere else inside the CMSRU education building. Bike racks are installed immediately outside the building within view of the security desk; all bicycles should be stored in this location.

Student Attendance

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

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

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

**PROCEDURE:**

**Responsibilities of the student:**

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

The student must inform the associate dean for student affairs and admissions with official or written documentation before the fact in cases of religious observances, or presentation at a state or national conference, as soon as possible for health reasons, death of a family member or loved one, or rare and compelling circumstances, and inclement weather (see policy) to document a request for an excused absence from a required course or clerkship activity. Students should consult with the Office of Student Affairs and Admissions to discuss their absence and 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 I**

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

**Phase II**

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

**Tardiness**

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

**Process:**

- It is the responsibility of course faculty to monitor attendance at required sessions and record those who do not attend or are late.
- These reports need to be delivered to the education coordinator for the course immediately after the session who will record them and pass them on to the course director and the assistant dean for the curricular phase. All unexcused absences will be sent to the associate dean for student affairs and admissions.
- Any student who wishes to have an excused absence must do so through the associate dean of student affairs and admissions in advance of a session.
  - 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.
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.

Duty Hours

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

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

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

I. RESPONSIBILITY

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

Implementation

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

Electives Policy

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

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

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

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

CLINICAL ELECTIVES HOURS POLICY

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

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

SCHEDULING OUT-OF-TOWN ELECTIVES

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

VACATION PERIOD

Students are permitted two vacation weeks to be used for interviewing or personal vacation time. These must be approved by the assistant dean for phase 2 in advance.

NEW ELECTIVES

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

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

Grading, Promotions and Appeals

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

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

DEFINITIONS: This document deals with those students who are candidates for the MD degree.
Remediate: A defined process created by a course or clerkship director to assure that a student who fails a course or clerkship has gained the knowledge and skills required. The process is tailored to the student and consists of activities to improve competency followed by a reexamination.

I. RESPONSIBILITY

Implementation

1. Faculty
The faculty is responsible for implementing grading policies, regulations and procedures. For the courses or clerkships for which they are responsible, faculty members:
   a. establish standards to be met for attaining course or clerkship credit and criteria for assigning specific grades, and
   b. assign final grades for the course or clerkship within six weeks of the last day of the course or clerkship.

2. The associate dean for medical education
The associate dean for medical education administers the grading and promotion policy regulations and procedures with the support of the associate dean for student affairs and admissions.

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

II. COURSE REQUIREMENTS AND SEQUENCING

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

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

III. ASSESSMENT AND STANDING OF STUDENTS

A. Grading

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

1. The CMSRU Grading System

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

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

**High Pass (HP):** a performance well beyond minimum achievement of course/clerkship requirements. (Distribution: after Honors grades have been determined, no more than the next 20% of the class may receive HP.)

**Pass (P):** a satisfactory performance that meets basic course/clerkship requirements. (A minimum grade of 70.00% is required to pass all courses and clerkships.)

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

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

Incomplete (I)

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

Withdrawn (W)

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

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

2. Narrative Assessments

a. Competency Assessment

At the conclusion of year one and year two, and after all clerkships within the CLIC, and the required clerkships in year four, a formal written narrative assessment of each student's performance must be submitted to the associate dean for medical education. These comments will become part of the academic record. In year one and year two, narrative assessments are written by the active learning group (ALG) and Scholar’s Workshop (SW) facilitators and by the course directors for the Foundations of Medical Practice Course and Ambulatory clerkship. Clerkship directors in the CLIC and in fourth year required clerkships provide the narrative assessment.

i. Mid-course and Mid-Clerkship Assessment

Interim formative evaluative comments from the ALG and SW facilitators and clerkship directors made directly to the student are expected during all courses and clerkships, including the Cooper Longitudinal Integrated Clerkship (CLIC) in year three. Such interim assessments must be given at the mid-point of each course or clerkship when faculty communicate to each student, in writing, information concerning the student's performance to date and, as appropriate, recommendations for improvement.
ii. Final Written Report
Within four weeks of the conclusion of a semester in Phase 1 of the curriculum, the active learning group (ALG) and Scholar’s Workshop (SW) facilitators must submit to the associate dean for medical education a written narrative report for each student assigned to their group. The narrative report must be signed by the facilitator and should address the CMSRU competencies. Similarly, within four weeks of the conclusion of a CLIC clerkship in the third year and required clerkships in the fourth year, the clerkship director must submit to the associate dean for medical education a written narrative report for each student assigned to that clerkship. The associate dean for medical education will review all reports and, should (s)he deem the report(s) on a particular student to warrant such action, shall, following consultation with the vice dean and the associate dean for student affairs and admissions, take any appropriate action(s).

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

B. Standing of Students

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

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

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

IV. THE PROMOTIONAL SYSTEM

A. Phase 1

Students are required to achieve grades of Pass in addition to an approved narrative review in all Phase 1 courses/clerkships in order to be promoted to the next academic year. All first and second year courses/clerkships are graded as Pass or Unsatisfactory.

• A student who fails 2 courses in an academic year in Phase I will be permitted to remediate the failing grades.

• A student who fails to remediate a failing grade in 1 course/clerkship will be placed on academic probation and must repeat the course/clerkship in the subsequent year. Students will not be permitted to advance to the next academic year until the course/clerkship has been successfully completed. Students may register for an Independent Study during this time but are not permitted to take courses/clerkships/electives from the next academic year’s curriculum.
• A student who fails to remediate 2 courses/clerkships must repeat the year, and will be placed on academic probation. The student must retake all courses/clerkships in the academic year and pass all to move to the next academic year in the curriculum.
• A student who fails more than 2 courses/clerkships will be dismissed.
• A student with an identified area of concern in their course narratives will be referred to the Academic Standing Committee for review and action.

B. Phase 2

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

C. USMLE Examinations:

• All students studying for the MD degree at CMSRU are required to pass Steps 1 and 2 of the U.S. Medical Licensure Examination (USMLE) as a condition of continued matriculation and of graduation.
  ▪ Step 1 shall be taken prior to beginning Year 3 of the medical school curriculum.
  ▪ Step 2 CK (Clinical Knowledge) and Step 2 CS (Clinical Skills) shall be taken no later than November 30th of the calendar year in which medical students are enrolled in Year 4 of the medical school curriculum.
  ▪ Passing Step 1, Step 2 CK and Step 2 CS are required for candidates to sit for the Step 3 examination, which is usually taken during the first residency year after graduation from medical school.

• A student who fails to pass Step 1 on the initial attempt shall:
  ▪ Complete the immersion experience element of the CLIC.
  ▪ Be assigned remediation time.
  ▪ Take Step 1 again within 30 days after completing the CLIC immersion experience.
  ▪ Resume the third year program following the remediation time.
  ▪ Completion of the CLIC may require an extension of time to complete all requirements, thus delaying the start of the fourth year.

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

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

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

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

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

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

**D. Promotional Decisions**

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

**E. Remedying a Failing Performance**

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

**Remediation Process:**

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*Cooper Medical School of Rowan University*

*Student Handbook - Policies*
Students will follow a plan developed for course/clerkship remediation by the course
director(s)/clerkship director(s). The course/clerkship director(s) will:

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

V. PROBATION

A. Academic

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

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

B. Non-Academic

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

V. APPEALS

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

A. Appealing a Course or Clerkship Grade

1. Appeal to the Course/Clerkship Director

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

2. Appeal to the Associate Dean for Medical Education

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

3. Appeal to the Academic Standing Committee

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

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

1. ** Appealing decisions based on academic performance 

   **Appeal to the Academic Standing Committee**

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

2. ** Appealing Decisions based on issues of Professionalism**

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

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

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

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

**POLICY:** HIPAA Privacy Policy

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

**DEFINITIONS:** HIPAA: The Health Insurance Portability and Accountability Act passed by Congress in 1996.

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

Leave of Absence

**PURPOSE:** This policy defines the mechanism by which CMSRU will define and address a leave of absence by a student during one or more academic years.

**POLICY:** Student Leave of Absence

**SCOPE:** All CMSRU medical students

**DEFINITIONS:** A leave of absence is an administrative measure granted at the discretion of the associate dean for medical education. It is used in situations where it is deemed in the best interests of the student and/or the school that the student's medical education be interrupted.

**PROCEDURE:**

A. A leave of absence may be for either a defined or an undefined period of time, determined solely by the associate dean for medical education. Except in extraordinary circumstances, such as situations involving extended research, a student may request a leave of absence only for a period of up to one academic year. The student may request an extension to a leave of absence for extraordinary extenuating circumstances.

B. The time that a student spends on a leave of absence shall not count towards the maximum of three academic years permitted to complete either the first two or the last two curricular years.

C. For leaves of absence taken prior to the completion of curricular Year Two:

- A two-year leave of absence shall ordinarily be the maximum allowed. At the discretion of the associate dean for medical education, such students may re-enter the curriculum at the point where their leave of absence began.
- Should circumstances dictate that a student be granted a leave of absence that is longer than two years, the associate dean for medical education may, at his/her own discretion, require that the student repeat some or all of the curriculum previously taken, even if all courses were passed.
• A leave of absence longer than three years will ordinarily require repeating the curriculum from the beginning of Year One, unless the associate dean for medical education determines that exceptional circumstances warrant some other arrangement.

D. For leaves of absence taken after the successful completion of Phase I and USMLE Step 1:

• Ordinarily, a two-year leave of absence shall be the maximum allowed.
• Students granted leaves of absence that are longer than two years must re-enter the curriculum at the beginning of curricular Year Three.
• Students granted leaves of absence that are three years or longer will re-enter the curriculum at a point determined at the sole discretion of the associate dean for medical education.

E. All conditions pertaining to leaves of absence, e.g., duration; work, study, or evaluation requirements; notification to CMSRU of the student's intentions regarding post-leave status, etc., will be determined by the associate dean for medical education.

F. A student must submit the attached Withdrawal/Leave of Absence Form

Ombudsman

Position Description:

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

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

Key Elements of Interaction:

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

The Ombudsperson can help explore concerns about:

- Work/Academic Environment
- Fair Treatment
- Interpersonal Relationships
- Sexual Harassment
- Discrimination
The Ombudsman is a defined option to address issues surrounding:

- Mistreatment
- Appealing promotional decisions on matters other than grades

**Satisfactory Academic Progress**

**PURPOSE:** To Outline the Relationship of Financial Awards and Academic Performance  
**SCOPE:** Candidates for the Doctor of Medicine Degree (M.D.)

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

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

1. **In Good academic standing**
   The student:
   - has completed satisfactorily the requirements of all courses/clerkships of all previous years, and
   - is passing all courses/clerkships in which (s)he is enrolled, and
   - has passed any U.S. Medical Licensure Examination (USMLE) required to be taken to complete a curricular phase.

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

**PROCEDURE:**

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

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

- CMSRU Financial Aid Office must follow all SAP guidelines as set forth by federal regulations.

RESPONSIBILITY

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

Student Leave of Absence

PURPOSE: This policy defines the mechanism by which CMSRU will define and address a leave of absence by a student during one or more academic years.

POLICY: Student Leave of Absence

SCOPE: All CMSRU medical students

DEFINITIONS: A leave of absence is an administrative measure granted at the discretion of the associate dean for student affairs and admissions. It is used in situations where it is deemed in the best interests of the student and/or the school that the student's medical education be interrupted.

PROCEDURE:

G. A leave of absence may be for either a defined or an undefined period of time, determined solely by the associate dean for student affairs and admissions. Except in extraordinary circumstances, such as situations involving extended research, a student may request a leave of absence only for a period of up to one academic year. The student may request an extension to a leave of absence for extraordinary extenuating circumstances.

H. The time that a student spends on a leave of absence shall not count towards the maximum of three academic years permitted to complete either the first two or the last two curricular years.

I. For leaves of absence taken prior to the completion of curricular Year Two:

- A two-year leave of absence will ordinarily be the maximum allowed. At the discretion of the associate dean for student affairs and admissions, such students may re-enter the curriculum at the point where their leave of absence began.
- Should circumstances dictate that a student be granted a leave of absence that is longer than two years, the associate dean for student affairs and admissions may, at his/her own discretion, require that the student repeat some or all of the curriculum previously taken, even if all courses were passed.
- A leave of absence longer than three years will ordinarily require repeating the curriculum from the beginning of Year One, unless the associate dean for student affairs and admissions determines that exceptional circumstances warrant some other arrangement.

J. For leaves of absence taken after the successful completion of Phase I and USMLE Step 1:
• Ordinarily, a two-year leave of absence will be the maximum allowed.
• Students granted leaves of absence that are longer than two years must re-enter the curriculum at the beginning of curricular Year Three.
• Students granted leaves of absence that are three years or longer will re-enter the curriculum at a point determined at the sole discretion of the associate dean for student affairs and admissions.

K. All conditions pertaining to leaves of absence, e.g., duration; work, study, or evaluation requirements; notification to CMSRU of the student's intentions regarding post-leave status, etc., will be determined by the associate dean for student affairs and admissions.

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.”

United States Medical Licensure Examinations

PURPOSE: This policy outlines the expectations of CMSRU surrounding the requirements of success in the USMLE examinations and the procedure to address the student who fails any section of these exams.

POLICY: Medical School Policy and Procedures for United States Medical Licensure Examinations

SCOPE: Candidates for the Doctor of Medicine Degree

DEFINITIONS: United States Medical Licensure Examinations = USMLE

PROCEDURE:

• All students studying for the MD degree at CMSRU are required to pass Steps 1 and 2 of the U.S. Medical Licensure Examination (USMLE) as a condition of continued matriculation and of graduation.
  • Step 1 shall be taken prior to beginning Year 3 of the medical school curriculum.
- Step 2 CK (Clinical Knowledge) and Step 2 CS (Clinical Skills) shall be taken no later than November 30th of the calendar year in which medical students are enrolled in Year 4 of the medical school curriculum.
- Passing Step 1, Step 2 CK and Step 2 CS are required for candidates to sit for the Step 3 examination, which is usually taken during the first residency year after graduation from medical school.

- A student who fails to pass Step 1 on the initial attempt shall:
  - Complete the immersion experience element of the longitudinal clerkship.
  - Be assigned remediation time.
  - Take Step 1 again within 90 days after receiving scores.
  - Resume the third year program following the remediation time.
  - The longitudinal clerkship shall be extended into the vacation time in the beginning of the fourth year, if the retake of Step 1 is passed.

- A student who fails to pass Step 1 on his/her second attempt shall:
  - Be automatically registered in an independent study program (enabling him/her to continue to be considered a full-time student).
  - Take Step 1 for the third time no later than May that year.
  - The student shall re-enter the Year 3 program immediately at the beginning of the next specialty pending results of the examination and weighing the overall performance in courses and specialties. This determination will be made by the Associate dean for medical education. If a student fails the examination a third time, she/he shall be dismissed.

- When all requirements of the Year 3 integrated clerkship 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 in January.

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

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

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

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

Anti-violence

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

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

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

DEFINITIONS:
Inappropriate Behaviors covered by this policy include but are not limited to:

- Name Calling
- Profanity
- Sexual Comments
- Obscene language or gestures
- Blatantly disregarding university and/or CMSRU policies and procedures
- Ethnic, racial, religious or gender epithets
- Stealing
- Making verbal threats or conveying threats by note/letter and/or electronically.
- Physical abuse or attack
- Inappropriate touching
- Destroying property or any vandalism, arson, or sabotage
- Throwing objects
- Possession of a weapon

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

PROCEDURE:

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

CMSRU students who commit threats or acts of violence will be subject to strong disciplinary action, up to and including academic dismissal.
The University will support criminal prosecution of those who threaten or commit violence against its employees, students, or visitors within its facilities, programs, and activities.

CMSRU will attempt to reduce the potential for internal violence through student wellness and educational programs. Individual counseling will be utilized as needed. CMSRU will work to positively affect the attitudes and the behavior of its students and faculty.

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

Please refer to the Student Code of Conduct of Rowan University: http://www.rowan.edu/provost/policies/documents/StudentCodeofConduct2006.pdf

# 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 addiction.
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.

Immunization Requirements

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

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

SCOPE: All medical students

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

PROCEDURE:

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

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

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

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

c. Hepatitis B. - Proof may be in the form of serologic testing, or adequate documentation of appropriate vaccine administration. If the student is found not be immune to Hepatitis B, whether due to student choice to not receive the vaccine series, or as a non-responder to the vaccine, s/he will be offered the vaccine series or be required to complete a waiver form.

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

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

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

Exceptions:

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

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

REFERENCES:

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

Impaired Student Process

Student Health & Safety – Process for Handling an Impaired Student

Cooper Medical School of Rowan University (CMSRU) will provide a safe academic environment so that student safety will not be compromised. Any impairment, whether acute or chronic in nature, as defined below, will be addressed by established policies and procedures of CMSRU and/or treatment efforts on behalf of the student. Unsatisfactory academic performance will be handled according to policies and procedures of CMSRU.
PURPOSE:

To state the process for the identification and referral of impaired students to the Student Assistance Program (SAP).

PROCEDURE:

A. Identifying an Impaired Student

1. Impairment is to be determined by the 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 an student's ability to adequately perform his/her academic responsibilities. Adequate academic performance is based on established CMSRU academic performance standards. This insures an objective basis for documenting inadequate or deteriorating performance. The deans and/or a designees from their offices will not attempt to diagnose the cause of the student's impairment.

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

   a. Examples of acute impairment can include, but are not limited to, the following: hallucinations, increased agitation, paranoia, decreased level of consciousness, disorientation, loss of coordination, reduced capacity to communicate, and alcohol on the breath.

   b. Examples of chronic impairment can include, but are not limited to, the following: absenteeism, lateness, significant decrease of productivity, repeated mistakes, peer problems, poor personal hygiene, sleepiness, and poor judgment.

   c. If a student sees behavior that makes him/her believe a fellow student is impaired, he/she should report it to the 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 and/or a designee from their office 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.

Infectious and Environmental Hazards

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

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

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

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

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

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

3. Exposures
   a. In the event of exposure, students should immediately wash the affected area with soap and water, cover the area with a bandage or dressing if appropriate and possible, and then contact the Emergency Department at CUH.
   b. Students should notify the supervising resident and/or faculty member and the Office of Student Affairs.
   c. Proper testing for bloodborne pathogens, including HIV, Hepatitis B, and Hepatitis C, will be performed. Based on risk of exposure to HIV, post exposure prophylaxis may be offered at no cost to the student. In addition, appropriate testing of the source patient for bloodborne pathogens will be performed.
   d. If follow-up evaluation, monitoring, or treatment is indicated the student will arrange this via the Office of Student Affairs.
   e. All costs of any occupational exposure not covered by student insurance will be covered by the Office of the Dean of CMSRU.

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

c. If exposure results in contraction of disease or disability, the student will be allowed to continue in the program to the extent that he or she does not pose a risk to self or others, based on their official activities.

REFERENCES:
29 CFR 1910 Occupational Exposure to Bloodborne Pathogens; Needlestick and Other Sharps Injuries

29 CFR 1910.1200 Hazard Communication

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 the Student Health Center for follow-up testing. The Student Health Center is located at 3 Cooper Plaza, Suite 104. It is your responsibility to schedule that appointment: (856-342-2434).
• All costs of any occupational exposure not covered by student insurance will be covered by the Office of the Dean of CMSRU. There is no cost to the student for any care surrounding an exposure event occurring while a student at a CMSRU affiliated institution.

Student Sexual Misconduct and Harassment Policy

This link provides the most recent policy:


Student Healthcare Services

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

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

SCOPE: This policy applies to all CMSRU medical students.

PROCEDURE:
CMSRU students are eligible to receive a range of healthcare services through CMSRU. The student Health Director (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 Student Health Director 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. Initial history, physical and laboratory examination
b. Unlimited, 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
   (4) Minor surgery (suture (stitches) insertion and removal)
   (5) STD screening, counseling and treatment for women and men
c. Annual PPD testing and appropriate follow-up care

d. Annual influenza vaccination

e. Record keeping and periodic reports to the Associate Dean for Student Affairs and Admissions office regarding immunizations will be provided as required.

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. Other counseling and management will be provided by the Student Health Director as is outlined by Infectious and Environmental Hazards policy.

g. Allergy desensitizations and storage of allergy medications: desensitization treatments will be based on the schedule of treatments established by the student's allergist.

The students of CMSRU will be able to access our physicians 24 hours a day, 7 days a week, through the hospital operators.

Co-pays are paid via the student health fund. Each student will pay a yearly student health fee that will be used to cover the influenza vaccine, the annual PPD, reserve hours in the day for visits that would prevent missing classes, and pay the co-pay for each visit. This is also the mechanism for routine gynecologic care delivered at Cooper University Hospital outpatient care.

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 under the terms of the student health fund 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 to prevent receiving a bill for services, to schedule an appointment for covered needs, and to ensure expedited care.

It is necessary to make a nurse visit appointment if students need to copy any health records, or receive a PPD, or get a needed immunization.

Students are responsible also for laboratory, radiology, or specialty referrals and treatments.

The Student Health Center offers certain lab testing and immunizations at low cost. For these services, students will receive a receipt which can be submitted for reimbursement from their health insurance company.

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

POLICY: Student Health Provider Policy

SCOPE: Candidates for the Doctor of Medicine degree

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

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

- A provider of health services to a CMSRU student will not be in a position to grade or evaluate that student.
- All psychological care and counseling of CMSRU students will be delivered at a site removed from the medical school campus and the providers have no role in the grading and evaluation of student performance, promotion or graduation.
- An Advisory College Director cannot be a health care provider to a student in their College.
- A Mentor cannot be a health care provider to the student they are mentoring.
- Should a faculty member serve on the Academic Standing Committee or the Hearing Body for Student Rights, and a student they have provided care for at any time during that student’s matriculation to CMSRU comes before that group, they can recuse themselves from the meeting. The dean will appoint a faculty member to replace them for the hearing. A student may ask that a member be replaced at their hearing if the faculty member has been a care provider for them at any time.
- Those who care for students in the Student Health Center may lecture in a large group setting at CMSRU, but cannot academically evaluate any student. They cannot be a small group facilitator, Mentor or Advisory College Director.
- A physician who encounters a student of CMSRU in the Emergency Room as a patient will attempt to avoid being in a capacity to evaluate that student when they are present as a student in that department for a clinical rotation. If this is unavoidable, they will make the potential conflict clear to the clerkship director and delegate any evaluations to the clerkship director.
- A physician who encounters a student of CMSRU in an outpatient setting as a patient will attempt to avoid being in a capacity to evaluate that student when they are present as a student in that course or clerkship. If this is unavoidable, they will make the potential conflict clear to the clerkship director and delegate any evaluations to the clerkship director.
- A physician who encounters a student of CMSRU in an inpatient setting as a patient will attempt to avoid being in a capacity to evaluate that student when they are present as a student in that course or clerkship. If this is unavoidable, they will make the potential conflict clear to the clerkship director and delegate any evaluations to the clerkship director.
- Inpatient psychiatric care for CMSRU students will be delivered at a facility removed from the CMSRU campus and the providers will not be faculty of CMSRU.
• Reports of care regarding CMSRU students via the Rowan Counseling Center or the Student Health Center will be provided to the Office of Student Affairs in aggregate by numbers and events, and not with student names.
• Required reporting to the Office of Student Affairs in cases of immunizations and exposure related event will be provided within the mandates of HIPAA.

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/)
• Email
• Voicemail

Decision for closure will be made by 6 a.m.
Policies and Forms Related to Financial Aid

Student Residence and In-State Tuition Policy

Note: This policy applies to student who enroll after 2012.

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

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

DEFINITION:

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

POLICY:

A. Eligibility for In-State Tuition

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6. This policy shall become in effect beginning with the class entering CMSRU in 2013.
* N.J.A.C. 9A:5-1.1 provides that persons residing in New Jersey for a period of 12 months before first enrolling at a public institution in the State are presumed to be domiciled in the State for tuition purposes.

** N.J.A.C. 9A:5-1.2 provides guidelines for what primary evidence an institution may require to show that a student is domiciled in New Jersey.

*** The various documentation noted above must be submitted to the Registrar.

Refunds

**POLICY:** In the event a student withdraws or takes a leave of absence after the semester has begun, tuition charges may be prorated. CMSRU will determine the student’s last date of attendance if the student does not follow the official withdrawal/leave process.

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

**SCOPE:** The refund policy applies when a student:
- Does not register for the period of attendance;
- withdraws from school; or
- fails to complete the period of enrollment.

**DEFINITIONS:** N/A

**PROCEDURE:**

1. Students who withdraw from medical school of their own accord may be issued a refund as outlined in the CMSRU refund schedule.

   Tuition refunds for first and second-year students will apply as follows:

<table>
<thead>
<tr>
<th>Withdrawal during</th>
<th>Refund</th>
</tr>
</thead>
<tbody>
<tr>
<td>First five class days</td>
<td>100%</td>
</tr>
<tr>
<td>Second five class days</td>
<td>75%</td>
</tr>
<tr>
<td>Third five class days</td>
<td>50%</td>
</tr>
<tr>
<td>Fourth five class days</td>
<td>25%</td>
</tr>
<tr>
<td>Fifth five class days or later</td>
<td>No Refund</td>
</tr>
</tbody>
</table>

   There will be no refunds after the fourth week of any semester. Any refund to Phase II students will be prorated according to time spent in the CLIC or completed clerkships.

   Fees are non-refundable.

2. Loan recipients must notify the Financial Aid Office of the enrollment status change and are required to have an exit interview counseling session.
3. If the student’s award package included any federal funds other than Federal Work-Study and the leave of absence or withdrawal occurs in the first 60% of the semester, federal regulations require that a portion of the student’s federal aid be returned to the aid programs. The portion of aid to be returned is determined by a federally-mandated calculation based on the number of days remaining in the semester, and the refund due to the aid programs is credited in the following order:

1. Outstanding balances on Federal Unsubsidized Stafford/Ford Loans
2. Outstanding balances on Federal Subsidized Stafford/Ford Loans
3. Outstanding balances on Federal Perkins Loans
4. Outstanding balances on Federal Graduate PLUS Loans
5. Other Title IV aid programs, if applicable
6. Financial aid programs sponsored by the US Department of Health and Human Services

Tuition and Fees

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

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

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

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

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

- General Activities Fee
- Technology Fee
- Student Health Services Fee
- Disability Insurance Fee
- Medical Liability Insurance Fee
- Student Services Fee
- Parking Fee
- Facilities Fee

Application Fee (non-refundable): $75.00

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

Acceptance deposit: $100.00

Each student selected for admission is given notice of favorable action on her/his application and is allowed two weeks to decide to enroll. The acceptance deposit is credited toward tuition, but will be
forfeited if the student withdraws after May 15.

Health and Disability Insurance Fee: All students must have health and disability insurance as defined in the CMSRU Student Health and Disability Insurance Policy. These fees will be waived with proof of equivalent insurance.

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

Tuition and fees are payable in advance each semester. There is a monthly late payment fee of $50.00. A student may arrange with the Rowan University Bursar’s Office to follow a deferred payment as follows:

- pay 1/3 of the amount due (minus the net of any financial aid awards (scholarships, loans, etc.) plus a $30.00 deferred payment plan fee by the due date of the billing statement
- pay an additional third (1/3) of the balance due 30 days after the first day of classes and pay the final third (1/3) 60 days after the first day of classes.

Any student who elects to use the deferred payment plan and finds it impossible to meet this obligation must contact the Bursar’s Office immediately to make alternate arrangements. The fee for the deferred payment plan is $30. Lacking these arrangements, students will be unable to register for the following academic period. No degree will be awarded to any student until all financial obligations to the school have been satisfied.

Students who withdraw from medical school may be eligible for refunds as outlined in the CMSRU Refund Policy.
Polices Related to Matriculation

Admission Deferral

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

POLICY: Deferral of admission to CMSRU

SCOPE: Candidates for the Doctor of Medicine degree

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

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

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

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

Criminal Background Check

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

**POLICY**

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

**PROCESS FOR CONDUCTING AND REVIEWING BACKGROUND CHECKS**

- Failure to submit to the background check will disqualify the student from acceptance to the medical school.
- This policy applies to all applicants to the first year medical school class.
- All applicants are asked to self-report military service dishonorable discharges, felony convictions, and misdemeanor convictions on the AMCAS application.
- Offers of admission are conditional, pending the applicant’s submission to, and CMSRU’s review of the results of a background check.
- For applicants to the first year class, the background check will be conducted after an initial, conditional offer of admission has been made.
- The check will be conducted by an AAMC-designated vendor through the AMCAS Background Check Process.
- CMSRU may request that the AAMC vendor conduct background checks on a limited number of applicants in a Select Pool, who have not yet been offered admission, but may be offered conditional admission just prior to the start of classes.
- The results of the background checks on applicants in the Select Pool are not released to CMSRU unless and until a conditional offer of acceptance is issued.
- In the event that the applicant is not accepted, CMSRU will neither receive nor review his/her background check.
- Deferred applicants will be required to undergo two background checks. The first will be conducted after the initial, conditional offer of admission. This check MUST be successfully completed and the admission offer finalized prior to the Admissions Committee considering a request for deferment. Assuming the deferment request is granted, the student will be required to undergo a second background check as part of the application cycle for the class in which the applicant intends to matriculate.

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

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

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

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

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

Letters of Recommendation

POLICY: Letters of Recommendation

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

SCOPE: Candidates for the Doctor of Medicine Degree

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

PROCEDURE:

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

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

Some of the applicant’s letters should be from the applicant’s former professors attesting to problem-solving skills, laboratory technique, writing skills, oral communication skills, interpersonal skills, etc. Others may be from former or present employers or physicians whom the applicant has "shadowed," or nurses in a hospital department where the applicant has volunteered. No single person is likely to be able to address all of the applicant’s qualities, but two or more people, collectively, will be able to address some combination of them.
Each letter of recommendation should have been sent to the applicant’s Pre-health Professions Advising Center office accompanied by a signed document indicating the applicant’s decision to preserve or waive the applicant’s right to see the letter.

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

1. A packet or set of letters assembled and distributed by the applicant’s institution, often by the institutions career center. A Letter Packet may include a cover sheet from the applicant’s pre-health committee or advisor; however, in contrast to a Committee Letter, a Letter Packet does not include an evaluative letter from the applicant’s pre-health committee or advisor.
2. If the applicant’s school does not have a Pre-Health Professional Advisory Committee (PHPAC), the applicant may submit the following three individual letters of evaluation and recommendation:
   - Two letters from Science Faculty who have taught the applicant;
   - One letter from other faculty or an individual who can provide an in-depth evaluation and recommendation

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

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

**Readmission**

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

**POLICY:** Readmission Policy

**SCOPE:** All CMSRU medical students

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

**PROCEDURE:**

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

Student Selection

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

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

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

DEFINITIONS:

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

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

PROCEDURE:

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

B. Secondary Supplemental Application

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

C. Initial Screening

After the completed application materials are received, CMSRU will review the application to determine whether to invite the candidate for an interview.

D. Interview

Selection for interview will be made by the Associate Dean for Student Affairs and Admissions and the Director of Admissions and will be based on admission requirements, as well as the remaining content of the applicant’s profile. Factors contributing to the evaluation process include, but are not limited to, academic success, work/life experiences, letters of recommendation, and cultural background. The potential match to the mission of CMSRU will be highly valued. An applicant’s personal statement and history of involvement with community-based efforts will weigh heavily in the consideration of students, and students who show evidence of potential to contribute in a valuable way to the CMSRU environment and the medical profession, and who meet the admission criteria, will be invited to interview.

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

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

E. Admission Offers: Selected applicants will be offered admission by the Admissions Committee on a rolling basis. Every interviewed candidate will be presented in detail at the meeting of the Admissions Committee. The entire application and the comments of the interviewers will be presented and discussed. The decision to admit is by a majority vote of the Admissions Committee.

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

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

Admission Requirements:

Applicants are required to complete a bachelor’s degree prior to enrollment in the MD Program. Specific required and recommended course work is shown below. The MCAT scores must be submitted and should be no more than 3 years old.
Suggested Course Work - Applicants to CMSRU should take the following courses from an accredited college or university in the United States. On-line coursework will not be accepted for these courses.

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

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

CMSRU welcomes applicants with a wide-range of academic interests. All majors are welcome to apply to CMSRU as long as minimum academic requirements are met.

**Technical Standards**

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

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

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

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

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

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

### A. Technical Standards

#### 1. Summary

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

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

#### 2. Required Abilities and Skills

##### I. Observation

The candidate must be able to observe demonstrations and experiments in the basic sciences, including but not limited to physiologic and pharmacologic demonstrations, microbiologic cultures, and microscopic studies of micro-organisms and tissues in normal and pathologic states. A candidate must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision. It is enhanced by the functional use of the sense of smell.

##### II. Communication

A candidate should be able to speak, to hear and to observe patients in order to elicit both verbal and non-verbal information, and must be able to communicate effectively and sensitively with and about patients. Communication therefore includes speech, reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with the patient, the patient’s family, and all members of the health care team.

##### III. Motor

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

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

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

B. Accommodation Requests

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

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

REFERENCES:
Recommendations of the AAMC Special Advisory Panel on Technical Standards for Medical School Admission (Memorandum #79-4), approved by the AAMC Executive Council on January 18, 1979
Americans with Disabilities Act of 1990 [ADA], including changes made by the ADA Amendments Act of 2008 (P.L. 110-325)

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

Note: The following section includes forms and instructions. Many of these are links within the web site as well.

Those formats that require a PDF download are listed as links only.
Medical Student Professionalism Evaluation Form

EXEMPLARY BEHAVIOR

Student Name (type or print legibly) .................................................. Date this form was discussed with student

PLEASE SUBMIT THIS VIA EMAIL TO THE OFFICE OF MEDICAL EDUCATION

THIS STUDENT HAS EXHIBITED EXEMPLARY BEHAVIOR IN ONE OR MORE OF THE FOLLOWING AREAS (CHECK ALL THAT APPLY)

1.  Self improvement and adaptability
    □ Maintains professional composure in highly stressful situations
    □ Exhibits exemplary personal clinical judgment in stressful situations

2.  Relationships with students, faculty, staff and patients
    Consistently demonstrates skill in establishing rapport with students, faculty, staff and patients
    □ Demonstrates exemplary sensitivity to the needs of the patient, the patient's family and the health care team
    □ Maintains exemplary sensitivity, courtesy and respect for fellow students, staff, and faculty in a learning environment

3.  Upholding the CMSRU Statement on Professional Behavior
    □ Consistently contributes to an atmosphere conducive to learning
    □ Respects the diversity of race, gender, religion, sexual orientation, age, disability or socioeconomic status of fellow students, members of the health care team, and patients.
    □ Resolves conflicts in an unusually skillful manner that respects the dignity of every person involved.

Comments (please explain why you checked what you checked)
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

_________________________________________ ___________________________ _____________________
Faculty signature   Printed Name   Contact # (Phone/email)
THIS SECTION TO BE COMPLETED BY THE STUDENT
My comments are: (optional)
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
I have read this evaluation and discussed it with the faculty member.

_____________________________  _________________
Student Signature      Date
Cooper Medical School of Rowan University

Professionalism Intervention Report
CMSRU

Subject: Early Concern Note about Medical Student Performance

From: Print Name: ______________________________
Clerkship/Course Director
Department: ______________________________

Please complete and submit this completed report as an email attachment to the Vice Dean.

Name of Student who warrants attention: ________________________________

Date Incident(s) reported: ____________________________________________

My concerns about the performance and/or professional behavior of this medical student are based on (check all that apply):

___ critical incident  ___ faculty insight
___ series of “red” flags

I have discussed my concerns with the medical student ___ Yes ___ No

Details related to this report:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Signature of Clerkship/Course Director

_____________________________________________________________________________________

Associate Dean Note on Intervention:

__ Successful resolution of problem
__ Remediation still in process (date: ____________)

Cooper Medical School of Rowan University
Student Handbook - Policies
__ Unresponsive to remediation
__ Needs more/different remediation
__ Referred to Academic Standing Committee

Comment:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________ 

________________________________    _____________
Vice Dean    Date
Change of Date Request Form

Changes are made for currently enrolled students only!

Please Select Appropriate CHANGE(S):

_____ Name*    _____ Address    _____ Phone

*A copy of official documentation is needed before change can be made.

Please complete the following:

Date: __________________________
Rowan ID Number: ________________________________
New Last Name: ________________________________
Previous Last Name: ________________________________
First Name: _____________________________ MI: __________
Correct Address: __________________________________________
City: ___________________________ State: ___________ Zip: ____________
County: ____________________________
Home Phone: ____________________________
Cell Phone: ____________________________
E-Mail Address: ____________________________
Signature: ____________________________

CMSRU office use only: reg ________ date ____________

CMSRU
Office of Student Affairs
401 S. Broadway
Camden, NJ 08103
Phone: 856-361-2850
Fax: 856-361-2828
Thomasj@rowan.edu
Health Insurance Enrollment Form

I hereby agree to participate in the health insurance coverage plan offered by CMSRU under the Rowan University Student Medical Plan. I understand the following:

- The coverage begins August 1, 2012 and ends on July 31, 2013.
- 100% of the health insurance premium cost will be added onto the fall semester bill (on top of tuition and fees), which means I will be charged the total health insurance premium cost up front (due at the beginning of the fall semester).

I fully understand that I am legally responsible for any medical expenses incurred during my enrollment at CMSRU.

Rowan ID Number : _______________________________________________________

Name: __________________________________________________________________

Signature: __________________________________________________________________

Date: __________________________

CMSRU office use only: reg _______ date ____________

Please forward the form via mail, fax or email scan to:
CMSRU
Office of Student Affairs
401 S. Broadway
Camden, NJ 08103
Phone: 856-361-2850
Fax: 856-361-2828
Thomasj@rowan.edu
Health Insurance Waiver Form

I hereby waive my rights to participate in the health insurance coverage offered by CMSRU under the Rowan University Student Medical Plan. I have comparable coverage under the following plan:

Insurance Company: _______________________________________________________
Policy or Group #    _______________________________________________________

This plan will:
• Cover services at Cooper University Hospital as a preferred provider.
• The co-pay for office visits does not exceed $25. Anything in excess of that will be my responsibility.
• Coverage will be in effect by 8/1/12

I fully understand that I am legally responsible for any medical expenses incurred during my enrollment at CMSRU.

Rowan ID Number : _______________________________________________________
Name : _________________________________________________________________
Signature: _______________________________________________________________
Date: ______________________

CMSRU office use only: reg ________ date ____________

Please forward the form via mail, fax or email scan to:
CMSRU
Office of Student Affairs
401 S. Broadway
Camden, NJ  08103
Phone: 856-361-2850
Fax: 856-361-2828
Thomasj@rowan.edu
## Potential Symptoms of Impairment

Academic Advisor Checklist

The following is a checklist to aid you as an academic advisor to identify students who may be acutely impaired. Potential causes may include: substance abuse, mental illness, etc.

The checklist is a tool to aid supervisors in determining whether it is appropriate to refer the student to the Student Assistance program or Occupational Health for further evaluation.

Student: __________________________________________________ Date: ______________________

Academic Advisor: ________________________________

### OBSERVED BEHAVIORS

<table>
<thead>
<tr>
<th>Alertness and Affect:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ Uncooperative</td>
<td></td>
</tr>
<tr>
<td>_____ Drowsy</td>
<td></td>
</tr>
<tr>
<td>_____ Inappropriate Euphoria</td>
<td></td>
</tr>
<tr>
<td>_____ Confused</td>
<td></td>
</tr>
<tr>
<td>_____ Agitated</td>
<td></td>
</tr>
<tr>
<td>_____ Seems unable to respond rationally to simple questions</td>
<td></td>
</tr>
<tr>
<td>_____ Teary, wide swings in emotion</td>
<td></td>
</tr>
<tr>
<td>_____ Difficulty in concentration</td>
<td></td>
</tr>
<tr>
<td>_____ Combative without provocation</td>
<td></td>
</tr>
<tr>
<td>_____ Unusual flare-ups or outbreaks of temper</td>
<td></td>
</tr>
<tr>
<td>_____ Improbable excuses for errors</td>
<td></td>
</tr>
<tr>
<td>_____ Overreaction to real or imagined criticism</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Speech Pattern:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ Slurring</td>
<td></td>
</tr>
<tr>
<td>_____ Alcohol-like</td>
<td></td>
</tr>
<tr>
<td>_____ Inability to form words</td>
<td></td>
</tr>
<tr>
<td>_____ Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Breath:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ Garlicky</td>
<td></td>
</tr>
<tr>
<td>_____ Alcohol-like</td>
<td></td>
</tr>
<tr>
<td>_____ Sweet</td>
<td></td>
</tr>
<tr>
<td>_____ Within normal limits</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eyes:</th>
<th></th>
</tr>
</thead>
</table>
| _____ "Blood shot"                                       | Glazed over, "Glassy-eyed"
| _____ Very large pupils                                   |   |
| _____ Very small pupils                                   | Very small pupils |

<table>
<thead>
<tr>
<th>General Behaviors:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ Inability to walk normally</td>
<td>Holding onto objects for support</td>
</tr>
<tr>
<td>_____ Safety violations, high accident rate</td>
<td>Careless operation of equipment</td>
</tr>
<tr>
<td>_____ Abrupt changes in quality of work</td>
<td>Clothing inappropriate for weather or</td>
</tr>
</tbody>
</table>

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Cooper Medical School of Rowan University
Student Handbook - Policies
_____ "On the job" absenteeism (repeatedly not present when expected)

Description of particular incident where academic advisor noted behavior checked above:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

__________________________________________________________________

Student escorted to the Occupational Health site for evaluation? Yes No

Student left CMSRU? Yes No

Transportation arranged? Yes No

Was student referred to the SAP? Yes No

__________________________________________________________________

Academic Advisor's signature Date

__________________________________________________________________

Academic Advisor’s name - please print clearly
Health History Form
http://www.rowan.edu/coopermed/students/admissions/files/HP%20Form.pdf

Immunization Record Form
O:\www\coopermed\students\admissions\files\IMMUNIZATION_form13.pdf

The following financial aid forms are all located at:
http://www.rowan.edu/coopermed/students/financial_aid/forms.php

Leave of Absence Form
O:\www\coopermed\students\admissions\files\Withdrawal-Leave of Absence Request Form_0514.pdf

Budget Form

Private/Alternative Education Loan Understanding Form

Cancel Loan(s) Request Form

Decrease Loan Request Form

Increase Loan Request Form

Proof of Aid Request Form
Award Notice Guide

Overview

The financial aid award letter is a notification of the financial assistance available to borrowers for the current academic year. This guide will explain the various complexities of financial aid. The award notice guide is designed to provide information about the steps necessary to receive the financial aid that has been awarded, give students the procedures on how to apply for additional financial aid and also to provide information about qualifying for aid in future semesters or years. An Award Notice is also referred to as an Award Letter. The Award Notice is correspondence sent to students stating that financial aid has been offered to assist with educational and living expenses. However, the student can reduce or decline any aid that is listed.

The financial aid award package will be revised if a student does not attend classes or if a student drops out of school before completing sixty percent of either semester or if a funding agency withdraws their funding. If this occurs, students must notify CMSRU by submitting a Withdrawal/Leave of Absence Form. Students must receive consultations and signatures from various departments before the request can be processed. Additionally, it may be necessary to revise a package if a student receives resources that exceed his or her need and/or the cost of attendance. Please notify the CMSRU Financial Aid Office of any outside resources such as outside/private scholarships via email at financialaid@coopermed.rowan.edu.

To receive federal aid, students must be enrolled in coursework required for their degree. In the event a student withdraws or takes a leave of absence after the semester has begun, tuition charges may be prorated. CMSRU will determine the student’s last date of attendance even if the student does not follow the official withdrawal/leave process. Please review the Refund policy within the Student Handbook located on the CMSRU website. Furthermore, most aid programs require students to be enrolled at least half-time; however, New Jersey State Programs require students to enroll full time. Generally, financial aid awards are for an entire academic year with equal payments for the fall and spring semesters. These funds will be used to pay your bill to the University. Students whose financial aid awards exceed that which is owed to the University will receive a refund check for the difference. Our Bursar’s (Billing) Office will notify you when refund checks are available.

Applying for Federal Aid

To apply for federal aid, students must annually file the Free Application for Federal Student Aid (FAFSA) along with federal tax returns, if applicable, by logging onto www.fafsa.ed.gov.

- File the FAFSA annually beginning January 1 to June 30 of the next calendar year.
  - CMRSU’s deadline is April 1 annually (priority review is March 1)
  - Be certain to list Rowan University’s School Code: 002609

- Your FAFSA PIN is required to electronically sign your application. If you do not already have a PIN or you cannot remember it from a previous year, log onto www.pin.ed.gov before you complete your electronic application. Be sure to keep the PIN in a safe location for future reference.
Accepting Financial Aid

The Federal Unsubsidized Stafford Direct Loan is automatically accepted on your behalf when you file your Free Application for Federal Student Aid (FAFSA). However, if you wish to reduce or decline the loan, you must submit a loan change request to the CMSRU Financial Aid Office. Students need to review the financial aid assistance that is being offered and can decide to reduce or decline the Federal Unsubsidized Stafford Direct Loan amount. The Federal Unsubsidized Stafford Direct Loan begins to accrue interest immediately upon disbursement until it is repaid in full. Check with the Financial Aid Office for the interest rate. A credit check is NOT required and loan processing fees may be charged. Please read your Master Promissory Note-MPN for loan specifics.

NOTE: Borrowing stipulations surrounding loan interest rates, processing fees and other loan provisions are subject to change annually by the federal government. Students should carefully read their Master Promissory Note-MPN.

Applying for Additional Funding

If additional funding is required in excess of the Federal Unsubsidized Stafford Direct Loan, students must submit a Budget Form to the CMSRU Financial Aid Office (submission via email scan is preferred). Students can choose to borrow a Federal Graduate Plus Direct Loan or a Private/Alternative Education Loan. Please view the Association of American Medical Colleges (AAMC) website for things to consider when deciding on borrowing federal vs. private/alternative loan funding.

The Federal Graduate Plus Direct Loan is available to Graduate and Professional students. A credit check is required and loan processing fees may be charged. Please read your MPN for loan specifics. Check with the Financial Aid Office for the interest rate. Contact the Direct Loan Applicant Services Center at (800) 557-7394 for questions/concerns.

NOTE: Feel free to hand-deliver, mail, fax 856-361-2841 or email scan the form to financialaid@coopermed.rowan.edu. Students must confirm receipt of all forms submitted to the CMSRU Financial Aid Office.

Step 1: Print, complete and submit a Budget Form to the CMSRU Financial Aid Office. NOTE: Feel free to hand-deliver, mail, fax 856-361-2841 or email scan the form to financialaid@coopermed.rowan.edu. Students must confirm receipt of all forms submitted to the CMSRU Financial Aid Office.

Step 2: Complete the electronic Federal Graduate Plus Direct Loan application and Federal Graduate Plus Direct Loan Master Promissory Note-MPN by logging onto www.studentloans.gov (DO NOT COMPLETE THIS STEP PRIOR TO JUNE OF THE YEAR YOU PLAN TO ENROLL)

Or

A Private/Alternative Education Loan interest rate is typically variable/adjustable and is determined by a credit score; however, please verify with your preferred lender. Students can apply with any lender. Borrowers need to carefully consider these loans, as they vary widely from lender to lender. A credit check is required and loan processing fees may be charged. To apply, please follow the below steps:

Step 1: Students must decide the amount to borrow by utilizing the CMSRU Budget Form and submit the form to the CMSRU Financial Aid Office. Students must also submit the Private/Alternative Education Loan Understanding Form.

Step 2: Apply for a Private/Alternative Education Loan with any lender you see fit (a credit check decision should be provided). Rowan University provides a list of alternative loan lenders as a service to its student body. Rowan University does not endorse any particular lender. (DO NOT COMPLETE THIS STEP PRIOR TO JUNE OF THE YEAR YOU PLAN TO ENROLL)
Step 3: Borrowers must submit the Private Loan Self-Certification Form directly to their private/alternative loan lender and complete the Master Promissory Note-MPN. If your credit check is approved, your lender will forward a certification request to the Financial Aid Office and it will be completed and returned to your lender.

NOTE: Students must decide: 1) how much to borrow; 2) choose a lender; 3) choose repayment options as well as review additional factors specific to each lender regarding in-school deferment and extended repayment options. Once private/alternative education loan funding arrives, our staff will not increase that loan. If additional funding is needed, the borrower must submit a new application through the private/alternative lender directly. Additionally, we certify loan requests on a first come, first serve basis. In the event we receive multiple requests for alternative loans for the same student, only the first application received will be certified.

Please view the Association of American Medical Colleges (AAMC) website for things to consider when deciding on borrowing federal vs. private/alternative loan funding.

Financial Aid Requirements

All first time direct loan borrowers at CMSRU must complete entrance counseling and sign a Master Promissory Note (MPN) for the Federal Unsubsidized Stafford Direct Loan. Not doing so will prevent financial aid funding from disbursing. In order to complete the financial aid requirements, students will need a Federal Student Aid PIN (if a student does not have a Federal Student Aid PIN, he/she can visit www.pin.ed.gov). Direct Loan Entrance Counseling explains the obligations borrowers agree to meet as a condition of receiving a Direct Loan and quizzes borrowers about their understanding of those obligations. A promissory note is a legal document that once signed by the borrower (the student and/or the Graduate Plus Direct Loan Co-signer, if needed), legally requires the borrower to repay the loan according to the terms and repayment provisions of the loan. Students should complete the promissory note as soon as possible. This is done at the federal government website: www.studentloans.gov. In most cases, once students have submitted the MPN and it has been accepted, students will not have to complete another MPN for future direct loans for up to 10 years. (DO NOT COMPLETE THESE STEPS PRIOR TO JUNE OF THE YEAR YOU PLAN TO ENROLL)

Financial Aid and Your Term Bill

All bills are paperless and can be accessed via Rowan Self-Service. Students should receive an email notification to their Rowan email account from the Billing Office once bills are able to be viewed. Bills will be due around the first week of every term. Payment plan options are available and can be setup via Rowan Self-Service.

Two billing statements will be issued: the first balance will be due at the beginning of the fall term and the second balance will be due at the beginning of the spring term.

Two financial aid disbursements will be issued: Half of your financial aid award package will disburse (minus any applicable loan processing fees) for the fall term and the other half during the spring term. Fall term funding will disburse 10 days before the fall term begins and spring term funding will disburse before winter break begins (sometime in December). Applicable student refunds will be processed once funding is received.

Your financial aid is first used to pay your tuition, fees and other expenses to the University (ex: Rowan University health insurance). Any remaining funds will be issued as a refund. Setting up a direct deposit account is recommended for faster receipt of refunds. However, if direct deposit is not set up, a paper check will be mailed via the United States Postal Service to your home. Direct deposit can be setup via Rowan Self-Service.

Satisfactory Academic Progress (SAP)
In order to receive federal financial aid, students must demonstrate Satisfactory Academic Progress (SAP) toward the attainment of their medical degree. If a student is not in good academic standing as outlined in the Student Handbook, the student may become ineligible for federal financial aid until the student is back in good academic standing. Eligibility for continued federal financial aid is determined by the Financial Aid Committee. The Academic Standing Committee will inform the Financial Aid Committee about the student’s academic standing. SAP will be reviewed at the end of every academic year. Detailed information about academic progress is outlined in the Student Handbook.
G L O S S A R Y

**Capitalization**: An increase in the principal balance of a loan that occurs when a lender adds the accrued interest to the outstanding principal balance.

**Default**: Failure of a borrower to make payments when due or to meet other terms of the promissory note.

**Deferment**: This provision allows you to temporarily stop loan payments; however, approval must be granted by your loan servicer/biller. The government will continue to pay the interest on subsidized loans; however, interest will continue to accrue on all other loans.

**Direct Loan Entrance Counseling**: Explains the obligations borrowers agree to meet as a condition of receiving a Direct Loan and quizzes borrowers about their understanding of those obligations.

**Federal Graduate Plus Direct Loan**: A credit based loan for graduate and professional students. PLUS loans help pay for education expenses up to the cost of attendance minus all other financial assistance. Interest is charged from the point of disbursement until it is repaid in full. PLUS loans have a fixed interest rate of 7.9%.

**Federal Stafford Direct Loans**: Are low-interest loans (a credit check is not required) for eligible students to help cover the cost of higher education. Federal Stafford Direct Loans include the following types of loans:

- **Direct Subsidized Stafford Loan**: The Direct Subsidized Loan is for students with financial need. Each institution determines the amount students can borrow. Students are not charged interest while they are in school at least half-time and during grace periods or deferment. **Effective July 1, 2012, the government will no longer offer the Federal Subsidized Stafford Direct Loan to Graduate and Professional students.**

- **Direct Unsubsidized Stafford Loan**: Even students who do not demonstrate financial need can borrow from the Unsubsidized Loan. Like subsidized loans, your school will determine the amount you can borrow. Interest accrues (accumulates) on an unsubsidized loan from the time it is disbursed until it is repaid in full. The student borrower can pay the interest while in school and during grace periods and deferment or forbearance periods, or he/she can allow it to accrue and be capitalized (meaning it will be added to the principal amount of your loan and interest will accrue off the new principal amount). If you choose not to pay the interest as it accrues, this will increase the total amount you have to repay because you will be charged interest on a higher principal amount.

**Forbearance**: This provision allows borrowers to temporarily stop loan payments; however, approval must be granted by the borrower’s loan servicer/biller. Interest will continue to accrue on all loans.

**Grace**: Period before repayment when borrowers are not required to make payments. The government will continue to pay the interest on subsidized loans (unless borrowers previously utilized their grace period—confirm this with your loan servicer/biller). Interest will continue to accrue on all other loans.

**Loan**: A loan is borrowed funding that must be repaid.

*The total loan funding amount will not be the amount that disburses to Rowan University’s Bursar/Billing Office. Borrowers are responsible for federal loan processing fee amounts charged by the loan servicer off each disbursement. If you opt to borrow a Private/Alternative Education Loan instead of a federal loan, please verify with your private lender (borrow from any private*
lender of your choice) whether or not loan processing fees will be charged. Be certain to READ YOUR MPN (Master Promissory Note).

Two financial aid disbursements will occur: the first disbursement will occur at the beginning of the fall term and the second disbursement will occur at the beginning of the spring term.

Loan Consolidation: Combining outstanding loans into one single loan with one monthly payment. You will have more time to pay off debt, but in all likelihood, the total cost will be higher.

Master Promissory Note (MPN): A promissory note is a legal document that once signed by the borrower (the student and/or the Graduate Plus Direct Loan Co-signer, if needed), legally requires the borrower to repay the loan according to the terms and repayment provisions of the loan. The MPN lists the conditions of the loan and the terms under which the loan is to be paid back. It includes information on how interest is calculated and what deferment and cancellation provisions are available to the borrower. Direct educational loan promissory notes are “master promissory notes.” A MPN is a promissory note that can be used to make one or more loans for the one or more academic years (up to 10 years); once signed a MPN can be applied to multiple loans over multiple years. Currently, there are two types of MPNs in the Direct Loan Program: one for the Federal Subsidized and/or Unsubsidized Stafford Direct Loans and another for Federal Graduate Plus Direct Loan.

Scholarship: A scholarship is free funding that does not have to be repaid. Additional requirements may need to be completed in order for the scholarship to disburse to your account; however, scholarship recipients will be notified.