



Cooper Medical School of Rowan University

Faculty Handbook



This Handbook contains current policies and regulations of 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.

Table of Contents

Mission Statement.....	1
Vision.....	1
A Message from Dean Reboli.....	2
The Origins of Cooper Medical School of Rowan University.....	3
About Rowan University	4
About the Cooper Health System.....	5
CMSRU Leadership Team.....	6
Rowan University Board of Trustees.....	8
The Cooper Health System Board of Trustees.....	9
Academic Calendar 2023-2024.....	10
Our Locations.....	11
Our Medical Education Facility.....	11
Camden Campus	13
Medical Education Building	14
Cooper University Hospital	14
Joint Health Sciences Building	15
The Glassboro Campus of Rowan University.....	15
Public Safety	16
Anti-Discrimination Policy	17
Bylaws	34
Appointments and Promotions Policy.....	59
Faculty Appointments and Medical Student Supervision	91
Conflict of Interest in Commercial Support of CME Policy.....	92
Conflict of Interest in Research	99
Conflict of Private Interests of Faculty	130

Clinical Faculty Reappointment	136
Faculty Dismissal / Non-Reappointment Policy.....	137
Annual Review of Faculty Policy	139
Biomedical Sciences Tenure Document	143
Rowan University Tenure and Recontracting MOA.....	154
Rowan University Employed Faculty Policies & Procedures.....	158
Student Selection Policy	161
The Medical Education Program	166
CMSRU Medical Education Program Objectives.....	167
Curriculum Overview	180
Phase 1: Foundation and Integration – Years 1 and 2.....	180
Phase 1 Course Overview	182
Phase 2: Application, Exploration and Advancement – Years 3 and 4.....	193
Phase 2 Course Overview	195
Three Year Primary Care Track (PC3)	199
PC3 Program Structure	200
Compendium of Student Policies	202

All policies and procedures in this manual are subject to revision at any time.

Mission Statement

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

Our core values include a commitment to: diversity, equity and inclusion, mentorship, professionalism, patient advocacy, wellness, the communities we serve, and scholarship.

Vision

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

A Message from Dean Reboli



Dear CMSRU faculty member,

Welcome to the Faculty of the Cooper Medical School of Rowan University! Your commitment to our school is one of tremendous importance to our students and the residents of Camden and New Jersey, and, I hope, a great source of pride for you.

Teaching the next generation of physicians is a unique privilege, but one that comes with great responsibility. We must impart knowledge of biomedical science and medicine while nurturing our students' strengths and modeling professionalism and humanism. We have had tremendous success already with consistent Match rates above the national average, including achieving 100 percent in 2019 and 2020.

In addition to the traditional opportunities to be involved in medical education, CMSRU provides the unique chance to mentor students as they complete their Capstone Scholarly Projects or their Service Learning commitments. As a school with a mission to serve our community, our students must complete 40 hours of non-health care related volunteer work to help our neighbors in the city. This program has been a tremendous source of pride and inspiration for students and faculty, alike, even earning CMSRU the 2019 Spencer Foreman Award for Outstanding Community Engagement, the most prestigious award presented by the Association of American Medical Colleges to a medical school or academic medical center.

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

Sincerely,

A handwritten signature in black ink that reads "Annette C. Reboli, M.D." The signature is written in a cursive, flowing style.

Annette C. Reboli, MD
Dean and Professor of Medicine

The Origins of Cooper Medical School of Rowan University



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

For more about CMSRU: <http://cmsru.rowan.edu/about/facts/>

About Rowan University



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

More information about Rowan University can be found on the [About Rowan](#) page of the Rowan University website.

About the Cooper Health System



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

More information about the Cooper Health System can be found on the [About Us](#) page of the Cooper University Health Care website.

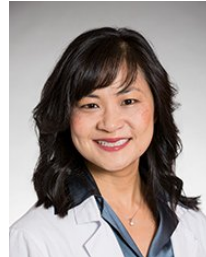
CMSRU Leadership Team



Dean
Annette C. Reboli, MD
reboli@rowan.edu



Senior Associate Dean for Admissions
William Kocher, MD
rejeft@rowan.edu



Associate Dean for Faculty Affairs
Rose Kim, MD, MEdHP
kimr@rowan.edu



Senior Associate Dean for Professional Formation & Health Humanities
Douglas Reifler, MD
reifler@rowan.edu



Associate Dean for Clinical Affairs
Anthony Mazzarelli, MD, JD, MBE
mazzarelli-anthony@cooperhealth.edu



Senior Associate Dean for Medical Education
Jocelyn Mitchell-Williams, MD, PhD
williamsjo@rowan.edu



Associate Dean for Diversity & Community Affairs
Guy Hewlett, MD
hewlett@rowan.edu



Associate Dean for Professional Development
Lawrence S. Weisberg, MD
weisberg@rowan.edu



Associate Dean for Student Affairs Erin Pukenas, MD
pukenas@rowan.edu



Associate Dean for Graduate Medical Education

Amit Joshi, MD
joshiam@cooperhealth.edu



Assistant Dean for Curriculum – Phase 1

Sangita Phadtare, PhD
phadtare@rowan.edu



Associate Dean for Program Development & Continuous Quality Improvement

Alisa Peet, MD
peet@rowan.edu



Assistant Dean for Curriculum – Phase 2

Sundip Patel, MD
patel-sundip@cooperhealth.edu



Assistant Dean for Research Head, Biomedical Sciences Department

Darren Boehning, PhD
boehning@rowan.edu



Assistant Dean for Admissions

Nirandra Mahamitra, MD
mahamitra@rowan.edu



Assistant Dean for Clinical Affairs

John Porter, MD
porter-john@cooperhealth.edu



Assistant Dean for Graduate Medical Education

Andrew Nyce, MD
nyce-drew@cooperhealth.edu



Assistant Dean for Student Affairs

Marion Lombardi, EdD
lombardim@rowan.edu



Assistant Dean for Simulation

Amanda Burden, MD
burdena@rowan.edu



Assistant Dean for Finance, Administration & Operations

Nicholas Stamatiades, MBA
stamatiades@rowan.edu



Assistant Dean for Assessment & Continuous Quality Improvement

Matthew Gentile, EdD
gentilmm@rowan.edu

Rowan University Board of Trustees

Rowan University operates under the laws of the State of New Jersey. The Board of Trustees of Rowan University is vested by law with the general supervision of the University within general policies and guidelines pursuant to NJSA 18A:64 et seq.

Some of the responsibilities of the trustees are to appoint the University president, to approve the educational curriculum and student services program, and to determine policies for the organization, administration, and development of the University.

Click here to view the Bylaws. https://sites.rowan.edu/president/docs/BOT_Bylaws.pdf

Click here to view the list of Rowan Trustees. <https://sites.rowan.edu/president/board-of-trustees/members.html>

The Cooper Health System Board of Trustees

The Board of Trustees of Cooper University Health Care is a committed group of carefully chosen community and professional leaders who have been entrusted with the major public responsibility and authority to preserve the Mission and Vision of Cooper; and ensure that comprehensive medical services are being delivered in a quality manner consistent with the needs of the South Jersey community.

Click here to view the list of Cooper Trustees. <https://www.cooperhealth.org/about-us/board-of-trustees>

Academic Calendar 2023-2024

June 26, 2023	Fall Term begins for M3
July 3, 2023	Fall Term begins for M4
August 7, 2023	Fall Term begins for M1 and M2 Students
September 4, 2023	Labor Day (No Classes)
September 8, 2023	White Coat Ceremony for Class of 2023 Fall Fall
December 15, 2023	Term Ends (all students)
December 18 - January 1	Winter Recess (No Classes)
January 2, 2024	Spring Term begins (all students)
January 15, 2024	Martin Luther King Day of Service
March 11-15, 2024	Match Week & SW Capstone Presentations for M4
April 1-5, 2024	Spring Recess (No Classes) for M1, M2
May 6 - 10, 2024	Graduation for Class of 2024
May 27, 2024	Memorial Day (No Classes)
May 31, 2024	Spring Term Ends for M1 and M2 students Spring
June 28, 2024	Term Ends for M3 students

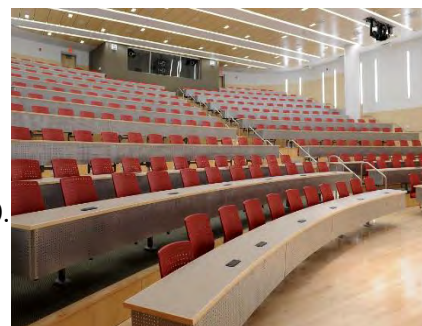
Our Locations

Our Medical Education Facility

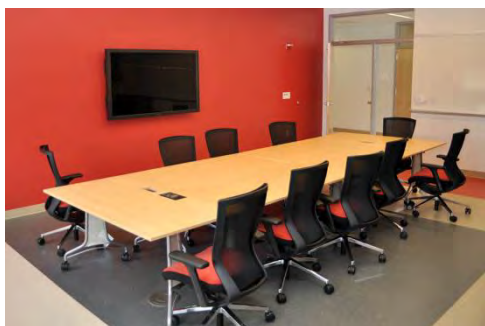


It is in the spirit of and driven by the CMSRU mission that the educational facilities for undergraduate medical education have been designed and built. Completed in July of 2012, the primary Medical Education Building (MEB), is a 200,000 sq. ft., six-story building designed to support the innovative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

There is one large auditorium with a seating capacity of 250. This will is used for lectures



and panel discussions that include the entire class or, occasionally, multiple classes. There is also a large multi-purpose room that seats 120 and can be divided into two separate smaller classrooms. On the 4th floor of the MEB is a large, multi-purpose lab (MPL) that is used for didactic and wet-lab sessions.



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

Outside each ALR are ten lockers for the students and faculty assigned to the space. Inside there are additional cabinets for use by the students. These rooms are used for formal educational sessions, small group discussion,

and, when formal classes are not scheduled, for quiet individual or small group study.

In addition to the educational spaces, the MEB houses the Dean’s offices and other medical school administrative space on the 3rd floor. The 4th and 5th floors 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 a casual space for studying, collaboration, and relaxation for students, faculty, and staff. Food service is located immediately adjacent to this area, providing beverages and food. The CMSRU Learning Commons Food and Beverage policy permits the bringing in and consumption of beverages from containers with lids and dry snack food items only. Any other food and beverages are not permitted in the Learning Commons. If a utensil is needed to consume the food it is not permitted in the library. Students may possess closed, concealed lunch bags/containers while utilizing the Learning Commons area, but are encouraged to eat on the second floor breezeway.

Examples of Acceptable Items:

- Beverage containers with lids, including pop-top cans. Lids should be kept on bottles and containers except when drinking.
- Individual “snack size” containers of chips, cookies, candy, and other snack foods; small amounts of finger foods (e.g., pretzels, chips, dried fruits and nuts); candy bars, granola bars, muffins), power bars, etc.; and other non-messy, individual snack foods.

Examples of Unacceptable Items:

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



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

The Sim Center faculty, staff, simulated/standardized patients (SPs) are all committed to helping our medical students develop their critical clinical skills. Students begin working in the Sim Center within the first few weeks of their M1 year and continue participating in simulation and clinical skills

activities through their M4 year. The educational programs include, but are not limited to physical exam and communication skills teaching sessions, formative and summative assessments with SPs and procedural teaching sessions and critical patient management case scenarios utilizing high fidelity simulation.

A Simulation Society offers students interested in simulation the opportunity to further explore the field.

Camden Campus



Medical Education Building



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

Address:

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

Cooper University Hospital



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

Address:

1 Cooper Plaza
Camden, NJ 08103

Joint Health Sciences Building



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

Address:

201 Broadway
Camden, NJ 08103

The Glassboro Campus of Rowan University



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

Address:

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

Public Safety



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

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

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



Cooper Medical School of Rowan University

POLICIES AND PROCEDURES

SECTION: Rowan University Diversity, Equity and Inclusion

SUBJECT: Anti-Discrimination Policy

ISSUE: December 16, 1999

REVISION DATE: October 4, 2019; June 26, 2020; July 19, 2023

INITIATED BY: Office of Diversity and Community Affairs, CMSRU

APPROVED BY:

Annette C. Reboli, M.D.

Annette C. Reboli M.D., Dean

CMSRU Adheres to the Rowan University Policy for Anti-Discrimination

I. Purpose

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

II. Accountability

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

III. Applicability

As a New Jersey state institution, Rowan University is subject to state legislation prohibiting discrimination, described more fully at N.J.A.C. 4A:7-3. This Policy, modeled after the New Jersey State Policy Prohibiting Discrimination in the Workplace, is applicable to all Rowan University employees, prospective employees and students bringing forth complaints against university employees for alleged discrimination.

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

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

IV. Definitions

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

Sexual Exploitation, Dating Violence, Domestic Violence, Stalking, and Sexual/Gender-Based Harassment.

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

V. Standard of Evidence

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

VI. Policy Statement

1. Protected Categories

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

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

2. Applicability

Prohibited discrimination/harassment undermines the integrity of the employment relationship, compromises equal employment opportunity, debilitates morale and interferes with work productivity. Thus, this policy applies to all employees and applicants for employment at Rowan University (CMSRU). Similarly, discrimination/harassment undermines the integrity of the educational relationship and compromises a student's ability to participate in and enjoy the benefits of the University's (CMSRU) education program. Thus, this policy also applies to student complaints alleging discrimination against University (CMSRU) employees, including

allegations of sexual misconduct that fall outside the definitional and jurisdictional requirements of Title IX. However, allegations of sexual harassment/sexual assault covered by Title IX will be addressed in accordance with the Title IX Sexual Harassment/Sexual Assault Policy.

The University (CMSRU) will not tolerate harassment or discrimination by anyone in the workplace or educational environment, including supervisors, co-workers, professors, adjunct faculty or persons doing business with the University (CMSRU), including vendors and third party consultants. This policy also applies to both conduct that occurs in the workplace or educational environment and conduct that occurs at any location which can be reasonably regarded as an extension of the workplace or educational environment (any field location, any off-site business-related social function, or any facility where Rowan University (CMSRU) business is being conducted and discussed). This policy further applies to posts on any social media site and/or electronic device, personal or business, which adversely affects the work or educational environments. At the University's discretion, this policy may also apply to conduct that occurs outside the workplace or educational environment, but has a direct impact on an individual's workplace or educational environment.

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

3. Prohibited Conduct

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

It is also a violation of this policy to use derogatory or demeaning references regarding a person's race, gender, age, religion, disability, affectional or sexual orientation, ethnic background, or any other protected category set forth above. A violation of this policy can occur even if there was no intent on the part of an individual to harass or demean another.

- b. Examples of behaviors that may constitute a violation of this policy include, but are not limited to:

- i. Discriminating against an individual with regard to terms and conditions of employment or education because of being in one or more of the protected categories referred to above;
- ii. Treating an individual differently because of the individual's race, color, national origin or other protected category, or because an individual has the physical, cultural or linguistic characteristics of a racial, religious, or other protected category;
- iii. Treating an individual differently because of marriage to, civil union to, domestic partnership with, or association with persons of a racial, religious or other protected category; or due to the individual's membership in or association with an organization identified with the interests of a certain racial, religious or other protected category; or because an individual's name, domestic partner's name, or spouse's name is associated with a certain racial, religious or other protected category;
- iv. Calling an individual by an unwanted nickname that refers to one or more of the above protected categories, or telling jokes pertaining to one or more protected categories;
- v. Using derogatory references with regard to any of the protected categories in any communication;
- vi. Engaging in threatening, intimidating, or hostile acts toward another individual in the workplace or educational environment because that individual belongs to, or is associated with, any of the protected categories; or
- vii. Displaying or distributing material (including electronic communications) in the workplace or educational environment that contains derogatory or demeaning language or images pertaining to any of the protected categories.

4. Romantic Relationships with University (CMSRU) Employees

- a. Romantic/sexual relationships that occur in the context of employment supervision or evaluation present special problems. These types of romantic/sexual relationships are especially vulnerable to exploitation due to the difference in power and the respect and trust that are often present between a supervisor and a subordinate, or a senior and junior colleague in the same unit. Therefore, the University strongly discourages romantic/sexual relationships between individuals where there is an imbalance of power where one individual is in a position to make decisions, which may affect the standing or employment or career of the other. A subordinate's "voluntary" participation in a romantic/sexual relationship with an individual in a position of power or authority does not alone demonstrate that the conduct was welcome. A supervisor's display of a romantic interest in a subordinate may constitute sexual harassment. Employees in romantic/sexual relationships must recuse themselves from decision making when the decisions at issue may have an impact, either direct or indirect, on the employee with whom they are romantically involved. Those in a position of power who engage in a romantic or sexual

relationship deemed unwelcome at any time by the other party may be in violation of this Policy and subject to investigation and possible disciplinary action.

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

5. Sexual Harassment

- a. It is a violation of this policy to engage in sexual (or gender-based) harassment of any kind, including hostile work environment harassment, quid pro quo harassment, or same-sex harassment. For the purposes of this policy, sexual harassment is defined, as in the Equal Employment Opportunity Commission Guidelines, as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when, for example:
 - i. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
 - ii. Submission to or rejection of such conduct by an individual is used as the basis for employment or educational decisions affecting such individual; or
 - iii. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

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

6. Student Responsibilities

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

7. Employee Responsibilities

Any employee who believes that she or he has been subjected to any form of prohibited discrimination/harassment, or who witnesses others being subjected to such discrimination/harassment, is encouraged to promptly report the incident(s) to a supervisor or directly to the Office of Employee Equity in Human Resources. (Complaint Form: Civil Service Employees – https://sites.rowan.edu/equity/docs/discrimination_complaint_form.pdf; non-Civil Service Employees – <https://sites.rowan.edu/equity/docs/policies/non-discrimination-complaint-form.pdf>). A person who wishes to take action about prohibited sexual physical contact can file a criminal complaint with law enforcement of the municipality where the

incident occurred. That person can also make a criminal report and a report to his/her or their supervisor or the Office of Employee Equity - the individual does not have to choose one or the other.

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

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

8. Supervisor Responsibilities

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

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

9. Dissemination

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

10. Complaint Process

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

The Office of Employee Equity in Human Resources is responsible for receiving and

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

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

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

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

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

11. Prohibition Against Retaliation

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

- iv. Imposing or threatening to impose disciplinary action on an employee or student for reasons other than legitimate business or educational reasons;
 - v. Ostracizing an employee or student (for example, excluding an employee or student from an activity or privilege offered or provided to all other employees or students); or
 - vi. Imposing a poor grade or evaluation of a student for other than legitimate educational reasons.
12. False Accusations and Information: The burden is on the complainant to articulate a sufficient nexus between the alleged conduct to a protected category pursuant to this policy. An employee who knowingly makes a false accusation of prohibited discrimination/harassment or knowingly provides false information in the course of an investigation of a complaint, may be subjected to administrative and/or disciplinary action, up to and including termination of employment. Similarly, a student who knowingly makes a false accusation of prohibited discrimination/harassment or knowingly provides false information in the course of an investigation of a complaint, may be subjected to discipline under the Student Code of Conduct. Complaints made in good faith, however, even if found to be unsubstantiated, shall not be considered a false accusation.
13. Confidentiality: All complaints and investigations shall be handled, to the extent possible, in a manner that will protect the privacy interests of those involved, and the University (CMSRU) will strive to prevent any unnecessary disruption to the work or educational environment. To the extent practical and appropriate under the circumstances, confidentiality shall be maintained throughout the investigatory process. In the course of an investigation, it may be necessary to discuss the claims with the person(s) against whom the complaint was filed and other persons who may have relevant knowledge or who have a legitimate need to know about the matter. In order to protect the integrity of the investigation, minimize the risk of retaliation against the individuals participating in the investigative process, and protect the important privacy interests of all concerned, all persons interviewed, including witnesses, shall be directed not to discuss any aspect of the investigation with others, unless there is a legitimate business reason to disclose such information. Failure to comply with this confidentiality directive may result in administrative and/or disciplinary action, up to and including termination of employment or student discipline in accord with the Student Code of Conduct.
14. Administrative and/or Disciplinary Action: Any employee found to have violated any portion or portions of this policy may be subject to appropriate administrative and/or disciplinary action which may include, but which shall not be limited to – referral for training, referral for counseling, written or verbal reprimand, suspension, reassignment, demotion or termination of employment. Referral to another appropriate authority for review for possible violation of State and Federal statutes may also be appropriate.
15. Training: Rowan University shall provide all new employees with training on the policy and procedures set forth in this section within a reasonable period of time after each new employee’s appointment date. Refresher training shall be provided to all employees, including supervisors, within a reasonable period of time. The University shall also provide

supervisors with training on a regular basis regarding their obligations and duties under the policy and regarding procedures set forth in this section. University (CMSRU) employees responsible for managing and investigating complaints of harassment or discrimination, shall receive additional training related to response to and prevention of sexual violence. Each such employee shall complete a refresher training course every three years.

VII. Procedures for Internal Discrimination/Harassment Complaints

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

- a. All employees, applicants for employment, and students have the right and are encouraged to immediately report suspected violations of the Rowan University (CMSRU) Policy Prohibiting Discrimination in the Workplace and Educational Environment (as adapted from N.J.A.C. 4A:7-3.1).
- b. Complaints of prohibited discrimination/harassment made by employees against employees should be reported to the Assistant Vice President of Employee Equity & Labor Relations and/or HR Investigation Manager in Human Resources, or to any supervisory employee of Rowan University (CMSRU). (Complaint Form: Civil Service Employees – https://sites.rowan.edu/equity/docs/discrimination_complaint_form.pdf; non-Civil Service Employees – <https://sites.rowan.edu/equity/docs/policies/non-discrimination-complaint-form.pdf>). Complaints of prohibited discrimination/harassment made by students against employees should be reported to the Associate Vice President of Diversity, Equity and Inclusion or the DEI Investigation Manager in the Division of Diversity, Equity and Inclusion. (Complaint Form: https://cm.maxient.com/reportingform.php?RowanUniv&layout_id=16).
- c. Every effort should be made to report complaints promptly. Delays in reporting may not only hinder a proper investigation, but may also unnecessarily subject the victim to continued prohibited conduct.
- d. Supervisory employees shall immediately report all alleged violations of the Rowan University (CMSRU) Policy Prohibiting Discrimination in the Workplace and Educational Environment. Complaints made by employees shall be reported to the Assistant Vice President of Employee Equity & Labor Relations and/or HR Investigation Manager in Human Resources. Complaints made by students shall be reported to the Associate Vice President of Diversity, Equity and Inclusion or DEI Investigation Manager in the Division of Diversity, Equity and Inclusion. Such a report shall include both alleged violations reported to a supervisor, and those alleged violations directly observed by the supervisor.
- e. If reporting a complaint to any of the persons set forth in paragraphs b. or d. above presents a conflict of interest, Civil Service employees can file the complaint directly with the Division of EEO/AA, P.O. Box 315, Trenton, NJ 08625, and non-Civil Service employees can file a complaint directly with the Associate Vice President of Human

- Resources. An example of such a conflict would be where the individual against whom the complaint is made is involved in the intake, investigative or decision-making process.
- f. In order to facilitate a prompt, thorough and impartial investigation, all employee complainants are encouraged to submit a Complaint Form, which can be found at: Civil Service Employees – https://sites.rowan.edu/equity/docs/discrimination_complaint_form.pdf; non-Civil Service Employees – <https://sites.rowan.edu/equity/docs/policies/non-discrimination-complaint-form.pdf>. <https://sites.rowan.edu/equity/docs/policies/non-discrimination-complaint-form.pdf>. Student complainants are encouraged to submit a Complaint Form, which can be found at https://cm.maxient.com/reportingform.php?RowanUniv&layout_id=16. An investigation may be conducted whether or not the form is completed.
 - g. To the extent required, Rowan University shall maintain a written record of the discrimination/harassment complaints received. Written records shall be maintained as confidential records to the extent practicable and appropriate. A copy of all complaints (regardless of the format in which submitted) must be submitted to the Civil Service Commission, Division of EEO/AA, by the University’s Office of Employee Equity, along with a copy of the acknowledgement letter(s) sent to the person(s) who filed the complaint and, if applicable, the complaint notification letter sent to the person(s) against whom the complaint has been filed, including the basis for the complaint and whether or not an investigation will be initiated. When a complaint on its face is insufficient to determine the nature and scope of the allegations, the Assistant Vice President of Employee Equity & Labor Relations (or designee) shall interview the person submitting the complaint for additional information to determine whether the allegations implicate this policy. If after conducting the interview of a complainant, the Assistant Vice President of Employee Equity & Labor Relations (or designee) determines that an investigation is not warranted, a letter shall be sent to the complainant explaining the basis for the decision not to investigate. If a written complaint has not been filed, the Office of Employee Equity must submit to the Division of EEO/AA a brief summary of the allegations that have been made. Copies of complaints filed with the New Jersey Division on Civil Rights, the U.S. Equal Employment Opportunity Commission, or in court also must be submitted to the Division of EEO/AA.
 - h. During the initial intake of a complaint, the representative of the Office of Employee Equity or representative from the Office of Student Equity & Compliance, or an authorized designee, will obtain information regarding the complaint, and determine if interim corrective measures are necessary to prevent continued violations of the Rowan University (CMSRU) Policy Prohibiting Discrimination in the Workplace and Educational Environment. Interim corrective actions include, but are not limited to:
 - i. Separation of parties;
 - ii. Removal of parties from the workplace or educational environment; and
 - iii. Involvement of law enforcement, when appropriate, for instances involving bodily harm or serious bodily harm.
 - i. At the discretion of the Assistant Vice President of Employee Equity & Labor Relations or Associate Vice President of Diversity, Equity and Inclusion (or designees), whichever

is applicable, a prompt, thorough, and impartial investigation into the alleged harassment or discrimination will take place. The complainant shall have the burden to articulate a sufficient nexus between the alleged conduct to a protected category pursuant to this policy.

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

- j. An investigatory report will be prepared by the Assistant Vice President of Employee Equity & Labor Relations or the Associate Vice President of Diversity, Equity and Inclusion, whichever is applicable, or his or her designee, when the investigation is completed. The report will include, at a minimum:
 - i. A summary of the complaint;
 - ii. A summary of the parties' positions;
 - iii. A summary of the facts developed through the investigation; and
 - iv. An analysis of the allegations and the factsThe investigatory report will be submitted to the Vice President of Human Resources (or his/her authorized designee), who will issue a final letter of determination to the parties.
- k. The Vice President of Human Resources (or his/her authorized designee) will review the investigatory report issued by the Assistant Vice President of Employee Equity & Labor Relations or the Associate Vice President of Diversity, Equity and Inclusion, whichever is applicable, or his or her authorized designee, and make a determination as to whether the allegation of a violation of the Rowan University Policy Prohibiting Discrimination in the Workplace and Educational Environment has been substantiated. If a violation has occurred, and the respondent is a management employee, the Vice President of Human Resources (or his/her authorized designee) will determine appropriate corrective measures necessary to immediately remedy the violation. If a violation has occurred, and the respondent is a union and/or non-management employee, the Vice President of Human Resources (or his/her authorized designee) will refer the matter to the Assistant Vice President of Employee Equity & Labor Relations to determine the appropriate corrective measures necessary to immediately remedy the violation.
- l. The Vice President of Human Resources (or his/her authorized designee) will issue a final letter of determination to both the complainant(s) and the person(s) against whom the complaint was filed, setting forth the results of the investigation and the right of appeal as set forth in the Paragraphs below. To the extent possible, the privacy of all parties involved in the process shall be maintained in the final letter of determination. The Civil Service Commission, Division of EEO/AA shall be furnished with a copy of the final letter of determination.
 - i. The letter shall include, at a minimum:

1. A brief summary of the parties' positions;
 2. A brief summary of the facts developed during the investigation; and
 3. An explanation of the determination, which shall include whether:
 - a. The allegations were either substantiated or not substantiated; and
 - b. A violation of the Rowan University Policy Prohibiting Discrimination in the Workplace and Educational Environment did or did not occur.
- ii. The investigation of a complaint shall be completed and a final letter of determination shall be issued no later than 120 days after the initial intake of the complaint is completed.
 - iii. The time for completion of the investigation and issuance of the final letter of determination may be extended by Rowan University for up to 60 additional days in cases involving exceptional circumstances. When applicable, the Office of Employee Equity shall provide the Division of EEO/AA and all parties with written notice of any extension and shall include in the notice an explanation of the exceptional circumstances supporting the extension.
- m. A complainant who is in the career, unclassified or senior executive service, or who is an applicant for employment, who disagrees with the determination of the Vice President of Human Resources (or his/her authorized designee), may submit a written appeal to the New Jersey Civil Service Commission ("NJCS"), Division of Merit System Practices and Labor Relations, Written Record Appeals Unit, P.O. Box 312, Trenton, NJ 08625-0312, postmarked or delivered within 20 days of the receipt of the determination from the Vice President of Human Resources (or his/her authorized designee). The appeal shall be in writing and include all materials presented by the complainant at the University level, the final letter of determination, the reason for the appeal and the specific relief requested. Please be advised that there is a fee for appeals. Please include a check or money order along with the appeal, payable to NJCSC. Persons receiving public assistance and those qualifying for NJCSC Veterans Preference are exempt from this fee.
- i. Civil Service employees filing appeals which raise issues for which there is another specific appeal procedure must utilize those procedures. The Civil Service Commission may require any appeal, which raises issues of alleged discrimination and other issues, such as examination appeals, to be processed using the procedures set forth in this section or a combination of procedures as the Commission deems appropriate. See N.J.A.C. 4A:2-1.7.
 - ii. If an appeal under this policy raises issues concerning the employee not receiving an advancement appointment, the Commission shall decide those issues in the course of its determination.
 - iii. The Civil Service Commission shall decide the appeal on a review of the written record or such other proceeding as it deems appropriate. See N.J.A.C. 4A:2-1.1(d).
 - iv. The appellant shall have the burden of proof in all discrimination appeals brought before the Civil Service Commission.

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

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

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

VIII. External Agencies

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

Division on Civil Rights

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

The DCR may be contacted at:

www.njCivilRights.gov or
1-833-NJDCR4U (833-653-2748)

The Regional Offices are located:

Northern Regional Office

31 Clinton Street, 3rd Floor
Newark, NJ 07102
973-648-2700

Central Regional Office

140 East Front Street: 6th Floor
PO Box 090
Trenton, NJ 08625
609-292-4605

Southern Regional Office

5 Executive Campus, Suite 107
Cherry Hill, NJ 08034
856-486-4080

South Shore Regional Office
1325 Boardwalk, 1st Floor
Tennessee Ave & Boardwalk
Atlantic City, NJ 08401
609-441-3100

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

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

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

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

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

IX. References

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



BYLAWS

COOPER MEDICAL SCHOOL OF ROWAN UNIVERSITY

September 2023

February 2011
Revised September 2012
Revised July 2013
Revised October 2013
Revised June 2015
Revised November 2017
Revised December 2019
Revised November 2020
Revised July 2022

Table of Contents

I. Preamble.....	4
II. Our Mission	4
III. Our Vision	4
IV. Diversity Statement.....	4
V. Prevailing Authority of University Policies.....	4
VI. The Medical School.....	5
VII. CMSRU Leadership.....	5
7.1 Responsibilities of the Dean of CMSRU	5
7.2 Responsibilities of the Associate Deans of CMSRU.....	5
VIII. The Departments	7
8.1 Academic Departments.....	7
8.2 Responsibilities of the Departments	7
8.3 Departmental Leadership.....	8
IX. The Faculty	9
9.1 CMSRU Faculty.....	9
X. Faculty Responsibilities	10
10.1 Duties and Powers of Faculty	10
XI. Organizational Structure	11
11.1 Medical School Board.....	11
11.2 CMSRU Administration.....	12
11.3 Executive Council.....	12
11.4 The Executive Cabinet.....	13
11.5 The Faculty Assembly	13
XII. Faculty Officers	14
12.1 Officers.....	14
12.2 The President	14
12.3 The Vice President.....	14
12.4 The Secretary.....	14
12.5 Election of Officers	15
XIII. Committees.....	15
13.1 Membership.....	15
13.2 Academic Standing Committee	16
13.3 Admissions Committee.....	17
13.4 Advisory Committee on Appointments and Promotions.....	18
13.5 Continuing Medical Education Committee	18
13.6 Curriculum Committee	18

13.7	Faculty Development Committee	19
13.8	Hearing Body for Student Rights	19
13.9	Nominations and Elections Committee	20
13.10	Research Committee	20
13.11	Rules of Procedure Committee	20
13.12	Strategic Planning Committee	21
13.13	Committee on Diversity and the Learning Environment	21
13.14	Conflict of Interest Committee	22
13.15	Research Ethics Committee	22
13.16	Library and Informatics Committee	22
13.17	Committee for a Positive Learning Environment	23
13.18	Continuous Quality Improvement Committee	24
13.19	Ad Hoc Committees	24
XIV.	Faculty Meetings	24
14.1	Annual Faculty Assembly Meeting	24
14.2	Other Meetings	24
14.3	Proxy Votes	24
XV.	Rules of Order	24
XVI.	Amendment Procedures	25

I. Preamble

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

II. Our Mission

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

Our core values include a commitment to: diversity, equity and inclusion, mentorship, professionalism, patient advocacy, wellness, the communities we serve, and scholarship.

III. Our Vision

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

IV. Diversity Statement

Cooper Medical School of Rowan University (CMSRU) is committed to providing an academic and work environment that respects the contributions, talent, and diverse experiences of all of our students, faculty, and staff. Our core values include a commitment to diversity, equity, and inclusion; patient advocacy; and the care of the underserved. We embrace the philosophy that excellence in medical education, research, and clinical practice is best achieved through promoting diversity and maintaining an academic and work environment free of discrimination. We pledge to build and sustain a learning community where diversity is celebrated, and to foster access to medical education to learners from all segments of society. We consider inclusivity to be a responsibility of everyone in our learning environment. It is our goal to create an academic environment that is welcoming and respectful of diversity of all.

V. Prevailing Authority of University Policies

The term “University Policies” shall refer to (1) any action, resolution, or policy of the Rowan University Board of Trustees, or (2) any action or policy of the President of Rowan University taken within his (her) authority, or (3) any administrative policy or procedure that may be adopted pursuant to the authority granted by the Board of Trustees or by the President.

In the event of any conflict or contradiction between these bylaws or any action taken under the authority of these bylaws, on the one hand, and any University Policy now in effect or adopted in the future, on the other hand, then the pertinent provision or provision of these bylaws or the action taken pursuant thereto shall be superseded by the pertinent University Policy.

VI. The Medical School

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

VII. CMSRU Leadership

7.1 Responsibilities of the Dean of CMSRU

The Dean of the Medical School (the principal academic and administrative officer of the Medical School), reporting directly to the President of Rowan, is the principal manager of the School, with broad responsibility to provide leadership in medical education and scholarly activity. The Dean may delegate responsibility to the other deans. The Dean shall be responsible for all aspects of academic affairs of the Medical School and shall have supervisory authority over the departmental chairs and faculty with respect to academic and Medical School related matters. He or she will maintain all Medical School faculty files, including all recommendations regarding faculty actions, teaching, research and other professional responsibilities related to undergraduate medical education.

The Dean shall evaluate and make recommendations regarding space and equipment needs of the Medical School and shall supervise any and all interdisciplinary academic endeavors between discreet medical disciplines and/or between discreet medical disciplines and non-medical but related disciplines at Rowan or other institutions. He or she shall recommend the hiring of Basic Science Faculty members and shall participate in the manner specified herein with respect to the hiring of Clinical Faculty; supervise the faculty and Medical School administrative staff; collaborate with the faculty as they refine the curriculum; exercise managerial supervision over the educational and faculty research programs; prepare and submit for approval by the President and Board of Trustees of Rowan and then administer the Medical School capital and operational budgets; supervise the advertising/marketing/recruitment campaigns; provide stewardship over the assets of the Medical School and provide such other functions and undertake such responsibilities normally associated with a medical school Dean, as well as those functions and responsibilities set forth in the Affiliation Agreement between Rowan University and Cooper University Health Care (CUHC) . The Dean has authority over the allocation of all resources of CMSRU, subject to approval by the President and Board of Trustees of Rowan University.

With respect to Clinical Faculty employed by CUHC who provide educational services to the Medical School, the Dean shall consult with the departmental chairs and the Chief Physician Executive of CUHC in the making of Clinical Faculty assignments and shall review and undertake evaluations of the Clinical Faculty member's academic performance related to undergraduate medical education. He or she shall have ready access to the President of Rowan and the President and CEO of CUHC and to other officers of Rowan and CUHC as is necessary to fulfill his or her on-going and/or emergent responsibilities.

7.2 Responsibilities of the Associate Deans of CMSRU

The Senior Associate Dean for Medical Education oversees all aspects of the undergraduate medical education program at CMSRU, the Clinical Skills and Simulation Center, and the Medical Library. The Associate Dean for Medical Education serves as the administrative staff and an ex-officio member of the Curriculum Committee and the Academic Standing Committee and is responsible to

staff and provide support for all subcommittees of the Curriculum Committee. The Associate Dean for Medical Education administers the production and quality assurance of the Medical Student Performance Evaluation (MSPE) for all CMSRU medical students, as well as reviews the academic performance records of all medical students.

The Senior Associate Dean of Admissions is responsible for the oversight and management of the staff and all activities related to, but not limited to, the Office of Admissions and the process of student recruitment. The Associate Dean for Admissions works closely with other deans, faculty, and professional staff of CMSRU, Cooper University Healthcare, and Rowan University to achieve maximal outcomes through shared expertise. The Associate Dean of Admissions will also serve as a liaison between CMSRU and outside institutions, as necessary, to facilitate the admissions process.

The Senior Associate Dean for Professional Formation and Medical Humanities oversees curricular, extracurricular, and organizational structural elements of CMSRU that foster humanistic professional formation and ongoing professional development of medical students, residents, and practicing physicians. Working closely with the Associate Dean for Professional Development, the Senior Associate Dean supports strategic planning for the Center for Humanism and the creation of venues that use humanities and other resources to foster reflective, psychologically supportive learning and practice environments.

The Associate Dean for Diversity and Community Affairs leads strategic diversity efforts to advance CMSRU's mission and vision; collaborates with key educational and community constituencies to develop and carry out initiatives that contribute to the achievement of diversity goals, contributes to the recruitment, retention and career goals of diverse faculty, staff, and students; and supports the overarching goals of CMSRU faculty, staff, students, and academic leaders to enhance the CMSRU education and community programs for diversity, cultural competency, and health equity. The Associate Dean for Diversity and Community Affairs leads the CMSRU Diversity Council efforts to coordinate school-wide diversity and inclusion initiatives and also serves as a member of the Rowan University Diversity, Equity and Inclusion Council to help facilitate coordination of system-wide diversity and inclusion best practices.

The Associate Dean for Research serves as the chief officer responsible for promoting investigator-initiated scholarship within the faculty. The Associate Dean for Research facilitates basic science, translational, clinical, and epidemiological population research within the school and in conjunction with other research institutions, as well as directs the faculty in planning and securing resources, evaluating and implementing activities for the research program, and managing the procurement of funds. The Associate Dean for research also serves as a School representative both internally and externally and actively participates in various Institutional planning, implementing, and evaluating research activities.

The Associate Dean for Faculty Affairs oversees the operations of the Office of Faculty Affairs; in their role, the Associate Dean for Faculty Affairs serves as a liaison for all CMSRU appointed faculty to meet and exceed the educational goals of CMSRU, as well as promote professional development. The responsibilities of the Associate Dean for Faculty Affairs include management and oversight of faculty development programming; faculty appointment and promotions; selection of faculty for CMSRU standing committees; faculty recruitment for administrative, teaching and advisory roles; and service as ex-officio on several standing committees at CMSRU.

The Associate Dean for Professional Development supports the faculty in developing and disseminating curriculum and practices related to humanism, professionalism, medical ethics and law. The Associate Dean for Professional Development coordinates activities of the Center for Humanism and works collaboratively with the other deans of CMSRU, the DIO, the residency

program directors, the faculty, and CUHC senior administration to ensure a positive learning environment.

The Associate Dean for Clinical Affairs oversees the clinical affiliations including between CMSRU and CUHC, specifically ensuring that the educational mission of CMSRU is fulfilled within the context of clinical activities at CUHC.

The Associate Dean for Student Affairs oversees all aspects of student support services, including financial aid administrative services, student health and wellness, registrar services, disabilities and accommodations, Title IX compliance and reporting, and student career advising and mentorship. The Associate Dean for Student Affairs applies CMSRU's strategic vision for the residency matching processes annually. They are responsible for the implementation and execution of student policies and procedures. The Associate Dean for Student Affairs serves as ex-officio on the Committee on Diversity in the Learning Environment and the Committee for a Positive Learning Environment.

The Associate Dean for Graduate Medical Education (GME) oversees the GME enterprise that is co-sponsored by CMSRU and Cooper University Healthcare. They report directly to the Dean of CMSRU with a dotted-line to the Chief Physician Executive. The Associate Dean for GME works with the Assistant Dean for GME, the Designated Institutional Official, the Vice-President for Education & Research, and the Chair of the Graduate Medical Education Committee to ensure that GME training at CUHC is compliant with ACGME accreditation requirements.

The Associate Dean for Program Development and Continuous Quality Improvement (CQI) at CMSRU is responsible for oversight of the development of new programs at CMSRU. They support program initiatives and ensure all new programs align with strategic planning and the mission of CMSRU. In addition, they work with the Assistant Dean of Assessment and CQI, and the assessment team to provide oversight of CQI and ensure CQI methods are implemented across all medical education programs to meet or exceed accreditation standards. They provide the Dean, curricular deans, and course/clerkship directors with a summary and analysis of student performance and evaluations and provide support in any needed improvement plans.

VIII. The Departments

8.1 Academic Departments

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

8.2 Responsibilities of the Departments

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

to the Chair a specific personnel action. If the departmental Appointments and Promotions Committee recommends a faculty member for appointment or promotion, the faculty member will then be evaluated by the Medical School Appointments and Promotions Committee.

8.3 Departmental Leadership

Administrative Head and Elected In-Unit Chair, Department of Biomedical Sciences

A. Recruitment

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

The In-Unit Department Chair shall be elected by the biomedical sciences faculty in accordance with the Council and AFT 2373 Local Master Agreement.

B. Role of Administrative Head and In-Unit Chair

The Council and Local 2373 recognize that Rowan has the right to hire non-union Administrative Heads, which share many functions with Assistant Deans, and whose duties shall be determined by management, provided that Administrative Heads shall not be assigned work which has been normally and regularly assigned to members of the bargaining unit. The Council and Local 2373 recognize that final decision making authority concerning hiring, discipline, budgeting, and the allocation of Department resources is vested in the Dean, which may be delegated to the Assistant Dean and/or Administrative Head.

The Elected In-Unit Chairperson 1) is the primary liaison between Department faculty and the Dean or his/her designee, which may include an Administrative Head, regarding all matters of faculty concern, 2) leads the department in interdisciplinary pursuits and interdepartmental cooperation, oversees departmental personnel committees, monitors compliance with the AFT agreement concerning promotion and reappointment, and 3) has primary responsibility for the development of faculty schedules subject to availability of space and resources as provided by the Dean or designee and subject to final approval based on same by the Dean.

C. Evaluation of Performance of the Administrative Head and Elected In-Unit Chair of the Department of Biomedical Sciences

There will be an annual evaluation of performance performed by the Dean for both the Administrative Head and Elected In-Unit Chair. The Dean may designate the Administrative Head to perform the annual review of the Elected In-Unit Chair.

A review of performance of the Administrative Head shall be performed prior to consideration for renewal of the appointment by a committee appointed by the Dean and having representation from both CUHC and Rowan with the intention that the review will be conducted sufficiently far in advance of the renewal date so that the individual being reviewed has at least one year prior notice that he or she will not be reappointed for an additional term. The Head may be reappointed without limitation, upon the advice of the Dean to the President of Rowan, followed by reappointment

action by the Board of Trustees of Rowan, upon the affirmative recommendation of the President of Rowan.

Clinical Departmental Chairs

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

A. Recruitment for Clinical Departmental Chairs/Chiefs of Service

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

B. Evaluation of Performance of Clinical Departmental Chair/Chief of Service

There will be an annual evaluation of performance with respect to medical school activities performed by the Dean. Review of performance of the Clinical Departmental Chairs/Chiefs of Service shall be performed prior to consideration for renewal of the appointment by a committee having representation from Rowan and CUHC and the members of which are appointed by the Dean of the Medical School and the Chief Physician Executive of CUHC or their designees, with the intention that the review will be conducted sufficiently far in advance of the renewal date so that the individual being reviewed has at least one year prior notice that he or she will not be reappointed for an additional term. A Clinical Department Chair may be reappointed without limitation, upon the advice of the Dean to the President of Rowan followed by reappointment action by the Board of Trustees of Rowan, upon the affirmative recommendation of the President of Rowan and with concurrence of the CUHC Board of Trustees.

The Chair/Chief shall have a dual reporting relationship. The Department Chair/Chief shall report directly to the Dean with respect to all of his or her responsibilities related to service as an Academic Department Chair and to the Chief Physician Executive of CUHC with regard to matters related to medical service and patient care. The Dean and Chief Physician Executive shall collaborate with regard to the overall evaluation, and make joint recommendations for appropriate personnel action.

IX. The Faculty

9.1 CMSRU Faculty

A. Medical School Faculty

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

CMSRU faculty members are appointed following the guidelines set forth in the *CMSRU Appointments & Promotions Policy*. Full time faculty status is designated to faculty employed by Rowan University or CUHC. As outlined in the *CMSRU Affiliation Agreement by and between Rowan University and Cooper Health System*, all CUHC employed faculty maintain their faculty status coterminous with employment. Employed faculty who devote time for medical student and/or resident education, clinical care, and/or research activities are eligible for appointment to full academic rank. Part-time faculty status is designated to CUHC chief residents and fellows who play a key role in the training of CMSRU medical students while on clinical rotations at CUHC. Volunteer faculty status is designated for those faculty members whose professional services are only partially conducted in facilities of the medical school or its affiliates; volunteer faculty are not employed by the medical school, University or CUHC and are not compensated by CMSRU for their activities at CMSRU.

B. Basic Science Faculty

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

C. Contract Terms for Members of the Basic Sciences Faculty

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

D. Clinical Faculty

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

X. Faculty Responsibilities

10.1 Duties and Powers of the Faculty

The Faculty may transmit through the Dean, its views on Medical School issues affecting the

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

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

XI. Organizational Structure

11.1 Medical School Board (MSB)

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

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

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

The MSB shall be responsible for:

1. Reviewing and advising upon the annual budget for the Medical School prepared by the Dean
2. Submitting its comments through the Dean and President of Rowan to the Rowan Board of Trustees for approval
3. Monitoring the operations of the Medical School
4. Reviewing strategic and business plans
5. Monitoring the execution of the educational curriculum developed through collaboration of the Medical School faculty and the Dean
6. Reviewing policies for the organization, administration and development of the Medical School for approval, where appropriate or required, by the Rowan Board of Trustees and; performing such other functions as may be delegated to it from time to time by the Rowan Board of Trustees.

11.2 CMSRU Administration

A. The Dean is the chief academic and administrative officer of the school and is responsible for the development, approval, and implementation of its policies. The Dean may appoint other

deans, such as Vice Dean, senior associate, associate, and assistant deans, to assist in discharging these duties, subject to the approval of the President and Board of Trustees of Rowan University.

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

11.3 Executive Council

A. The Executive Council shall consist of the Dean, the Chief Physician Executive of CUHC, the Departmental Chairs, the Administrative Head of BMS, and the President and Past-President of the Faculty Assembly. Other deans may be invited to report at and/or participate in meetings at the request of the Dean.

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

Committee; and other related matters relevant to the Medical School.

B. The Executive Council shall be chaired by the Dean and ordinarily shall meet on a monthly basis to discuss all matters brought before it by any of its members, standing committees of the Medical School, or the Faculty Assembly.

C. The Executive Council shall, by majority vote, make recommendations to or advise the Dean. Members of the Executive Council unable to attend a meeting shall designate, in writing to the Dean, alternates from the faculty to represent them and vote on their behalf at that meeting, or designate a proxy from the Executive Council to vote on their behalf.

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

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

11.4 The Executive Cabinet

A. The Executive Cabinet shall be composed of the deans and select directors of the Medical School.

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

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

11.5 The Faculty Assembly

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

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

C. The Executive Committee of the Faculty Assembly shall consist of three basic scientists and three clinicians that are elected by the basic science and clinical faculty, respectively. This Committee will provide balance in representation of clinical faculty and the basic sciences.

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

XII. Faculty Officers

12.1 Officers

- A. The officers of the Faculty Assembly shall consist of a President, a Vice President, and a Secretary chosen by vote of the faculty.
- B. The Vice President will be considered the President-elect subject to approval by vote of the faculty.
- C. The President will rotate from being a clinical faculty member to a basic science faculty member every 3 years.
- D. During the time that the President is a clinical faculty member the Vice President will be a basic science faculty member and vice-versa.
- E. After completing their term, the President will serve as Past-President for 3 years and will remain a member of the CMSRU Executive Council.

12.2 The President

- A. The President of the Faculty Assembly shall preside at all meetings of the Faculty Assembly except as noted below.
- B. The President may attend any medical school committee meeting as a non-voting member but may vote to break a tie.
- C. The President may appoint ad hoc committees of the Faculty Assembly, subject to approval by the Dean.
- D. The President shall serve for a term of three years. If the president is unable to complete the term, the vice president shall assume the office and remain in that office for the remainder of the current term.

12.3 The Vice President

- A. The Vice President of the Faculty Assembly shall preside at meetings of the Faculty Assembly in the President's absence.
- B. The Vice President shall serve for a term of three years. A vacancy in the office of Vice President shall be filled through a special election of the Faculty Assembly held within 90 days of the vacancy.

12.4 The Secretary

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

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

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

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

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

F. The Secretary shall serve for a term of three years. A vacancy in the office of secretary shall be filled through a special election held within 90 days.

12.5 Election of Officers

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

XIII. Committees

The standing committees named below shall have responsibilities in the areas designated. These committees shall be permanent. Except where otherwise specified, resolutions may be passed by a majority of those present at meetings as long as at least 50% of the total voting members of the committee are present. Votes via conference call, virtual meeting and email are allowed. Policies of any committee are open to review and approval by a majority vote of the Faculty Assembly. Actions of standing committees shall, at all times, be governed by modified Robert's Rules of Order, Latest Edition, except as otherwise specified in this document. All committees except for the Admissions, Academic Standing, and Curriculum committees are considered as advisory to the Dean.

A. The Dean shall appoint Chairs and Vice Chairs of all Medical School committees.

B. All Chairs and Vice Chairs of committees will have vote unless otherwise noted. Ex officio members who are administrators will not have vote, but will have voice.

C. Chairs will be reviewed and renewed annually by the Dean.

D. Unless noted otherwise, members will serve a 3-year term with the ability to be reappointed for one additional term. An exception is that the Dean can grant members additional terms in the case of no nominations to fill the position.

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

13.1 Membership

In general, half of the members of each committee shall be elected by the faculty and half shall be appointed by the Dean. All elections and appointments to the standing committees, unless

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

- A. No person, with the exception of the Dean, shall serve as chair of more than one standing committee at any one time. In the case of committees having the requirement that all members must come from different departments, a faculty member holding joint appointments may serve as the representative of the secondary department with the approval of the Chair of that department.
- B. Other ad hoc committees or subcommittees may be added by the Dean, the Faculty Assembly, or the various standing committees. None of such committees shall have powers exceeding those of its parent body, and they may be dissolved or reconstituted at any time by the parent body.
- C. Committees may, at their discretion, invite subject matter experts to attend meetings on an ad hoc basis to further the work of the committee. Invitation as a subject matter expert does not confer voting privileges or committee membership.
- D. All students serving on Standing Committees must be in good academic standing as defined in the Student Activities policy.
- E. All faculty members on Standing Committees must have completed at least one full year as a CMSRU faculty member prior to submitting their name for consideration to serve on a Standing Committee. Exception to this requirement will be consideration for highly experienced new CMSRU faculty.
- F. The Proceedings of all Standing Committees are confidential unless stated otherwise.
- G. Meetings shall be convened by the Chair. If the Chair cannot attend a meeting, the Vice Chair or Chair designee will convene the meeting.

13.2 Academic Standing Committee

A. The Academic Standing Committee shall be established to consider matters of academic standing of medical students. This Committee shall have the responsibility to monitor and designate the academic status of all students in the M.D. curriculum of CMSRU, and to formulate and publish, on behalf of the faculty, the academic rules and regulations that provide the guidelines under which the Committee functions.

B. The Academic Standing Committee shall have the responsibility to:

- 1) determine that students have satisfactorily met the requirements of each academic year in the M.D. curriculum;

- 2) recommend to the faculty the candidates for the M.D. degree;
- 3) consider individual requests for exceptions to the existing Grading, Promotions and Appeals Policy;
- 4) determine whether students are to be placed on academic probation or academic suspension.
- 5) recommend the dismissal of a medical student to the Dean.

Written notifications of actions of the committee are sent to the Dean and the Office of Medical Education.

C. The Academic Standing Committee shall consist of eight faculty members plus a Chair and Vice Chair. Four members are elected and four members are appointed by the Dean. There will be two alternate members. The Associate Dean for Medical Education or designee shall serve as an ex officio member. When members are absent or resign from the committee, the alternate members will fill in as voting members.

D. Meetings shall be convened by the Chair. If the Chair cannot attend a meeting, the Vice Chair will convene the meeting.

E. Meetings shall be scheduled twice per year with additional meetings called by the Chair when necessary. An electronic meeting may substitute for a face-to-face meeting at the discretion of the Chair and the Associate Dean for Medical Education or designee.

F. Students have the right to appeal serious adverse actions of the Academic Standing Committee to an ad hoc Committee of Student Appeals. The ad hoc Committee of Student Appeals is composed of five members of the faculty who are not advisory college directors, members of the Academic Standing Committee or the Curriculum Committee.

13.3 Admissions Committee

A. The Admissions Committee shall have the responsibility of applying the requirements for admission to the M.D. program of CMSRU on behalf of the faculty. The Committee shall decide which of the candidates meeting these requirements shall be admitted. An annual Admissions Committee report shall be presented to the faculty at a regularly scheduled meeting of the faculty. The Admissions Committee will be made up of 24 faculty members: twelve will be elected by the faculty and twelve appointed by the Dean, 4 community members (appointed by the Dean), and 4 student members (2 elected and 2 appointed by the Dean). The total community members shall be four. Only a maximum of 2 community members can vote at a meeting. New student members will be selected each year from the rising M3 class to serve a term of two years. The total number of student members shall be four. Only a maximum of 2 students can vote at a meeting. The Senior Associate Dean for Admissions, The Assistant Dean for Admissions, the Director of Admissions, and the Associate Dean for Diversity and Community Affairs shall be ex officio members without vote.

B. Meetings shall be convened by the Chair. If the Chair cannot attend a meeting, the Vice-Chair will convene the meeting.

C. Blinded interviewers will include faculty members selected by their respective Departmental Chairs. The number of faculty blinded interviewers required from each Department will be proportional to the total number of faculty members within that Department. M3 and M4 students may also serve as blinded interviewers, and are selected by the Associate Dean for

Admissions. Student interviewers must be in good academic standing as outlined in the Student Activities policy.

13.4 Advisory Committee on Appointments and Promotions

The Advisory Committee on Appointments and Promotions shall have the responsibility of advising the Dean as to appointments, reappointments, and promotions that have already been approved by the respective Departmental Chair or Departmental Appointments and Promotions Committee. The Dean shall obtain the advice of this Committee in these matters. Appointment to or promotion of the faculty to full academic rank above the rank of instructor must be reviewed by this Committee with no delegation of its responsibility. The Committee shall also review and make recommendations for the designations of emeritus faculty, Rowan lecturer track faculty, and affiliate instructors. The Committee shall establish written guidelines for the awarding of each academic rank with the approval of a majority of the faculty membership. The Committee may, on its own initiative, make suggestions as to personnel matters to the Dean.

A. The Advisory Committee on Appointments and Promotions shall consist of 12 members. The Associate Dean for Faculty Affairs or their designee shall serve as an ex officio member without vote except when required to break a tie. All members must be professors or associate professors. Since committee members must become subject matter experts in appointment and promotion policies and procedures of CMSRU, the term of office shall be four years, except where the member serves in an ex officio capacity which may involve a shorter or longer term.

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

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

13.5 Continuing Medical Education Committee

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

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

13.6 Curriculum Committee

A. The Curriculum Committee shall develop, review and establish policies regarding the curriculum for the M.D. degree and shall develop standards for the evaluation of that educational program for CMSRU. The Curriculum Committee oversees the medical education program as a whole and has responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.

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

C. The Curriculum Committee shall consist of seven elected faculty members, seven appointed faculty members, and two students (representing each phase of the curriculum). The students shall be elected by their student colleagues from among the M2 students to represent Phase 1 and from among the M3 students to represent Phase 2. The Dean will appoint the Chair for the Curriculum Committee, who will not vote, unless there is a tie. The deans and directors for Medical Education, and the Associate Dean for Admissions, or their designee shall be ex officio members. The elected Chair of Biomedical Sciences shall serve as an ex officio member, but with vote.

D. The Curriculum Committee shall meet at least eight times during the academic year. The Dean shall be invited to attend at least one meeting. A review of each course and clerkship shall be conducted annually; Phase I and II shall be reviewed every two years; the entire 4- year curriculum shall be reviewed every 5 years.

E. The subcommittees of the Curriculum Committee include:

- i. Phase 1 Foundation and Integration
- ii. Phase 1 Exam Question Review
- iii. Phase 2 Application, Exploration and Advancement
- iv. Assessment
- v. Active Learning Group (ALG) Case Review
- vi. Phase 1 Review
- vii. Phase 2 Review

Members and chairs of the subcommittees are appointed by the Associate Dean for Medical Education. The subcommittees function as working groups for the Curriculum Committee and all business is reported to the Curriculum Committee for decision.

13.7 Faculty Development Committee

A. The Faculty Development Committee shall have the responsibility of planning educational activities for the professional and personal development of the faculty of CMSRU. The committee will develop programming that will meet the needs of the medical school as well as the Graduate Medical Education (GME) programs at CUHC.

B. The committee will be comprised of eight faculty members (four of which shall be elected by the faculty and four of which shall be appointed by the Dean). The Associate Dean for Diversity, the Associate Dean for Faculty Affairs and the Assistant Dean for GME or their designee shall be ex officio members. The Director of Faculty Affairs shall serve as staff to the committee.

C. Meetings will be held quarterly and as needed.

13.8 Hearing Body for Student Rights

A. The Hearing Body for Student Rights shall have the responsibility for hearing allegations of matters of professionalism for students, not related to a course or a clerkship, upon referral from the Director of Professionalism. The Hearing Body for Student Rights recommends whether or not to uphold the decision of the Director of Professionalism. Their recommendation goes to the executive cabinet whose decision is binding. In addition, the Hearing Body for Student Rights shall hear appeals of decisions impacting individual students made by committees working under the supervision of the Office of Student Affairs. Their recommendation goes to the executive cabinet whose decision is binding.

B. The Hearing Body for Student Rights shall consist of eleven members. Six members shall be from the faculty (three members elected and three members appointed by the Dean); two Phase 2 student members through election by their peers at the M3 level; and the M4 president of student government shall serve as a member. The CMSRU Ombudsman and one member of the Office of Student Affairs administration shall serve as ex officio members. All student members must be in good academic standing as outlined in the Student Activities policy. The term of office shall be three years with elected faculty serving a maximum of two consecutive terms except where the member serves as an ex officio member. Students will serve a term of two years, the M4 SGA president shall serve one year.

C. Meetings shall be convened by the Chair, on request of the Dean, by the Director of Professionalism, by the Chief Student Affairs Officer, or any member of the Committee.

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

13.9 Nominations and Elections Committee

A. The Nominations and Elections Committee shall have the responsibility of developing a slate of candidates for all faculty elections.

B. The Nominations and Elections Committee shall consist of 6 members. All members shall hold full academic rank. The Secretary of the Faculty shall be a member ex officio with vote. Committee members must be a CMSRU faculty member for at least three years in order to be eligible to serve on this committee.

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

13.10 Research Committee

A. The Research Committee shall have the responsibility of encouraging and strategically coordinating research activities by faculty and students and of advising the Dean on matters of general policy related to research. The Research Committee will lead in the new phase of CMSRU in which increased emphasis will be placed upon biomedical research.

B. The Research Committee shall consist of eight members (four faculty shall be elected by the faculty and 4 faculty shall be appointed by the Dean) and the Associate Dean for Research and Assistant Dean for Research shall serve as ex officio members. The Committee shall meet at least twice a year and additional meetings may be convened by the Dean or Chair.

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

13.11 Rules of Procedure Committee

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

measures to the Dean and the faculty, except for policies and procedures codified in the Affiliation Agreement between Rowan University and CUHC.

B. The Rules of Procedure Committee shall consist of six (6) members. The Secretary of the Faculty Assembly shall be an ex officio member with vote; the Associate Dean for Faculty Affairs or their designee shall be an ex officio member without vote. A person may serve as Chair of this Committee a maximum of six consecutive years. Meetings shall be convened by the Chair, the Dean, or on request of any member including the Secretary.

C. The Chair of this committee will receive a list of all committees and membership/chairs at the start of each academic year and updates as necessary so as he/she can ensure that there is a balanced representation among faculty.

13.12 Strategic Planning Committee

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

A. The Strategic Planning Committee shall consist of the Dean of CMSRU, the associate and assistant deans of CMSRU, a representative from administration of CUHC, a representative of Rowan University's administrative leadership, the President of the Faculty Assembly, two clinical departmental chairs elected by the departmental chairs, the elected Chair and the Administrative Head of BMS, and a member of the MSB appointed by the MSB.

B. The term of office shall be five years, except where the member serves in an ex officio capacity. Members may serve a maximum of two consecutive terms. The Dean or his/her designee shall chair this Committee.

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

13.13 Committee on Diversity and the Learning Environment

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

A. The committee shall be composed of sixteen members including a dean from medical education, the Associate Dean for Graduate Medical Education or their designee, the Associate Dean for Student Affairs or their designee, the Associate Dean for Diversity and Community Affairs or their designee, a representative from the Rowan Division of Diversity, Equity and Inclusion (DEI), a Phase 1 and Phase 2 student representative elected by the students, a student representative from the Diversity Council, a resident representative from the GME diversity

council, a community representative, and six faculty members (three elected and three of these appointed by the Dean). The term shall be three years with staggered terms. Members may serve a maximum of two consecutive terms.

B. Meetings shall be convened at least quarterly.

13.14 Conflict of Interest Committee

A. The Conflict of Interest (COI) Committee shall develop, review, and make policy recommendations regarding conflicts of interest. Through these policies, the COI committee will help guide physician and non-physician CMSRU faculty and students regarding human or animal subject research, patient care at CMSRU-sponsored clinical care sites as well as potential conflicts surrounding education, consulting, purchasing, external relationships and industry relations. The Committee will develop guidelines regarding the disclosure of potential conflicts of interest by the CMSRU faculty to their students when applicable to their teaching responsibilities. The Committee will be responsible for the education of CMSRU students regarding the impact industry marketing may have on physician practice, and how industry may influence the regulation and marketing of drugs, devices, and services.

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

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

13.15 Research Ethics Committee

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

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

13.16 Library and Informatics Committee

A. The Library and Informatics Committee shall be a joint committee of CMSRU and CUHC. It shall make recommendations to the Dean and the Chief Physician Executive of CUHC concerning library policies including ensuring balanced services across the areas of teaching,

research, and patient care; and addressing potential new library initiatives. It shall advise the Dean and make recommendations concerning information technology services including academic technology research and support; software and media research and support; and support for effective pedagogy.

B. The Library and Informatics Committee shall consist of 14 members including two medical student members elected by the medical students (one representing Phase 1 of the curriculum and one representing Phase 2 of the curriculum), one resident/fellow and one alternate appointed by GME leadership, four faculty members (two elected by the faculty, one appointed by the Chief Physician Executive, and one appointed by the Dean), and six ex officio members including the Director of the Library, the Director of Informatics, and one representative from each of the following: one from the CME Department, one from Nursing and Allied Health, one from Performance Improvement, and one applications analyst from the IT Department. All members will be voting members. The term of office shall be three years, except where the member serves in an ex officio capacity or the representative is a student. Members may serve a maximum of two consecutive terms.

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

13.17 Committee for a Positive Learning Environment

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

B. The Committee shall consist of 13 members including four faculty members, four medical student members (one M2 student representing Phase 1; one M3 student and one M4 student representing Phase 2; one M3 student alternate shall be appointed by the Dean), a student support services representative, a CUHC Patient Care Services representative, a resident physician/fellow and an alternate appointed by the CUHC DIO, and the DIO representing GME. The Associate Dean for Student Affairs or designee, the Associate Dean for Faculty Affairs or designee, and the Student Wellness Specialist shall serve as ex officio members.

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

13.18 Continuous Quality Improvement (CQI) Committee

A. The CQI Committee is charged with the responsibility of monitoring and evaluating all aspects of CMSRU programs. The committee will oversee the collection of data, will review the data, report results, and advise the Dean regarding recommendations for improvements/actions and ongoing monitoring. The committee is responsible for informing the individuals/leaders/ groups responsible for programs of any issues and advise and support them in improving and resolving these deficiencies. The committee will provide timely updates to the Dean and present findings to CMSRU Executive Council and Executive Cabinet as appropriate.

B. The CQI Committee shall be composed of 13 members including four faculty members (two of which shall be elected by the faculty and two of which shall be appointed by the Dean), three students (M2, M3 and M4 student government vice presidents), the Associate Dean for Program Development and CQI, the Assistant Dean for Assessment and CQI, the Faculty Accreditation Lead, the Director of Assessment, the Senior Associate Dean for Medical Education or their designee, and the Associate Dean for Student Affairs, or their designee. Deans and

Directors shall serve as ex-officio members with vote.

C. The committee will meet quarterly, with additional meetings as necessary.

13.19 Ad Hoc Committees

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

XIV. Faculty Meetings

14.1 Annual Faculty Assembly Meeting

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

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

14.2 Other Meetings

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

14.3 Proxy Votes

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

XV. Rules of Order

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

XVI. Amendment Procedures

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



FACULTY APPOINTMENTS AND PROMOTIONS

Cooper Medical School of Rowan University

May 2022

Revised: April 2016
November 2017
May 2019
October 2020

Clinical Faculty Promotion Calendar

Action Taken	No Later Than
All faculty with the intent to apply for promotion indicate their intent in writing to the Departmental Chair and the CMSRU Dean.	August 1
Faculty submit evaluator names at required rank to the Departmental A&P Committee.	September 15
Faculty submit required forms, documents, teaching portfolio and dossier to the Departmental A&P Committee. All letters of recommendation are requested by the Departmental Chair.	October 15
Departmental Committee concludes work and provides their recommendation to the Departmental Chair and CMSRU Dean, and, if affirmative, the documents are submitted to the CMSRU Advisory Committee on Appointments and Promotions.	December 1
The CMSRU Advisory Committee on Appointments and Promotions concludes work and transmits recommendations to the CMSRU Dean, who then forwards affirmative action to the President of Rowan University.	April 1
The Board of Trustees of Rowan University acts on promotion recommendations at regularly scheduled meeting.	June

Biomedical Sciences Faculty (BMS) Promotion Calendar

Action Taken	No Later Than
At CMSRU, BMS faculty with the intent to apply for promotion indicate their intent in writing to the Departmental Chair, Administrative Head and CMSRU Dean.	August 1
For Rowan University, all candidates must notify the Provost's Office (with a cc: to Departmental Head and CMSRU Dean) of intention to apply for promotion via email by 5:00pm.	October 15
Candidates for full professor submit three (3) names of possible external evaluators to Department Promotions Committee and CMSRU Dean. Departmental Committee and CMSRU Dean approve names within two (2) weeks of submission.	November 1
External evaluator's assessment is received and shared with candidate and Committee	January 5
Promotion candidate submits promotion materials to the Departmental Committee.	January 15

The CMSRU Advisory Committee on Appointments and Promotions functions as the BMS faculty’s “College Promotion Committee” (equivalent college-level body at Rowan University). The Departmental Committee concludes work and transmits materials (includes main promotion packet, as well as supplemental file) to the CMSRU Advisory Committee on Appointments and Promotions (*the Candidate should be provided with the Departmental Committee’s evaluation 48 hours before the due date so that the candidate may provide a response to the Departmental Committee’s evaluation*).

February 1

CMSRU Advisory Committee on Appointments and Promotions concludes its work and transmits material to the CMSRU Dean and EITHER a) the Senate Office (in cases of split or negative college votes) OR b) the Provost (in cases of unanimous positive assessments). *Folders should include candidate response if provided.*

March 1

At Rowan, University Senate Promotion Committee concludes work and transmits recommendations to Provost.

April 1

At CMSRU, the Dean concludes work.

April 1

At Rowan, Provost concludes work.

May 1

At Rowan, President/Designee concludes work.

June 1

At Rowan, Board of Trustees acts on promotion recommendations at regularly scheduled meeting

June

Outline/Table of Contents

Preamble

1.0 Guiding Principles

Faculty Responsibilities, Academic Rank, and Evaluation Criteria

2.0 Defining the Roles and Responsibilities of Faculty

2.1 Teaching Effectiveness

2.2 Scholarly Activity

2.21 Research

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

2.4 Contribution to the Wider and Professional Community

2.5 Balancing Faculty Scholarship

2.51 Teaching effectiveness, scholarly activity, contribution to university community, and contribution to the wider and professional community

2.52 Individual faculty may engage in these expressions of scholarly activity in different degrees and intensities

3.0 Rationale and Definitions of Ranks

3.1 Rationale for Faculty Appointment

3.2 Rationale for Faculty Promotion

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

3.31 Instructor

3.32 Assistant Professor

3.33 Associate Professor

3.34 Professor

3.4 Appointments and Promotions in Alternate Pathways

3.41 Scholarship of Practice & Teaching Pathway for Clinical Faculty

3.42 Lecturer Pathway for Basic Science Faculty

3.43 Affiliate Pathway for Allied Health Professionals

3.44 Other Requirements and Letters of Recommendation

3.5 Joint and Secondary Appointments

3.6 Modified (Qualified) Academic Rank

3.7 Faculty Reappointment

Procedures

- 4.0 Procedures for Promotion
 - 4.1 Candidates apply for promotion
 - 4.11 Submitting a letter of intent to the departmental chair and the Dean
 - 4.12 Submitting a summary of accomplishments, names of evaluators as required by rank, and teaching and/or research portfolios
 - 4.2 The template for a teaching portfolio
 - 4.21 Data relevant to teaching activities
 - 4.22 Evidence of teaching effectiveness
 - 4.23 Information concerning additional teaching or educational activities
 - 4.3 The Department
 - 4.31 Responsibilities of the academic department in the promotion of faculty
 - 4.32 Departmental Evaluation/Committee
 - 4.33 Faculty Education on Appointments and Promotions
 - 4.34 Promotion folder preparation
 - 4.35 Departmental Appointments and Promotions Committee decisions
 - 4.4 The Advisory Committee on Appointments and Promotions
 - 4.41 Composition of the Advisory Committee on Appointments and Promotions
 - 4.42 Convening of the committee meetings
 - 4.43 Report of results of deliberations
 - 4.5 Role of the Advisory Committee on Appointments and Promotions
 - 4.51 Review the departmental Promotion Committee's recommendation and evaluate the applicant's qualifications for promotion
 - 4.52 Conduct a personal interview with the applicant if necessary
 - 4.53 Vote on the applicant's request for promotion
 - 4.54 Favorable recommendation
 - 4.55 Unfavorable recommendation
 - 4.6 The Dean
 - 4.61 Review the committee recommendations
 - 4.62 Meet with the applicant if necessary
 - 4.63 Conduct a thorough and substantive review of the applicant
 - 4.64 Forward recommendation to the President of RU (copies to candidate and the Departmental and Medical School Committee Chairs)
 - 4.7 The University Senate Promotion Committee
- 5.0 Role of the President
 - 5.1 Role of the President
 - 5.2 President considers recommendations of the Dean
- 6.0 Action by RU Board of Trustees
- 7.0 Notification of Action by Rowan University Board of Trustees

Preamble

1.0 Guiding Principles

- 1.1 Consistent with the policy of Rowan University, there will not be University, College, nor Department Committee allocations for faculty appointment or promotion.
- 1.2 Faculty members who satisfactorily meet the criteria and standards for appointment or promotion will be appointed, reappointed or promoted in accordance with established timelines.
- 1.3 The Medical School will provide resources to assist faculty members in their professional development.
- 1.4 Criteria for appointment or promotion to the ranks of assistant, associate and full professor will be clearly articulated and documented by the departments and approved by the CMSRU Dean and the President of Rowan University. The criteria should be rigorous yet attainable and empirically observable.
- 1.5 Promotion will be based upon demonstrated proficiency in Teaching Effectiveness, Scholarly Activity, Clinical Service (if applicable), Contribution to the Medical School, Hospital, and University Community, and Contribution to the Wider and Professional Community. The faculty member, in conjunction with the Department Chair or Division Head, will choose a designation that will be the equivalent of their distribution of effort (Clinician Educator, Clinician Investigator, Academic Educator, or Academic Investigator).
- 1.6 At the option of faculty, promotion from one professional rank to another may be guided by the professional development plans prepared by the individual faculty members and approved by their departments and the CMSRU Dean.
- 1.7 All new faculty members will be advised of the roles and responsibilities of faculty, standards and procedures for promotion and continuing professional development opportunities electronically through the following documents.
 - 1.71 CMSRU Faculty Bylaws (includes mission of Cooper Medical School of Rowan University)
 - 1.72 CMSRU Faculty Handbook
 - 1.73 CMSRU A&P Policy outlining standards, criteria, and procedures for faculty promotion
 - 1.74 CMSRU faculty website listing and regular electronic announcements of programs and opportunities available to faculty members to assist them in their continuing professional development
- 1.8 For purposes of promotion, evaluation of Teaching Effectiveness, Scholarly Activity, Contribution to the Medical School, Hospital, and University Community; and Contribution to the Wider and Professional Community, are the responsibility of both the individual faculty member and the academic department. Faculty members are expected to exhibit professionalism in all interactions with students, trainees, colleagues and staff in both academic and clinical settings. Additionally, faculty are required to adhere to the *AAMC's Compact Between Teachers and Learners of Medicine* as outlined in the

Compendium of Student Policies (also included in the CMSRU Faculty Handbook) and signed off on by each faculty member.

- 1.9 For BMS faculty, promotion guidelines and calendar as outlined in the Rowan University Faculty Promotion Memorandum of Agreement must be followed in addition to CMSRU criteria (consistent with LCME standards) outlined in this document.

2.0 **Defining the Roles and Responsibilities of Faculty**

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

2.1 Teaching Effectiveness

2.2 Scholarly Activity

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

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

2.4 Contribution to the Wider and Professional Community

2.5 Balancing Faculty Responsibilities

- 2.51 All faculty are expected to engage in Teaching Effectiveness; Scholarly Activity, Clinical Service (if applicable), Contribution to the Medical School, Hospital, and the University Community, and Contribution to the Wider and Professional Community.

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

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

- 2.522 The relative weight of Scholarly Activity in the promotion decision will be determined by designation of Academic Educator, Clinician Educator, Academic Investigator, or Clinician Investigator.

- 2.523 Contribution to the Medical School, the Hospital, and the University Community and Contribution to the Wider and Professional Community shall not be given more consideration than Scholarly Activity.

- 2.53 While different manifestations of Teaching Effectiveness, Scholarly Activity, Clinical Service (if applicable), Contribution to the Medical School, the Hospital, and the University Community, and Contribution to the Wider and Professional community may emanate from a single work or activity of a faculty member, identical work or activity of a faculty member should, for purposes of documentation for promotion, **not be counted in more than one category.**

3.0 Rationale and Definitions of Ranks

3.1 Rationale for Faculty Appointment and Reappointment

Faculty appointment is conferred to individuals who will contribute to medical student and/or resident teaching, contribute to the medical education program, demonstrate commitment to continued scholarship in support of the mission, and scholarly activity at CMSRU. The department head/chair will determine the rank, designation and pathway to which the candidate is nominated for appointment.

Full-time clinical faculty are expected to perform at least 50 hours of service to CMSRU in activities such as teaching, mentoring, and/or service on committees. All faculty are expected to participate in 5 hours of non-discipline specific faculty development annually. Clinical faculty reappointment will occur as outlined in section 3.7 below.

Rowan employed biomedical sciences faculty are expected to devote their time to teaching, scholarship and service to the medical school, university and wider community based on their individualized tenure & recontracting guidelines or lecturer track recontracting guidelines.

3.2 Rationale for Faculty Promotion

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

As faculty members move through their careers at CMSRU, we expect clear, detailed and continuing evidence of productivity as fully-engaged members of the medical school and the larger university community of scholars and professionals. Although the accomplishments that determined hiring rank will be part of any promotion review, a significant portion of achievements presented for promotion review is expected to occur while in service at CMSRU (Rowan University). For subsequent promotions, the expectation is significant evidence of continuing productivity.

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

Faculty of all ranks contribute to the CMSRU mission of medical education, research, patient care, and service to the community. To inspire ongoing excellence in the education, advising and mentoring of students, graduate students, residents, fellows and peers, to retain faculty, and to establish local, regional, national and international recognition and reputation, CMSRU provides promotional opportunity for medical school faculty to achieve the level of excellence defined by the promotional criteria. In

exceptional circumstances the promotion process for any rank may be accelerated. The CMSRU Dean's letter of appointment includes expectations in the relevant domains.

The four appointment designations within CMSRU are Academic Investigator (AI), Clinician Investigator (CI), Clinician Educator (CE), and Academic Educator (AE). These designations refer to the major focus of faculty effort.

The **Academic Investigator** dedicates the majority of their time as a faculty member in the area of independent and original investigation within the basic science realm.

The **Clinician Investigator** participates in some aspects of clinical service (patient care) and most of their faculty effort is in research which may be basic, translational, or clinical.

The **Clinician Educator** dedicates their faculty effort to clinical service and education of students, residents, and/or fellows.

The **Academic Educator** is a basic scientist who dedicates the major portion of their faculty effort in the area of education.

Criteria for appointments and promotions are essentially identical, except that candidates for new appointments are not required to present a teaching portfolio and requirements for internal letters for appointments are based on time and training at CMSRU and Cooper University Health Care (CUHC). Appointments are handled on an ongoing basis; promotions, depending upon whether for clinical or biomedical sciences faculty, will conform to the timetable on Pages 2 - 3.

General Criteria for Academic Investigators and Clinician Investigators

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

Teaching

- External peer-reviewed grants for education;
- Leadership of peer-reviewed training grants (P.I.);
- Peer-reviewed publications and books in the field of education;
- Development of new teaching methods;
- Creation of new and novel teaching materials (e.g., CDs, websites, manual skill aids);
- Leadership roles within and invited plenary presentations at national or international education meetings and societies;
- Outstanding student and resident teaching citations/awards;
- Editorship of scholarly journals;
- Development of new, accredited training programs;
- Program Director activities;
- Mentorship of students, graduate trainees, and peers; and
- Contributions to University/Medical School/CUHC teaching mission (e.g.,

curriculum and admissions committees, GME committees, academic affairs committee).

Research

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

programs and clinical trials, intellectual participation in research or clinical trial consortia); and

- Invited consultant and/or participant in research oversight committees (e.g., safety/data monitoring committees, FDA panels, site visit teams).

Academic Clinical Performance

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

- meetings;
- Establishment of peer recognized clinical practice that achieves national and/or international recognition in a focused area of expertise; and
- Demonstrable record of superior quality patient care in a focused area of expertise.

General Criteria for Clinician Educators and Academic Educators

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

Teaching

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

Scholarly Activity

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

Academic Clinical Performance

- Record of support for clinical service, demonstration projects, and clinical, translational or other research endeavors;
- Publication of peer-reviewed clinical, translational, or basic research;

- Development of innovative treatments, systems of healthcare delivery, or clinical programs;
- Membership in scholarly clinical societies;
- Leadership role in regional or national meetings and clinical societies;
- Participation in regional, national, or international professional meetings;
- Record of high quality patient care and establishment of a productive clinical practice in an academic setting;
- Establishment of a referral based clinical practice;
- Participation as a Board Examiner for recognized certification programs;
- Participation as a site visitor or consultant for academic and/or research entities; and
- Demonstrated effectiveness as a clinical mentor.

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

CMSRU faculty members are appointed as follows:

Full time faculty status is designated to faculty employed by Rowan University or CUHC. As outlined in the *CMSRU Affiliation Agreement by and between Rowan University and Cooper Health System*, all CUHC employed faculty maintain their faculty status coterminous with employment. Employed faculty who devote time for medical student and/or resident education, clinical care, and/or research activities are eligible for appointment to full academic rank.

Part-time faculty status is designated to CUHC chief residents and fellows who play a key role in the training of CMSRU medical students while on clinical rotations at CUHC.

Volunteer faculty status is designated for those faculty members whose professional services are only partially conducted in facilities of the medical school or its affiliates; volunteer faculty are not employed by the medical school, University or CUHC and are not compensated by CMSRU for their activities at CMSRU.

Faculty whose principal duties are involved with teaching and either clinical service, patient care, or research that is not sufficient to fulfill the requirements of the Tenure Track will be placed on the Non-Tenure Track. Such appointments are without tenure and do not constitute a probationary period for tenure.

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

For BMS faculty, per Rowan Recontracting and Tenure MOA and guidelines, Assistant Professor candidates applying for and conferred tenure by Rowan will automatically be promoted to the rank of Associate Professor on the first day of tenured service. Therefore, no promotion file or process will be required for these candidates. The CMSRU Appointments and Promotions Committee will not make recommendations concerning tenure. All other requests for promotion remain under the purview of the CMSRU Advisory Committee for Appointments and Promotions. As delineated in 1.9

above, BMS faculty will follow all applicable Rowan and CMSRU guidelines for promotion.

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

3.31 Clinical Instructor of (Department) (Non-Tenure Track title)

Chief Residents and Fellows of clinical departments may be given a junior faculty appointment, which is designated as “Clinical Instructor”. The Chief Resident or Fellow must complete a Clinical Instructor appointment package to be considered for this title. Upon completion of residency training or fellowship, the move from “Clinical Instructor” to the designation “Assistant Professor Pending Board Certification” or to the designation “Assistant Professor” is considered a change in rank, not a promotion. In that situation, the individual would need to submit an appointment (not a promotion) package, including 3 letters of recommendation.

3.31a Instructor of (Department) (Non-Tenure Track title)

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

In some instances, the CMSRU Dean may appoint a new teaching faculty member to the rank of Instructor to allow them to perform functions at CMSRU pertinent to teaching. For those faculty appointed to the rank of “Instructor” in order to expedite their ability to function as CMSRU faculty, the subsequent move from “Instructor” to the rank of “Assistant Professor” shall be considered a change in rank, not a promotion if submitted within 6 months of receiving expedited Instructor appointment. In that situation, the faculty member would need to submit an appointment (not a promotion) package, including 3 letters of recommendation.

It is customary for Clinical Faculty appointed at the Instructor level to be at rank for at least one full year prior to applying for promotion to Assistant Professor.

3.31b Assistant Professor Pending Board Certification (for Assistant Professor Candidates)

Individuals who are in the process of obtaining board certification (*e.g.*, have registered for their board examination and have a test date, but have not yet taken their examination; who are awaiting their board examination results; or who will be retaking their board examinations) may apply for a faculty appointment in this category. All of the requirements for appointment as Assistant Professor of (Department), detailed below, still apply except for board certification. Once an individual in this category has successfully achieved board certification and sent appropriate documentation (evidence of passing the board examination and

updated CV showing board certification date) to CMSRU, they will be appointed as an Assistant Professor of (Department) (if they continue to meet all requirements). Faculty from specialties that do not allow for board eligibility until independent clinical practice requirements are met may apply for appointment in this category. An individual may hold this rank for a maximum duration based on expected earliest time frame to achieve board certification in the specialty. Please see Appendix A for allowable time frame. Time spent in this status will count toward years in rank at the Assistant Professor level as long as board certification is achieved in the allowable time frame.

3.32 **Assistant Professor of (Department)**

- Board certification (as judged appropriate by the proposing department);
- Evidence of scholarly activity demonstrating academic potential (e.g., peer-reviewed publications,(including abstracts), participation in programs of hypothesis-driven research, clinical achievement in a focused specialty/sub-specialty); and
- Excellence in training, teaching, and advising of undergraduate, medical and graduate students, residents, clinical and postdoctoral research fellows, and colleagues, as demonstrated through the teaching portfolio, student evaluations of teaching, peer evaluations of teaching, formal awards, peer review, local and regional invited lectures.

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

Candidates for appointment or promotion to the Assistant Professor rank must submit:

- Evidence of scholarly activity;
- Mandatory letter of support\recommendation from the Clinical Departmental Chair or Biomedical Sciences Administrative Head;
- A minimum of three [3] letters of recommendation;
New candidates to CMSRU and Cooper University Health Care (less than one (1) year) submit three (3) letters from persons outside of CMSRU who are at a rank equal to, or greater than, the rank being applied. Letter writers must be able to assess the candidate's regional, national, or international contributions within the discipline.

Candidates that completed all training at CMSRU/CUHC may submit all three (3) letters from persons internal of CMSRU/CUHC. Two of these three letters must be from outside of the candidate's department. As above, the letter writers must be at a rank that is equal to, or greater than, the rank being applied for. Letter writers must be able to assess the candidate's regional, national, or international contributions within the discipline.

Candidates at CMSRU/CUHC for more than one (1) year require three (3) letters. One (1) letter from within CMSRU, but outside of the candidate's immediate department; and two (2) letters from persons outside of CMSRU/CUHC. As above, the letter writers must be at a rank that is equal to, or greater than, the rank being applied for. Letter writers must be able to assess the candidate's regional, national, or international contributions within the discipline.

The CMSRU Advisory Committee on Appointments and Promotions will only accept the minimum 3 letters of recommendation from individuals with **full** faculty appointments. Emeritus faculty letters will also be accepted. Note that letters of recommendation should be obtained from individuals at the rank that is equal to, or greater than, the rank being applied for and may have "Clinical" in their title before their department (e.g., "Professor of Clinical Medicine"). Letters of recommendation WILL NOT be accepted from adjunct or volunteer faculty whose ranks often begin with the prefix Clinical or Adjunct (e.g. "Clinical Associate Professor of Medicine or Adjunct Assistant Professor of Surgery"). Questions surrounding a letter writer's faculty status should be researched and vetted at the departmental level by the A&P departmental chair and departmental coordinator by contacting the letter writer's institution. If further investigation is necessary, the Director of Faculty Affairs should be consulted. This stipulation applies to all letters of recommendation for appointment or promotion, at all ranks.

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

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

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

Candidates for promotion to the Assistant Professor rank also must submit:

- No more than a three page summary outlining their accomplishments and summarizing the highlights of their career;
- Teaching Portfolio evidencing teaching effectiveness submitted to the departmental committee (must be reviewed by departmental committee; submitted to CMSRU Advisory Committee on Appointments and Promotions only upon request);
- Teaching Dossier: one to three page summary of the highlights of the teaching portfolio.

3.33 Associate Professor of (Department)

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

- Documented excellence in education, including directorship or development of major courses and electives; sustained excellence in educating medical and graduate students, residents, clinical and postdoctoral research fellows, and colleagues; and mentorship of learning colleagues as demonstrated through the teaching portfolio, student, resident, and fellow evaluations of teaching, peer evaluations of teaching, formal awards, peer review, local and regional invited lectures;
- Scholarship, including publication, preferably as first or last or corresponding author, of original substantive work in peer-reviewed journals;
- Reputation, including leadership in local or regional scientific affairs; and
- Emerging regional/national/international reputation for scholarly activity and/or research accomplishments supported by letters from external referees.

For Biomedical Sciences (BMS) Faculty who are members of Rowan University's AFT union - a minimum of six (6) years of full-time professional faculty experience at an accredited institution of higher education is required for promotion to Associate Professor.

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

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

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

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

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

Clinical faculty applying for **accelerated promotion** to the rank of Associate Professor in the traditional pathway prior to completing five (5) years at the rank of Assistant Professor at time of application should have demonstrated exceptional achievements as evidenced by **meeting at least two** of the below listed criteria. The candidate must document the significance of these accomplishments in their Summary of Accomplishments and their Department Chair must provide strong justification for accelerated promotion in the nomination letter.

- A number of high impact factor journal publications, as first or last author, and total publications that exceed the historical average number of faculty scholarly products for promotion to Associate Professor at CMSRU.
- A significant number and/or amount of extramural funding grants as principal investigator.
- Major research accomplishments beyond that which has been historically normative in a promotion packet for Associate Professor at CMSRU.
- Major contributions within the field of specialty leading to change in the practice of medicine.
- National/international reputation in their field as demonstrated by leadership positions in national/international organizations, visiting professorships, editorial positions for major journals in their field (including appointment to the editorial board of the journal), membership on national/international grant review panels, and similar activities at the national/international level.
- Extraordinary contributions to the field of medical education, as evidenced by educational leadership activities within CMSRU/CUHC and at the national level.

Accelerated promotion is not available for candidates on the Scholarship of Practice and Teaching Pathway.

Candidates for appointment or promotion to the Associate Professor rank must submit:

- Mandatory letter of support/recommendation from the Clinical Departmental Chair or Biomedical Sciences Administrative Head; or, if the candidate is a Clinical Departmental Chair, letter of support/ recommendations from the Chief Physician Executive or Chief Medical Officer;

- A minimum of three letters of recommendation;

New candidates to CMSRU and Cooper University Hospital (less than one (1) year) seeking appointment, submit three (3) letters from persons outside of CMSRU who are at a rank equal to, or greater than, the rank being applied for.

Candidates at CMSRU/CUHC for more than one (1) year require three letters. One (1) from within CMSRU but outside of the candidate's immediate department; and two (2) from colleagues at a level equal to or greater than that applying for, outside of CMSRU that can assess national or international contributions within discipline.

The CMSRU Advisory Committee on Appointments and Promotions will only accept the minimum 3 letters of recommendation from individuals with **full** faculty appointments. Emeritus faculty letters will be accepted. Note that letters of recommendation should be obtained from individuals at the rank that is equal to, or greater than, the rank being applied for and may have "Clinical" in their title before their department (e.g., "Professor of Clinical Medicine"). Letters of recommendation WILL NOT be accepted from adjunct or volunteer faculty whose ranks often begin with the prefix Clinical or Adjunct (e.g. "Clinical Associate Professor of Medicine or Adjunct Assistant Professor of Surgery"). Questions surrounding a letter writer's faculty status should be researched and vetted at the departmental level by the A&P departmental chair and departmental coordinator by contacting the letter writer's institution. If further investigation is necessary, the Director of Faculty Affairs should be consulted. This stipulation applies to all letters of recommendation for appointment or promotion, at all ranks.

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

- Production of scholarly products includes peer-reviewed original journal articles, invited articles, editorials, books, book chapters, and monographs, (but not abstracts) where the candidate is preferably first or last or corresponding author. Production of scholarly products should be consistent with the level of historical productivity data for promotion to Associate Professor available on the CMSRU website. For these candidates who are not involved in clinical care, the expectation will be of greater scholarship;

Candidates for promotion to the Associate Professor rank also must submit:

- No more than a three-page summary outlining their accomplishments and summarizing the highlights of their career;
- A portfolio evidencing teaching effectiveness to be submitted to the departmental committee. (must be fully reviewed by departmental

committee; submitted to CMSRU Advisory Committee on Appointments and Promotions only upon request);

- Teaching dossier: one- to three-page summary of the highlights of the teaching portfolio.

3.34 **Professor of (Department)**

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

- Documented excellence in education, including directorship or development of major courses and electives; sustained excellence in training medical and graduate students, residents, clinical and postdoctoral research fellows, and colleagues; and mentorship of learning colleagues as evidenced by recognition through the Teaching Scholars Program, demonstration through the teaching portfolio, student evaluations of teaching, peer evaluations of teaching, formal awards, peer review, local, regional, national, and international invited lectures.
- Documented excellence in research, including independent and original investigation recognized by peers and by external funding;
- Scholarship, including publication as first or last or corresponding author, of original substantive work in peer-reviewed journals; and
- Reputation, including national and international recognition for research contributions supported by letters from external referees, service on study sections, editorial boards, named lectureships, leadership in professional societies and governing boards.

For Biomedical Sciences (BMS) faculty who are members of the Rowan University's AFT union - a minimum of eight (8) years of full-time professional faculty experience if hired BEFORE July 14, 2014, or a minimum of nine (9) years of full-time professional faculty experience if hired AFTER July 14, 2014, at an accredited institution of higher education is required for promotion to Professor.

Clinical faculty candidates for Professor must demonstrate proficiency in teaching, research, professional competence; mentoring of junior faculty, residents, and medical school students; and service as a reviewer of peer's publications. They must hold a PhD, MD, DO or equivalent terminal degree and at the time of application submission have completed at least five (5) years of service (customary seven to ten years) at the rank of Associate Professor at CMSRU, or Associate Professor or Professor rank of equivalent service at an equivalent institution; and ABMS board certification in primary specialty in a medical or clinical discipline (if applicable).

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

generated sufficient scholarly accomplishments **beyond** the scholarly work that got him/her appointed or promoted to the rank of Associate Professor.

In addition to the qualifications of an Associate Professor in the areas of teaching effectiveness, scholarly activity, service, mentoring and advising, and professional activity, the candidate for Professor must demonstrate sustained excellence in clinical patient care skills involving innovations (if appropriate), research, and/or programs that measure patient outcomes and are locally and/or regionally distinctive with the potential for national and international recognition and use; education involving training, teaching, and advising of medical and graduate students, residents, clinical and post-doctoral fellows, and colleagues demonstrated by an increasing portfolio of accomplishments; leadership involving significant contributions in curriculum and course development, scholarly activity, and service to the school and the professional community; and, distinctive reputation evidenced by invited scholarly memberships, participation in major committees and programs, formal awards, and invited lectures. In exceptional circumstances, the promotion process may be accelerated. National and/or international reputation for the candidate is required.

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

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

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

Clinical faculty applying for promotion to the rank of Professor in the traditional pathway early in their eligibility period (less than customary time in rank [>5 and < 7 years]) as an Associate Professor at time of application should have demonstrated exceptional achievements as evidenced by meeting at least one of the below listed criteria. The candidate must document the significance of these accomplishments in their Summary of Accomplishments and their Department Chair must provide justification for promotion early in their eligibility period in the nomination letter.

- A number of high impact factor journal publications, as first or last author, and total publications that exceed the historical average number of faculty scholarly products for promotion to Professor at CMSRU.
- A significant number and/or amount of extramural funding grants as principal investigator.

- Major research accomplishments beyond that which has been historically normative in a promotion packet for Professor at CMSRU.
- Major contributions within the field of specialty leading to change in the practice of medicine.
- National/international reputation in their field as demonstrated by leadership positions in national/international organizations, visiting professorships, editorial positions for major journals in their field (including appointment to the editorial board of the journal), membership on national/international grant review panels, and similar activities at the national/international level.
- Extraordinary contributions to the field of medical education, as evidenced by educational leadership activities within CMSRU/CUHC and at the national/international level.

Clinical faculty applying for accelerated promotion to the rank of Professor in the traditional pathway, prior to completion of five years as Associate Professor at time of application should have demonstrated exceptional achievements as evidenced by meeting at least two of the below listed criteria. The candidate must document the significance of these accomplishments in their Summary of Accomplishments and their Department Chair must provide strong justification for accelerated promotion in the nomination letter.

- A number of high impact factor journal publications, as first or last author, and total publications that exceed the historical average number of faculty scholarly products for promotion to Professor at CMSRU.
- A significant number and/or amount of extramural funding grants as principal investigator.
- Major research accomplishments beyond that which has been historically normative in a promotion packet for Professor at CMSRU.
- Major contributions within the field of specialty leading to change in the practice of medicine.
- National/international reputation in their field as demonstrated by leadership positions in national/international organizations, visiting professorships, editorial positions for major journals in their field (including appointment to the editorial board of the journal), membership on national/international grant review panels, and similar activities at the national/international level.
- Extraordinary contributions to the field of medical education, as evidenced by educational leadership activities within CMSRU/CUHC and at the national/international level.

Accelerated promotion is not available for candidates on the Scholarship of Practice and Teaching Pathway.

Candidates for appointment or promotion to Professor rank must submit:

- Mandatory letter of support/recommendation from the Clinical Departmental Chair or Biomedical Sciences Administrative Head; or, if the candidate is a

Clinical Departmental Chair, letter of support/ recommendations from the Chief Physician Executive or Chief Medical Officer;

- A minimum of three letters of recommendation;
One (1) from within CMSRU but outside of the candidate's immediate department; and two (2) from colleagues at a level equal to or greater than that applying for, outside of CMSRU that can assess national or international contributions within discipline.

New candidates to CMSRU and Cooper University Health Care (less than one (1) year) seeking appointment, submit three (3) letters from persons outside of CMSRU who are at a rank equal to, or greater than, the rank being applied for.

The CMSRU Advisory Committee on Appointments and Promotions will only accept the minimum 3 letters of recommendation from individuals with **full** faculty appointments. Emeritus faculty letters will be accepted. Note that letters of recommendation should be obtained from individuals at the rank that is equal to, or greater than, the rank being applied for and may have "Clinical" in their title before their department (e.g., "Professor of Clinical Medicine"). Letters of recommendation WILL NOT be accepted from adjunct or volunteer faculty whose ranks often begin with the prefix Clinical or Adjunct (e.g. "Clinical Associate Professor of Medicine or Adjunct Assistant Professor of Surgery"). Questions surrounding a letter writer's faculty status should be researched and vetted at the departmental level by the A&P departmental chair and departmental coordinator by contacting the letter writer's institution. If further investigation is necessary, the Director of Faculty Affairs should be consulted. This stipulation applies to all letters of recommendation for appointment or promotion, at all ranks.

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

- Production of scholarly products (includes peer-reviewed original journal articles, invited articles, editorials, books, book chapters, and monographs, but not abstracts) where candidate is first or last or corresponding author. Production of scholarly products should be consistent with the level of historical productivity data for promotion to Professor available on the CMSRU website. For those candidates who are not involved in clinical care, the expectation will be of greater scholarship;

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

- Consistent practice of mentoring of students, residents and junior faculty;
- Established history of continued service and teaching (minimum five years at rank);
- Major, consistent contributions to the education of students;

- Evidence of professional development activities intended to maintain a sound understanding and skill in one's specific discipline and to improve as a teacher; and
- Contributions to the wider community at the local, state, regional, national, and international levels.

Candidates for promotion to Professor rank also must submit:

- No more than a three page summary outlining their accomplishments and summarizing the highlights of their career;
- Portfolio evidencing teaching effectiveness to be submitted to the departmental committee. (must be fully reviewed by departmental committee; only submitted to CMSRU Advisory Committee on Appointments and Promotions upon request);
- Teaching dossier: one- to three-page summary of the highlights of the teaching portfolio.

For Biomedical Sciences (BMS) candidates for full professor who are members of the Rowan University's AFT union – one external evaluator assessment must be included in the submission. Following the Rowan Faculty Promotion MOA, an external university faculty member or university official will be identified to review the applicant's scholarly and creative activities and accomplishments (only) and to comment in writing on the significance of such accomplishments. This external evaluator assessment shall count towards the requirement of three letters of recommendation as an external CMSRU letter of recommendation. One additional external and one internal (outside of home department) letter of recommendation also must be included in submission).

For clinical faculty candidates for full professor, the CMSRU Advisory Committee on Appointment and Promotions may select at least one additional reviewer with national/international reputation in the candidate's field to review the faculty member's candidacy for Professor.

3.4 Appointments and Promotions in Alternate Pathways

In recognition of the fact that some faculty members at CMSRU dedicate themselves totally to the effort of superlative teaching or clinical care and program development, alternate pathways to promotion have been developed. These are:

- The Scholarship of Practice and Teaching for Clinical Faculty
- The Non-Tenured Teaching Faculty (Lecturer) Pathway for Basic Science Educators (for CMSRU-employed basic scientists and educators)
- Affiliate Teaching Faculty Pathway for Allied Health Professionals

Educators in these pathways will be denoted by specialized titles (see below).

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

The Scholarship of Practice and Teaching is a pathway for promotion based on rigorous criteria for those whose primary activity and interest is in clinical

medicine and teaching. It is not an easier route to promotion. Promotion will require presentation of evidence by the clinical faculty of excellence and impact in their respective clinical area related to the scope of their practice. Applicants in this pathway should show evidence of the development of an area of “special expertise” in their clinical practice, clinical teaching, or in clinical community service. For example, an individual applying for this pathway:

- May have developed a better method or technique for a clinical procedure in which they train clinical colleagues and which becomes the new standard in their discipline or developed a new program for CUH.
- May have developed and implemented a novel clinical quality improvement plan significantly impacting clinical care and health outcomes.
- May have developed a new clinical course to teach medical students at CMSRU about an emerging area of medicine, or may have completely revised and updated an existing medical school course.
- May have become a trusted resource or medical advisor to local organizations because of volunteer medical service they have delivered over a long period in the community. Achievement in this area alone will not be sufficient for promotion.
- May establish or exhibit notable leadership or outstanding administration of a clinical program/service, division, or department, imparting valuable management experience to the institution.

The faculty candidate should provide a specific metric applicable to their area of special expertise and provide a robust description of their activity (intervention, outcome, and impact, if feasible) in their application. It is important to highlight the importance and significance of the work that is being cited for promotion.

All ranks above Instructor will have the prefix “Clinical” before the discipline and the titling will be as follows: Assistant Professor of Clinical (discipline), Associate Professor of Clinical (discipline), or Professor of Clinical (discipline). Detailed descriptions of these novel pathways to promotion are described below.

Assistant Professor of Clinical (discipline)

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

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

Associate Professor of Clinical (discipline)

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

- Demonstration of Excellence: Expertise in clinical field
- Evidence of further development/refinement of area of special expertise
- Demonstration of Reputation: Regional

- Demonstration of Impact: Local/regional

Professor of Clinical (discipline)

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

- Demonstration of Excellence: Leadership in clinical field
- Evidence of leadership in area of special expertise
- Demonstration of Reputation: National
- Demonstration of Impact: Regional/national

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

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

While scholarly products are not required in the Scholarship of Practice and Teaching pathway, scholarly products and research activity is encouraged and will be considered toward promotion.

Faculty members who are approved on this pathway and then become more productive in scholarly activity/research that meets criteria for current rank on the traditional pathway may request a change in pathway during a regular promotion cycle. A full promotion packet submission is required.

Furthermore, faculty in the Scholarship of Practice and Teaching pathway may apply for promotion to the next rank in the traditional pathway assuming they meet criteria for promotion. Likewise, faculty in the traditional pathway may apply for promotion to the next rank in the Scholarship of Practice and Teaching pathway assuming they meet criteria for promotion.

3.42 Lecturer Pathway for Basic Science Faculty

(This is a non-tenure track for Rowan/CMSRU-employed faculty)

Rowan University/CMSRU has created a non-tenured teaching track for individuals whose primary responsibility is teaching and service. Duties and responsibilities do not include scholarship, research, or creative activity. Lecturers are expected to remain current in their fields of teaching and expertise and to participate on CMSRU committees including curriculum or assessment committees/subcommittees relative to their teaching or supervisory responsibilities. They are expected to perform service to the department, medical school and university. Service to the profession and wider community is encouraged but not required.

Non-tenured teaching faculty shall be appointed within the CMSRU Department of Biomedical Sciences and are eligible for promotion pursuant to Article XIV of the Rowan State-Union Agreement and locally negotiated procedures. Ranks are at the Lecturer, Senior Lecturer and Master Lecturer level.

Faculty on the Lecturer Pathway shall complete appointment application materials in the same manner as Instructor level faculty. A nomination letter by the Department Head is required, three letters of recommendation are not required.

3.43 Affiliate Pathway for Allied Health Professionals (This is a non-tenure track.)

Allied health professionals with a defined role in the education of CMSRU medical students may apply for appointment as an Affiliate Instructor of (Department) on the non-tenure track. Allied health professionals included in the affiliate pathway shall hold the following clinical roles and hold an appropriate advanced degree: Advance Practice Nurse or Nurse Practitioner, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, and Physician Assistant.

The allied health professional must complete an Instructor appointment package to be considered for this title. The letter of nomination from the Chair must delineate in detail the defined role the individual has pertaining to CMSRU medical student education. Affiliate Instructors are not eligible for faculty promotion. They may assist in the education of medical students who are under the direct supervision of CMSRU faculty but may not assess students independently.

3.44 Other Requirements and Letters of Recommendation

Time in rank and all other requirements are the same as in 3.2. Note that letters of recommendation for alternate pathways should be obtained from individuals at the rank that is equal to, or greater than, the rank being applied for and may have “Clinical” in their title before their department (*e.g.*, “Professor of Clinical Medicine”). Emeritus faculty letters will also be accepted. Letters of recommendation WILL NOT be accepted from adjunct or volunteer faculty (*e.g.*, “Clinical Professor of Medicine”). Questions surrounding a letter writer’s faculty status should be researched and vetted at the departmental level by the A&P departmental chair and departmental coordinator by contacting the letter writer’s institution. If further investigation is necessary, the Director of Faculty Affairs should be consulted. This stipulation applies to all letters of recommendation for appointment or promotion, at all ranks.

3.5 Joint and Secondary Appointments

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

Secondary appointments and promotions must have a letter of support from the chair of the department which is secondary and the approval of the secondary department's departmental committee prior to submission to the CMSRU Advisory Committee on Appointments and Promotions. The letter from the secondary department chair should contain justification of the academic need for a secondary appointment. There does not need to be a full departmental vote. The rank must be at or below the rank in the primary department. External letters are not required for secondary appointments.

3.6 Modified (Qualified) Academic Rank

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

3.7 Faculty Reappointment

Rowan employed biomedical sciences faculty follow Rowan recontracting and tenure guidelines as outlined in the Rowan University Tenure and Recontracting MOA.

Clinical faculty reappointments are issued as follows:

Instructor	every 2 years
Assistant Professor	every 2 years
Associate Professor	every 3 years
Professor	every 3 years

The Office of Faculty Affairs (OFA) will provide clinical departmental chairs and corresponding departmental appointment and promotion (A&P) chairs a listing of full time and volunteer clinical faculty due for reappointment by April 1 annually.

The departmental chair and departmental A&P chair will evaluate whether each clinical faculty member's reappointment is appropriate and notify the OFA of any objections to a specific individual's reappointment by May 1.

The CMSRU A&P Committee will review and approve clinical faculty reappointments at its May meeting and forward to the CMSRU Dean. The Dean and Provost will review recommendations and move appropriate faculty candidates forward to the Rowan Board

of Trustees (BOT) for reappointment. The Rowan BOT will review at its June meeting and reappointments will be effective September 1. Reappointed clinical faculty members will receive reappointment letters in early July.

If a departmental chair decides not to recommend a clinical faculty member for reappointment, the faculty member has the right to appeal the decision to the CMSRU Associate Dean for Faculty Affairs.

4.0 **Procedures for Promotion**

4.1 Candidates apply for promotion by:

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

4.2 Teaching Portfolio and Teaching Dossier

The template for a teaching portfolio is as follows:

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

4.21 Part One: Data Relevant to Teaching Activities

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

4.211 Teaching Activities

- Undergraduate
- Graduate
- Residents and Fellows
- Peers (mentoring)

4.212 Curriculum Development (list tangible educational materials created; (e.g., case development, lecture, assessment tools, OSCE, web materials, etc.)

- Courses
- Clerkships
- Residency Programs

- Fellowship Programs
- Education and teaching innovations
- CME
- Outreach

4.213 Mentoring/Advising

4.22 Part Two: Evidence of Teaching Effectiveness

A brief description of objective measures of teaching effectiveness.

The primary element of this category is a review of teaching effectiveness including a summary of the relevant, objective documentation. The information to be summarized may include representative portions of teaching evaluations, testimonials by students, peer reviews, and special contributions. Items that may be summarized in this section include:

- Course Materials
- Student and Resident Evaluations
- Peer Review
- Professional Recognition
- Participation in professional development

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

A Teaching Dossier is a one to three page summary of the Teaching Portfolio and should be organized by the same general headings as the portfolio. The faculty member's teaching philosophy should also be addressed in the dossier. The Teaching Portfolio and Teaching Dossier **must be reviewed and signed** by the Division Head or Department Chair.

4.3 The Department

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

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

- 4.311 Faculty Education on Appointments and Promotions: detailed information on Appointments and Promotions is provided to new faculty members at orientation. In addition, annual informational sessions on Appointments and Promotions are given by the CMSRU A&P Committee Chair and Office of Faculty Affairs. An annual report on Appointments and Promotions is given at the annual meeting of the Faculty Assembly. All policies and forms are posted in the faculty section of the CMSRU website.
- 4.312 Promotion Folder Preparation: The designated departmental A&P Coordinator is responsible for assisting departmental faculty with their promotion packets and collating their materials for submission to CMSRU. The department/division is responsible for covering any expenses related to the preparation of the promotion materials/folder.

4.32 Role of the Departmental Chair

- 4.321 Soliciting Letters of Recommendation: Prior to submitting a recommendation for appointment or promotion to the Dean, the Departmental Chair in which the faculty member holds, or will hold their primary appointment, must solicit evaluations regarding the qualifications of the prospective candidate. Letters of recommendation for candidates being proposed for appointment or promotion in the full-time faculty of CMSRU should be authored by recommenders who have first-hand knowledge of the professional and/or scholarly activities of the candidate. The recommenders should have had previous professional contact with the candidate.
- 4.322 The Departmental Chair shall select a member of their faculty at the rank of associate professor or professor as the chair of the departmental appointments and promotion committee. Departmental Chairs may not serve as the chair of the departmental appointments and promotions committee but may serve as a voting member of the committee.

For Rowan employed biomedical sciences faculty, the Rowan Promotion MOA will be followed for formation of departmental promotion committee.

- 4.323 The Departmental Chair shall make recommendations to the Dean regarding appointments and reappointments (except for Biomedical Sciences faculty, where the reappointment process is part of the American Federation of Teachers [AFT] union's formal tenure and recontracting process) and promotions following a review at a meeting of the Departmental Appointments and Promotions Committee.

4.33 Departmental Appointments and Promotions Committee

The Departmental Appointments and Promotions Committee must review and approve candidates prior to submission to the CMSRU Advisory Committee on

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

4.34 Departmental Appointments and Promotions Committee Decisions

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

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

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

4.3421 Withdraw their applications at this or any point in the promotion review process; or

4.3422 Ask to have their materials forwarded to the Advisory Committee on Appointments and Promotions if the departmental Chair agrees.

4.4 **The CMSRU Advisory Committee on Appointments and Promotions**

The CMSRU Advisory Committee on Appointments and Promotions shall have the responsibility of advising the Dean as to appointments and promotions. The Dean shall obtain the advice of this Committee in these matters. Appointment to or promotion of the faculty to full academic rank above the rank of instructor must be reviewed by this Committee with no delegation of its responsibility. The Committee shall receive for informational purposes, candidates for the designations of adjunct, clinical (pre-fixed), and emeritus faculty.

The Committee shall establish and periodically review written guidelines for the award of each academic rank with the approval of a majority of the membership of the Faculty. The Committee may, on its own initiative, make suggestions as to personnel matters to the Dean.

- 4.41 The CMSRU Advisory Committee on Appointments and Promotions shall consist of 12 voting members. The Associate Dean for Faculty Affairs and the Director of Faculty Affairs and Educational Operations shall serve ex-officio without vote. All members must be professors or associate professors.
- 4.42 Meetings shall be convened by the Dean or designee, or by the Chair; and
- 4.43 All departmental actions presented to the CMSRU Advisory Committee on Appointments and Promotions must include a report of the results of the deliberations.

4.5 **Role of the CMSRU Advisory Committee on Appointments and Promotions**

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

- 4.51 Review the Departmental Promotion Committee's recommendation and evaluate the candidate's qualifications for promotion against the criteria and standards established for the rank in question;
- 4.52 Committee may conduct a personal interview with the candidate to discuss the materials that have been submitted; and
- 4.53 After carefully considering the candidate, the Committee will vote on the request for promotion.
- 4.54 If the recommendation of the Committee is favorable, the Committee will inform the Chair of the Departmental Committee and Department Chair in writing and will forward a recommendation for promotion to the Dean.
- 4.55 If the recommendation of the Committee is unfavorable, the Chair of the Departmental Committee and Department chair will receive a written explanation of the committee's recommendation. The committee's recommendation to the Dean must report the numerical vote. A minority report, if pertinent, with reasons for any negative or abstaining votes must be included.



Cooper Medical School of Rowan University

POLICIES AND PROCEDURES

SECTION: Faculty Affairs

SUBJECT: Faculty Appointments and Medical Student Supervision

ISSUE DATE: November 12, 2020

REVIEW DATE: June 2022

INITIATED BY: Office of Faculty Affairs

APPROVED BY:

Annette C. Reboli, M.D.

Annette C. Reboli, M.D., Dean

POLICY: Faculty Appointments and Medical Student Supervision

PURPOSE: CMSRU ensures that supervision of medical student learning experiences is provided throughout their medical school education by members of the school's faculty.

SCOPE: All CMSRU appointed faculty (full-time, part-time, volunteer)

DEFINITIONS:

- CMSRU appointed faculty: Any faculty member who has been reviewed by the CMSRU Advisory Committee on Appointments and Promotions and approved for faculty appointment by the Rowan Board of Trustees

PROCEDURE:

As described in the CMSRU Faculty Appointments and Promotions policy, faculty appointment is conferred to individuals who will contribute to medical student and/or resident teaching and contribute to the medical education program. All faculty who provide supervision, teaching, and/or assessment of medical students are required to have an active CMSRU faculty appointment.

All CMSRU appointed faculty are reviewed annually by their departmental chair or designee to ensure compliance with their teaching responsibilities at CMSRU. The Office of Faculty Affairs maintains a database of CMSRU appointed faculty and ensures that the list is updated quarterly. Any new faculty who engage in supervision, teaching, and/or assessment of medical students are verified by the Office of Faculty Affairs that they have an active faculty appointment prior to engaging in educational activities with students.

For educators who do not hold CMSRU faculty appointments, any teaching activities involving medical students must be supervised by a CMSRU appointed faculty. Medical student evaluations, including any assessments, can only be performed by CMSRU appointed faculty.



Cooper Medical School of Rowan University

POLICIES AND PROCEDURES

SECTION: Faculty Affairs

SUBJECT: Conflict of Interest in Commercial Support of Continuing Medical Education

ISSUE DATE: Cooper University Health Care January, 2019

REVISION DATE: February 3, 2020

INITIATED BY: Office of Faculty Affairs

APPROVED BY:

Annette C. Reboli, M.D.

Annette C. Reboli, M.D., Dean

POLICY: Conflict of Interest in Commercial Support of Continuing Medical Education

PURPOSE: Industry support of Continuing Medical Education (CME) in the health sciences can provide benefit to patients by ensuring that the most current, evidence-based medical information is made available to healthcare practitioners. To ensure that accredited CME provided by CMSRU serves the interest of patients and offers clinicians a protected space to learn and teach without commercial influence, CMSRU will provide CME that is independent, based on valid content, and free of commercial bias. This policy is based on CUHC Policy, “The Cooper Health System’s Policy on Disclosure of Relevant Financial Relationships,” reviewed and revised January 17, 2019.

SCOPE: All CMSRU sponsored and co-sponsored CME speakers:

PROCEDURE:

1. Support of Continuing Education in the Health Sciences:

In order to ensure that potential for bias is minimized, all CME events in which CMSRU participates as a co-sponsor must comply with the Accreditation Council for Continuing Medical Education (ACCME) “Standards for Commercial Support of Educational Programs.”

Standard 1: Independence

STANDARD 1.1

A CME provider must ensure that the following decisions were made free of the control of a commercial interest. (a) Identification of CME needs; (b) Determination of educational

objectives; (c) Selection and presentation of content; (d) Selection of all persons and organizations that will be in a position to control the content of the CME; (e) Selection of educational methods; (f) Evaluation of the activity.

STANDARD 1.2

A commercial interest cannot take the role of non-accredited partner in a joint provider relationship

Standard 2: Resolution of Personal Conflicts of Interest

STANDARD 2.1

The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

STANDARD 2.2

An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

STANDARD 2.3

The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

Standard 3: Appropriate Use of Commercial Support

STANDARD 3.1

The provider must make all decisions regarding the disposition and disbursement of commercial support.

STANDARD 3.2

A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.

STANDARD 3.3

All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.

STANDARD 3.4

The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner or a joint provider.

STANDARD 3.5

The written agreement must specify the commercial interest that is the source of commercial support.

STANDARD 3.6

Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

STANDARD 3.7

The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.

STANDARD 3.8

The provider, the joint provider, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.

STANDARD 3.9

No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint provider, or any others involved with the supported activity.

STANDARD 3.10

If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

STANDARD 3.11

Social events or meals at CME activities cannot compete with or take precedence over the educational events.

STANDARD 3.12

The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint provider or educational partner.

STANDARD 3.13

The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

Standard 4: Appropriate Management of Associated Commercial Promotion

STANDARD 4.1

Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.

STANDARD 4.2

Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.

- **For print:** advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face and are not paid for by the commercial supporters of the CME activity.
- **For computer based CME activities:** advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleaved between computer ‘windows’ or screens of the CME content. Also, ACCME-accredited providers may not place their CME activities on a Web site owned or controlled by a commercial interest. With clear notification that the learner is leaving the educational Web site, links from the Web site of an ACCME accredited provider to pharmaceutical and device manufacturers’ product Web sites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity. Advertising of any type is prohibited within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads.
- **For audio and video recording:** advertisements and promotional materials will not be included within the CME. There will be no ‘commercial breaks.’
- **For live, face-to-face CME:** advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.
- **For journal-based CME:** none of the elements of journal-based CME can contain any advertising or product group messages of commercial interests. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

STANDARD 4.3

Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

STANDARD 4.4

Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-promotion material or product-specific advertisement.

STANDARD 4.5

A provider cannot use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities

Standard 5: Content and Format without Commercial Bias

STANDARD 5.1

The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

STANDARD 5.2

Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

Standard 6: Disclosures Relevant to Potential Commercial Bias

STANDARD 6.1

An individual must disclose to learners any relevant financial relationship(s), to include the following information: The name of the individual; The name of the commercial interest(s); The nature of the relationship the person has with each commercial interest.

STANDARD 6.2

For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.

STANDARD 6.3

The source of all support from commercial interests must be disclosed to learners. When commercial support is "in-kind" the nature of the support must be disclosed to learners.

STANDARD 6.4

Disclosure must never include the use of a corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

STANDARD 6.5

A provider must disclose the above information to learners prior to the beginning of the educational activity.

CMSRU intends to conduct educational events in conjunction with Cooper University Hospital as they have ACCME accreditation and abide by those standards. All agreements for Industry support must be negotiated through and executed by the CUH Department of Continuing Education and must comply with all policies for such agreements. Industry funding for such programming should be used to improve the quality of the education and should not be used to support hospitality, such as meals, social activities, etc., except at a modest level. Industry funding may not be accepted for social events that do not have an educational component. Industry funding may not be accepted to support the costs of internal department meetings or retreats (either on or off campus).

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

CMSRU faculty, personnel, students or CMSRU providers or staff may participate in or attend Industry-sponsored meetings or other off-campus meetings where Industry support is provided, only if:

- a. The activity is designed to promote evidence-based clinical care and/or advance scientific research
- b. The financial support of Industry is prominently disclosed
- c. Industry does not pay attendees' travel and expenses
- d. Attendees do not receive gifts or other compensation for attendance
- e. Meals provided are modest (value comparable to Standard Meal Allowance as specified by IRS)
- f. If participating as a speaker, all lecture content is determined by the speaker and reflects a balanced assessment of the current science and treatment options, and the speaker makes clear that the views expressed are the views of the speaker and not of CMSRU

3. Gifts and Provision of Meals:

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

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

4. Consulting Relationships:

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

In order to avoid gifts disguised as consulting contracts, where CMSRU personnel have been engaged by Industry to provide consulting services, the consulting contract must provide specific tasks and deliverables, with payment commensurate with the tasks assigned. All such arrangements between individuals or units and outside commercial interests must be reviewed and reported to the faculty's respective employer (Rowan University or the Cooper Health System) as per their applicable conflict of interest policy.

5. Frequent Speaker Arrangements (Speakers Bureaus):

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

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

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

6. Ghostwriting:

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

7. Policy Enforcement:

CMSRU faculty and staff will disclose all ties to industry on an annual basis to the faculty's respective employer (Rowan University or the Cooper Health System) as per their applicable conflict of interest policy.



Cooper Medical School of Rowan University

POLICIES AND PROCEDURES

SECTION: Research

SUBJECT: Conflict of Interest in Research

ISSUE DATE: Rowan University November, 2015 and Cooper Health System November, 2012

REVISION DATE: February 3, 2020

INITIATED BY: Office of Research

APPROVED BY:

Annette C. Reboli, M.D.

Annette C. Reboli, M.D., Dean

POLICY: Conflict Private Interest in Research

PURPOSE: At CMSRU, all research investigators (clinical and basic science faculty (full-time, part-time, adjunct, etc.)) are required to comply with the Public Health Service (PHS) Objectivity in Research Final Rule (42 CFR Part 50 Subpart F and 42 CFR Part 94) and with the National Science Foundation (NSF) Investigator Financial Disclosure Policy, both effective January 1, 1995 and a Final Rule published in 2011, becoming effective August 24, 2012. The purpose of this policy is to determine and manage appropriately financial conflicts of interest among investigators applying for and receiving Federal and all other research, educational and service funds, thereby ensuring that the design, conduct and reporting of funded research, educational and service activities will not be biased by such conflicts.

Additionally, all Rowan University employees must comply with university specified research related conflict of interest policies (1. Conflict of Interest (Design, Implementation, or Reporting of Grants) Policy, No. Res:2015:01, revised 11/09/2015; 2. Managing Conflicts of Interest Policy), No. Res:2015:02, adopted 11/09/2015 discussed in the Scope below. Similarly, Cooper employed faculty must comply with the Cooper Health System Investigator Financial Disclosure and Conflict of Interest Policy, Number R2, revised and reviewed 11/01/2012.

SCOPE: ALL CMSRU basic science and clinical faculty (Rowan University and Cooper University Health Care employees)

PROCEDURE:

Rowan University employed Basic Science Faculty:

Conflict of Interest (Design, Implementation, or Reporting of Grants) Policy

I. PURPOSE

The purpose of this policy is to protect the integrity of grants and sponsored projects, and to comply with federal regulations.

II. ACCOUNTABILITY

Under the direction of the President, the Vice President for Research shall implement and ensure compliance with this policy.

III. APPLICABILITY

This policy applies to all faculty, employees, students, collaborators, subcontractors, sub-recipients, and visiting scientists who are involved with the design, implementation, or reporting of the activity disclose any significant financial interests that would reasonably appear to be affected by the activity. This also includes the principle investigator's immediate family, which is defined as his/her spouse or domestic partner and dependent children.

IV. DEFINITIONS

1. **Investigator:** Principal Investigator, co-principal investigator, co-investigators and any other University personnel (including faculty, non-faculty employees, residents, postdoctoral trainees and students) who, in the course of their association with the University are or will be responsible for the design, conduct, administration, collaboration, analysis and/or reporting of either research or training activities, funded or proposed for funding by any sponsor, or of unsponsored research or training activities.
2. **Research:** A systematic investigation, study or experiment designed to develop or contribute to generalizable knowledge relating broadly to public health, including behavioral and social-sciences research. The term encompasses basic and applied research (*e.g.*, a published article, book or book chapter) and product development (*e.g.*, a diagnostic test or drug). This includes any such activity for which research funding is available from a PHS Awarding Component through a grant or cooperative agreement, whether authorized under the PHS Act or other statutory authority, such as a research grant, career development award, center grant, individual fellowship award, infrastructure award, institutional training grant, program project, or research resources award.
3. **Significant financial interest (SFI):** defined as any current financial interest of the investigator and his/her immediate family that could reasonably appear to be affected by the activities proposed for funding; or any interest held by the investigator and his/her immediate family in a business entity (company, corporation, or other enterprise) whose financial interest might reasonably appear to be affected by such activities. Immediate family is defined as his/her spouse or domestic partner and dependent children.
4. **Sub-recipients:** Sub recipients on PHS/PHS operating agencies funded or proposed for funding projects are subject to comply and follow the regulations as set forth in Financial Conflict of Interest Regulation, Promoting Objectivity in Research (42 CFR Part 50 Subpart F and 45 CFR Part 94), even though the sub recipients are not directly awarded the funds from PHS or any related PHS operating agency. Sub recipients must demonstrate or provide adequate assurances that their institution policies and procedures are in compliance with the regulation, and are subject to requests to provide or complete a significant financial interest form upon request.

V. REFERENCES

1. New Jersey Conflict of Interest Law (N.J.S.A. 52:13D-12, seq.): Establishes specific standards of conduct for State employees and officers. This policy supplements State law.
2. Department of Health and Human Services. Responsibility of Applicants for Promoting Objectivity in Research for Which PHS Funding is Sought. July 11, 1995. 60 Fr 35810, Part III. [CFR Part 45](#) – Public Welfare Act. Subtitle A – DHHS. Subchapter – General Administrative Requirements. Parts 74 and 92.
3. National Science Foundation. Investigator Financial Disclosure Policy. July II, 1995. [60 FR 35810](#), Part III
4. For additional information, contact: Vice President for Research (856) 256-4057

VI. POLICY

1. Sponsored projects and grants are vital parts of the Rowan University mission. As these activities grow in sophistication and complexity, they intersect increasingly with industrial explorations and entrepreneurial ventures, creating for investigators the potential for conflicting interests.
2. Rowan University has developed this policy to protect the integrity of grants and sponsored projects, and to comply with federal regulations. It is the intent and policy of Rowan University as an institution of higher education in receipt of federal and/or other research support to comply with present and future regulations. To that end, this policy is subject to further refinements as other rules are published.
3. Specifically, the intent of this policy is to identify and eliminate or manage any possible threat to grants and sponsored project objectivity at Rowan University. The main components are disclosure of investigators' financial interests that might be affected by the activity, and application of methods to minimize or eliminate the risks associated with such connections. It is not meant to discourage, but rather to safeguard the pursuit and dissemination of knowledge.
4. Institution Responsibilities
 - a. Reviews of Conflicts of Interests (COI) will be the responsibility of the Conflict of Interest Committee (COIC), as delegated by the Rowan University Vice President for Research. If a significant financial interest is identified as a conflict or a conflict is reported, then the Committee is charged with assessing whether or not the conflict is tied to the activities of the investigator's field of expertise or medicine as well as research, teaching, clinical, administrative and purchasing responsibilities.
 - b. In the course of reviewing a COI, COIC will determine if management plans need to be developed and implemented in order to manage, reduce, or eliminate the COI. Reviewing and approving management plans will be the responsibility of the Rowan University Vice President for Research or other senior administrators of Rowan University.
5. Definition and Types of Conflict
 - a. A conflict of interest exists when it can be reasonably determined that an investigator's personal financial and other concerns could directly and significantly influence the design, implementation, or reporting of grants and sponsored project activities. Faculty and staff of Rowan University have an obligation to scrupulously maintain the objectivity of their grants and sponsored projects, avoiding any conflict of interest.

- b. Conflicts in the design, implementation, or reporting of grants and sponsored projects activities includes but is not limited to financial, commitment, conscience, and institutional conflicts.

6. Procedure

Procedures should be followed according to Managing Conflict of Interest Policy .Res : 2015:02.This policy for investigator conflict of interest should be followed in place of any procedure indicated in this policy.

VII. GENERAL CONFLICT OF INTEREST

1. General Applicability

- a. This section applies to any employee of Rowan University who is responsible for the design, implementation, or reporting of grant and sponsored project activities funded or proposed for funding by any external source. See Section 3 PHS Financial Conflict of Interest for additional requirements related to PHS/PHS operating agency funded or proposed for funding projects and financial conflicts of interest.
- b. Project directors and principal investigators are responsible for ensuring that all participants in a project who are involved with the design, implementation, or reporting of the activity disclose any significant financial interests that would reasonably appear to be affected by the activity. Individuals, who come to work on an established project through reallocation of effort, hiring, transfer, promotion, etc., and thereby take on a responsible position in a project, must also disclose any such significant financial interests. Investigator includes the investigator's immediate family.
- c. Collaborators, subcontractors, sub-recipients, and visiting scientists must either comply with this policy or provide a certification to the Office of Research and Sponsored Programs that their institutions are in compliance with pertinent federal policies and that they in turn are in compliance with their own institutional policies.

2. General Significant Financial Interest and Consulting Principles

- a. Any Rowan University employee responsible for the design, implementation, or reporting of grants and sponsored project activities funded or proposed for funding by external sources must reveal all current significant financial interests that would reasonably appear to be affected by the activity. This section of the policy is not applicable to PHS/PHS operating agency funded or proposed for funding projects (see Attachment 1 Section 5 – Financial Conflict of Interest).
- b. Attachment 1 contains what SFI's might include and do not include.
- c. An investigator may choose to disclose any other financial or related interest that might present an actual, potential, or perceived conflict of interest. Disclosure can be a key factor in protecting an individual's reputation and career from potentially harmful allegations of misconduct.
- d. Consulting Principles
 - i. There are many reasons why faculty members should engage in outside consulting work. It is desirable that they remain in close communication with the world outside the institution and especially with that part of the world concerned with their area of specialization. Consulting is a means of maintaining this liaison

as well as of offering solutions to practical problems and thereby testing the soundness of theories taught in the classroom and laboratories. While consulting activities often enhance a faculty member's value to Rowan University, they can result in conflicts of interest and conflicts of commitment which compromise the faculty and the institution.

- ii. In private consulting, it must be kept clear that the faculty member does not represent the University. Private consulting activities of faculty members must be viewed in relation to their overall responsibilities to Rowan University and should not become so extensive that they interfere with those responsibilities.

3. General Review of Disclosures

- a. A Conflict of Interest Committee (COIC) will review all disclosure statements. The committee will be co-chaired by the Rowan University Vice President for Research. The president will appoint three additional faculty members representing the diverse colleges, departments, and programs at Rowan University. Members will serve three year staggered terms.
- b. The committee will be responsible for determining whether the significant financial interests of the investigator could reasonably be expected to affect the design, schedule, implementation, or reporting of the activities funded or proposed for funding in sponsored projects. The committee may request additional clarifying information, as well as a management plan for the conflict, from the investigator which will be treated as non-public information to the extent allowed by law. Upon completion of its review, the committee will advise the president of the University of its finding and may recommend implementation of a management plan to reduce, mitigate, or eliminate the proposed conflict.

2. General Management Plans For Conflict

- a. The committee will review the proposed conflict management plan, add conditions and/or restrictions, and approve it to ensure that any conflict is reduced, eliminated, or managed. Such conditions or restrictions may include, but are not limited to, the following:
 - i. public disclosure of significant financial interests;
 - ii. monitoring of the research by independent reviewers;
 - iii. modification of the planned activities (possibly subject to sponsor approval);
 - iv. disqualification from participation in all or part of the project;
 - v. divestiture of significant financial interests and
 - vi. severance of relationships creating conflict.
- b. In all cases, resolution of the conflict or establishment of an acceptable conflict management plan must be achieved and approved by the Vice President of Research before expenditure of any funds under an award

VIII. PHS FINANCIAL CONFLICT OF INTEREST

1. Statement Of Need And Purpose and Applicability

- a. Public Health Services has revised the existing Financial Conflict of Interest Regulation, Promoting Objectivity in Research (42 CFR Part 50 Subpart F and 45 CFR Part 94). As a result of the revised regulations, institution's receiving Public Health Service (PHS) funds from the National Institutes of Health (NIH) and other PHS operating agencies must be able to demonstrate greater transparency and accountability regarding financial conflict of interest management and reporting.
 - b. This section applies to grants and sponsored projects funded or proposed for funding by PHS or a PHS funded/operating agency, including but not limited to National Institutes of Health (NIH), and whose purpose of the project(s) is research.
 - c. Attachment 2 contains examples of Public Health Services (PHS) Operating Agencies.
2. Institution's Responsibilities
- Pertaining to 2011 Revised PHS Regulations related to COI's, any institution seeking PHS/PHS operating agency funded research needs to review Significant Financial Interest's to determine if a Financial Conflict of Interest (FCOI) exists or does not exist. This section expands upon Section 1.3 Institution Responsibilities; see Section 1.3 for additional policy requirements.
3. PHS Significant Financial Interests
- a. See section VI.B.2 under General Significant Financial Interest and Consulting Principles for a definition of significant financial interest. For PHS/PHS operating agency funding or proposed for funding, the threshold for significant financial interests is \$5,000. See below for further details.
 - a. *Significant Financial Interests* include, but are not limited to, any of the following:
 - i. For publicly traded entities:
 - 1. If the value of any remuneration received from the entity in the 12 months preceding the disclosure, when aggregated, exceeds \$5,000. Remuneration includes salary, and any payment for services not otherwise identified as salary – examples include, but are not limited to, consulting fees, honoraria, paid authorship, etc.
 - 2. If the value of any equity interest as of the date of disclosure, when aggregated, exceeds \$5,000. Equity includes any stock option, or other ownership interest, as determined through reference to public prices or other reasonable measure of fair market value.
 - ii. For non-publicly traded entities:
 - 1. If the value of any remuneration received from the entity in the 12 months preceding the disclosure, when aggregated, exceeds \$5,000.
 - 2. If any equity interest as of the date of disclosure is held. Equity includes any stock option or other ownership interest
 - iii. Intellectual property rights and interests – for example, patents, copyrights – upon receipt of income related to such rights and interests.
 - b. *Significant Financial Interests* do not include
 - i. Salary, royalties or other remuneration paid by the institution, if the investigator(s) are currently employed or otherwise appointed by the institution

- ii. Intellectual property rights assigned to the institution and agreements to share in royalties related to such rights
- iii. Income from investment vehicles, such as but not limited to mutual funds, retirement accounts, provided the investigator(s) do not have direct control of investment decisions in such investment vehicles
- iv. Income from seminars, lectures, or teaching engagements sponsored by a federal, state, or local government agency, an Institution of higher education as defined in 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.
- v. Income from service on advisory committees or review panels for a federal, state, or local government agency, or an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.

2. Disclosures

- a. Investigators identified in the grant and sponsored project which are funded or proposed to be funded by PHS/PHS operating agency need to disclose all Significant Financial Interests (SFIs) that are related to the investigator's institutional responsibilities and expertise and meet regulatory thresholds (Attachment 3). All disclosures and relevant information obtained during the disclosure process and afterwards, is considered confidential information, retained in the strictest of confidence, and is subject to rules and regulations as they apply.
- b. Travel
 - i. Investigators must disclose the occurrence of any reimbursed or sponsored travel, which is paid on behalf of the investigator and not reimbursed to them so the exact monetary value is / may not be readily available, and the travel is related to their institutional responsibilities. Rowan University, in its institutional responsibilities, may inquire and request additional information related to travel disclosed by the investigator on disclosure forms.
 - ii. Travel does not include travel reimbursed or sponsored by a:
 - 1. federal, state or local government agency;
 - 2. institution of higher education;
 - 3. academic teaching hospital;
 - 4. medical center
 - 5. research institute that is affiliated with an institution of higher education
 - iii. Consulting Agreements and Engagement
 - 1. Special attention must be paid to consulting agreements and engagements. If the consultation appears to be related to investigators' institutional responsibilities, then that consulting agreement and engagement must be disclosed on disclosure forms regardless of monetary value or aggregated value of remuneration received in the preceding 12 month period or as of the date of disclosure.

2. Disclosure form(s) needs to be completed and provided to the Office of Sponsored Programs, Office of Research, – Research and Sponsored Program Office during the following times:
 - a. prior to the submission of the application to PHS/PHS operating agency;
 - b. annually, during the period of the award. Annual progress reports require Financial Conflicts of Interest to be disclosed
 - c. within 30 days of discovering or acquiring a new *Significant Financial Interest* as defined above – examples include but not limited to, purchase, marriage, inheritance, etc.
 - d. for any new Investigator assigned to or joining the research project during either the pre-award or post-award stage of the project.

1. COIC, in the course of its duties and responsibilities, can identify a significant financial interest (SFI) if not reported by an investigator. If an SFI is identified by the COIC, then the COIC will conduct a review and determine if a Financial Conflict of Interest (FCOI) exists or does not exist. If the SFI is determined to be a financial conflict of interest, then a retrospective review of the project must occur to determine if bias exists or does not exist in the research. The COIC, in its institutional responsibilities, may require and employ the assistance of experts in the field of research administration, experts in the field of study, and/or other consultants that are applicable to the nature of the financial conflict of interest and the research purpose and type. Review of Disclosures

This section expands upon Section 2.2 General Review of Disclosures; see Section 2.2 for additional policy requirements. When the COIC determines that the objectivity of research may be compromised due to a SFI that is deemed an FCOI, then the COIC, as delegated by the Rowan University Vice President for Research, is responsible for determining whether or not a Management Plan needs to be developed and implemented.

2. Management Plans For Conflict

- a. This section expands upon Section 2.3 General Management Plans for Conflict; see Section 2.3 for additional policy requirements. If an FCOI exists, the COIC, as delegated by the Rowan University Vice President for Research, is responsible for determining whether or not a Management Plan is required and the creation of a Management Plan. The investigator with the conflict of interest is allowed to participate and provide recommendations related to the Management Plan. In the committee's attempts to implement and develop a sound Management Plan, the committee can add conditions or restrictions to ensure that any conflict is reduced, eliminated, or managed.
- b. In all cases, resolution of the conflict or establishment of an acceptable Management Plan must be achieved and approved by the President of Rowan University or an appointee of the President of the University before expenditure of any funds under an award.
- c. If at any time it is determined that there is bias in research, investigator fails to comply with Management Plan, or Management Plan is determined to have biased the design, conduct, or reporting of the PHS/PHS operating agency funded research, then the PHS/PHS funding agency must be notified promptly (within 5 to 10 business days of determination).

3. Retrospective Review

- a. If a Financial Conflict of Interest (FCOI) is not identified or managed in a timely manner, Rowan University will conduct and complete a review of the investigator(s) pre-award and post-award activities and the current project's progress and status to determine bias in the design, conduct or reporting of such research within 120 days when Rowan University determines noncompliance with Rowan's Conflict of Interest policy, the regulation, or other circumstance that resulted in nondisclosure of an SFI or noncompliance with policy and regulation. Examples of noncompliance include, but are not limited to:
 - i. investigator(s) do not disclose a Significant Financial Interest (SFI);
 - ii. SFI was previously reviewed and at that time was not identified as an FCOI;
 - iii. the Institution does not review or manage an FCOI;
 - iv. investigator fails to comply with the Management Plan
 - v. management Plan is determined to have biased the design, conduct, or reporting of the PHS/PHS operating agency funded research
- b. The retrospective review may encompass a review of investigator travel and any publications authored by the investigator during the retrospective review. In addition, the COIC, as delegated by the Rowan University Vice President for Research, retains the right to conduct interviews, monitor research work and related meetings involving the research, or appoint a representative to conduct a peer review and/or independent review of the research conducted to date.
- a. If bias is found to occur during the course of the Retrospective review, then the Mitigation Report needs to document the description of the impact of the bias on the research project and the institution's plan of action or actions taken to eliminate or mitigate the effect of the bias, including some statements such as impact on the research project, extent of harm done, including any qualitative and quantitative data to support any actual or future harm; analysis of whether the research project is salvageable. Upon completion and approval of the Mitigation Report, the report needs to be submitted to PHS/PHS operating agency. Furthermore, if PHS/PHS operating agency determines that a funded research project of clinical research whose purpose is to evaluate the safety or effectiveness of a drug, medical device or treatment has been designed, conducted, or reported by an investigator with an FCOI that was not managed or reported by the institution as required by the regulation, the institution may require the investigator to do the following:
 - i. Disclose the FCOI in each public presentation of the results of the research
 - ii. Request an addendum to previously published presentation

2. Financial Conflict of Interest (FCOI) Reporting

- a. When Financial Conflicts of Interest (FCOI) exists, then reporting of the FCOI must be performed timely and sent to the PHS/PHS operating agency. Mandatory reporting of FCOI's and related documents may encompass any one of, or including all of the following aspects of the FCOI policy:
 - i. financial Conflict of Interest, in existence;

- ii. management Plan development;
 - iii. mitigation Report creation an
 - iv. noncompliance with Conflict of Interest Policy
 - b. Expenditure of any funds under an award that has an investigator(s) with an FCOI(s) will not occur until the FCOI(s) is/are reported to PHS/PHS operating agency.
3. Public Disclosure of Financial Conflicts of Interest
- a. Public requests to review Financial Conflicts of Interest (FCOI) must be made in writing and include at a minimum the following information:
 - i. name and address of the person requesting the information, including the address of where to send the information
 - ii. name of Investigator(s) whose FCOI information is requested
 - b. If the above information is not provided in writing, then Rowan University will make an attempt(s) to obtain that information in order to process the request. Furthermore, all public requests must be directed to the Office of Sponsored Programs (OSP), Office of Research, and Sponsored Programs Office.
 - c. Significant Financial Interests (SFI) of the investigator that meets all the criteria below are reportable to the public:
 - i. the Significant Financial Interest was disclosed and is still held by the investigator Any other person identified and named in the subaward or application to the PHS/PHS operating agency, progress report or any other report submitted to the PHS/PHS operating agency;
 - ii. the COIC determines the SFI is related to the PHS/PHS operating agency funded research;
 - iii. the COIC determines the SFI is a Financial Conflict of Interest (FCOI).
 - a. Office of Sponsored Programs (OSP), Office of Research, and Sponsored Programs Office must provide the requested information within 5 business days of receiving a public request starting on the day when the above offices are/is in receipt of all of the required information from the public. Investigator(s), and any other person identified and named in the sponsored or unsponsored project, relationships that need to be made public are only FCOI's that are disclosed and continue to be held. Office of Sponsored Programs (OSP), Office of Research, and Sponsored Programs Office is responsible for responding to public requests.
2. Investigator Training
- a. Rowan University will use an online, web-based module to administer training related to the 2011 PHS revised Financial Conflict of Interest (FCOI) regulation.
 - b. Training on FCOI is mandatory for all investigators who will propose for funding or are funded by PHS/PHS operating agencies. Training is required under the following circumstances:
 - i. prior to engaging in covered research (PHS/PHS operating agency)

- ii. every 4 years
- c. Even if the investigator has already completed training, training is mandatory for the investigator if any of the following occurs:
 - i. revisions to Conflict of Interest policy related to Attachment 1 Section 5 – Financial Conflict of Interest
 - ii. revisions and associated changes in the regulation
 - iii. revisions to Procedures for Investigator Conflict of Interest
 - iv. investigator(s) are not in compliance with Rowan University's FCOI policy or approved Management Plan(s)
- d. In Rowan University's attempt to conform to 2011 revised PHS regulations and fulfill its institutional responsibilities, investigators required to complete FCOI training that have not completed FCOI training or provided satisfactory evidence that FCOI training has been completed. Failure to do so will result in the delay of expenditure of any funds under an award.

IX. APPEALS, ENFORCEMENT, AND RECORD RETENTION

1. Appeals

Appeal of the committee's decision may be made to the President of Rowan University. After the President or representative of the President has made a final decision, the committee will inform the Investigator.
2. Compliance

As part of the Disclosure Statement, each investigator must certify that, if the COIC determines a conflict exists, the investigator will adhere to all conditions or restrictions imposed upon the project and will cooperate fully with the individual(s) assigned to monitor compliance.
3. Enforcement

Failure to properly disclose relevant financial and other interests or to adhere to conditions or restrictions imposed by the COIC will be considered a deviation from accepted standards of conducting activity at Rowan University, which may be subject to appropriate enforcement actions as prescribed by Rowan University policy, faculty handbook, and employee contracts.
4. Record Retention
 - a. Office of Sponsored Programs (OSP), Office of Research, and Sponsored Programs Office will maintain records of all disclosures and associated activities securely and confidentially.
 - b. All records will be maintained for at a minimum of seven (7) years from the end date of an award or three (3) years after resolution of any government action involving the records, whichever is latter. In some situations, records will be maintained in accordance with Title 45 – Public Welfare Act – Subchapter A: General Administration: Subparts and Sections 74.53 (b) and 92.42 (b).

Managing Conflicts of Interest Policy

I. PURPOSE

The purpose of this policy is to ensure the integrity of the University's research, protecting the rights and welfare of human subjects, maintaining the intellectual freedom of faculty, students, postdoctoral appointees and other trainees, and safeguarding the freedom to publish, communicate and discuss research results.

II. ACCOUNTABILITY

At the direction of the President, the Vice President for Research shall implement these procedures at Rowan University. The Vice President for Research and other University Officers shall ensure compliance with this procedure.

III. APPLICABILITY

This procedure shall apply to all Rowan University and faculty, non-faculty employees, students and other individuals who, in the course of their association with Rowan University:

1. Apply for or receive funds for any research or training purpose, by grant or subgrant, or by contract or subcontract, or by cooperative agreement (individually and collectively referred to herein as "Funding Agreement(s)"); or
2. Wish to conduct unsponsored research.

IV. REFERENCES

1. [*76 Fed. Reg. 53,256*](#): Responsibility of Applicants for Promoting Objectivity in Research for which Public Health Service Funding is Sought and Responsible Prospective Contractors
2. Rowan University Policy, No: Res: 2015:05, Policy on Conflict Of Interest in The Design, Implementation, or Reporting of Grants and Sponsored Projects

V. POLICY

1. The Rowan University recognizes the importance and potential benefits of transferring to the private sector knowledge developed through University research and scholarship. It also recognizes the risks inherent when researchers have financial or other personal interests in their research or training activities, and the need to avoid arrangements that might compromise, or seem to compromise, the intellectual principles, independence and responsibility to the public that underlie the ethical conduct of research. Therefore, while welcoming industry sponsorship, collaboration and licensing of its technology, the University recognizes the need for having procedures in place for identifying and managing actual or perceived conflicts of interest that may arise in research to ensure the integrity, objectivity and freedom of inquiry of its investigators, and the safety and welfare of its human research subjects.
 - a. Of critical importance is [*76 Fed. Reg. 53,256*](#): On Aug. 25, 2011, the Department of Health and Human Services (HHS) published its final rule on financial conflicts of interest (FCOI). The regulations are a significant update on initial rules published in 1995, and they demand greater transparency and accountability for research institutions that receive Public Health Service (PHS) funds from the National Institutes of Health (NIH). Though this rule has many similarities with regulations promulgated in 1995, the new modifications have greater impact on the conflict of interest for institutions that receive HHS funds.
 - b. Thus, procedures described below are intended to implement the HHS final rule published in August 2011 for applicants for promoting Objectivity in Research for which PHS funding is sought (42 CFR Part 50, Subpart F) and Responsible Prospective

Contractors (45 CFR part 94) and to provide the reasonable expectation that the design, conduct, and reporting of the research will be free from bias resulting from Investigator financial conflicts of interest.

2. Relationship Between the Conflict-of-Interest Committee (COIC) and the Institutional Review Board (IRB)

- a. In cases of human subjects research, the COIC will inform the Rowan University IRB (Glassboro Campus) or Cooper IRB of record of its decision and reasons. The Rowan University IRB (Glassboro Campus) or Cooper IRB may either accept the decisions of the COIC, or impose additional requirements or restrictions, and shall convey its final decision in writing to the investigator, the investigator's Chair, and the Vice President for Research.
- b. Where the proposed research involves human subjects and the investigator's interests are beneath the threshold of a significant interest, the IRB may request a review and recommendation from the COIC, both as to whether or not to permit that individual to conduct the proposed research and, if the research is permitted, under what terms and conditions.

3. Publication and Other Communications of Research Results

- a. Contracts with research sponsors may not include provisions that prevent the investigator from independently accessing, examining, analyzing and interpreting the research data, or that restrict publication or other public communications of the methods, data and results of the research. Sponsors may be given up to thirty (30) days in which to review a manuscript, presentation or abstract that originates from the sponsored research prior to submission for publication or otherwise publicly communicated. Such review shall be limited to protection of confidential information furnished by the sponsor to the investigator, if any, or for the purpose of protection of patent or other intellectual property rights covered under the contract. The sponsor does not have the right to approve or consent to the publication or other communication of the research results.
- b. In the event that the proposed publication or other communication contains patentable subject matter or confidential information, the University will, upon written request from the sponsor within the thirty (30)-day review period, delay the publication or other communication for a maximum of an additional sixty (60) days to allow the sponsor to file a patent application, or to modify the proposed publication or communication to delete sponsor-provided confidential information and/or to present the results in a manner that will not compromise such confidential information.

1. Publications

- a. Should conform to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals with regard to conflicts of interest.
- b. In the case of multi-site clinical trials, the contract should state: how the results will be published; how authorship will be decided; how each investigator will have access to all data from all sites (and not simply to summary tables) in order to be able to analyze the full data independently if there is no multi-site publication within one year of the termination of the study; and that such one-year delay in publication or presentation of data results by the investigator can be waived if the investigator has a good faith belief

that publication or presentation should not be delayed for reasons of public health, safety or public welfare.

2. Protection of students, postdoctoral appointees and other trainee
Contracts with research sponsors may not include restrictions on the activities of students, postdoctoral appointees or other trainees, and may not include non-disclosure provisions regarding such individuals beyond those specified above (Sections VI.B.1 and 2). Exceptions must be approved by the COIC and must be fully disclosed to all students, postdoctoral appointees and other trainees prior to their involvement in the research. However students, postdoctoral appointees and other trainees may not, under any circumstances, be permitted to participate in research if such participation would prevent them from meeting pertinent University degree requirements, such as completion and public defense of a thesis or dissertation.
3. Investigator conflict of interest training
 - a. The Office of the Rowan University Vice President for Research for Research will create training content and be responsible for the implementation of a University-wide web-based training module.
 - b. Each investigator must complete the COI training prior to engaging in sponsored or unsponsored research and at least every four years, or immediately if the University's conflict of interest policy changes in a manner that affects investigator requirements, an investigator is new to the University, or the University finds an investigator noncompliant with the University's COI policy.
4. Enforcement and sanctions
 - a. Non-compliance with any provision of these procedures shall be subject to sanctions up to and including dismissal or termination for cause. Non-compliance shall be reported by any knowledgeable individual to the COIC, and the Rowan University IRB or Cooper IRB if human subjects are involved. The COIC, and the Cooper IRB if human subjects are involved, shall investigate the allegation, reach a conclusion and recommend sanctions or dismissal of the charges to the CMSRU Associate Dean for Research who shall have the final decision. Recommendations will also involve the notification of the sponsor and/or journal editors if non-compliance may have resulted in compromise of the integrity of the research and/or resulting publications or other communications.
 - b. Appeal of the committee's decision may be made to the President of Rowan University. After the President or representative of the President has made a final decision, the committee will inform the Investigator.
 - c. Standards set by governmental agencies will be monitored and considered in the University's routine review of this policy
5. Reports and record keeping
The Rowan University Vice President for Research shall maintain records of all disclosures of financial and other personal interests, COIC determinations and recommendations, final decisions, actions taken to resolve conflicts of interest and the outcomes thereof for at least three (3) years from the date of submission of the final expenditure report of the project, or from the conclusion of unsponsored research, or until the resolution of any governmental or legal actions involving these records, whichever is longer.

VI. ATTACHMENTS:

1. Definitions
2. Conduct of Research

Attachment 1

Definitions

1. ***Compelling Circumstances*** are facts that convince the Conflict-of-Interest Committee (see definition below) that an individual with a conflict of interest which is relevant to the proposed research project should be permitted to conduct the proposed research under requirements established by the Committee. These facts may include, but are not limited to: the nature of the research, the magnitude of the financial or other personal interest, the degree to which these interests are related to the research, the extent to which these interests could be affected by the research and in the case of human subjects research, the degree of risk to the human research subjects.
2. ***Conflict of Interest*** is a divergence between an investigator's financial or other personal interests and the obligation to abide by principles of the ethical conduct of research, especially the obligation to protect the rights and welfare of human subjects, such that considerations of personal gain, financial or otherwise, may influence or create the perception of influencing that investigator and compromise the objectivity or appropriate design, conduct or reporting of the research.
3. ***Conflict-of-Interest Committee (COIC)*** is a Rowan University committee whose role is to review disclosures of significant interests (see definition below) and determine if these constitute a conflict of interest and, if so, to decide how such conflicts will be managed, reduced or eliminated.
 - a. The committee is appointed on an Ad hoc basis by the Vice President for research. Representation will include the Vice President for Research, the CMSRU Associate Dean for Research, the Rowan University Director for Research and Sponsored Programs, Chief Research Compliance Officer, and will include faculty members and others, when necessary. The committee may have additional ad hoc members in order to appropriately assess the presence of a conflict based on individual disclosures.
4. ***Conflict of Interest Training*** is required of all "investigators" (defined below) prior to engaging in sponsored or unsponsored research and every four years thereafter, and immediately under designated circumstances.
5. ***Financial Conflict of Interest (FCOI) Report*** means an Institution's report of a financial conflict of interest to a PHS Awarding Component.
6. ***Financially Interested Company*** means a commercial entity with financial interests that would reasonably appear to be affected by the conduct or outcome of the research, or any entity acting as the agent of or with an equity interest in such an entity. This term includes companies that sponsor the research, are competitors of the sponsor, are the manufacturers or licensees of an investigational product, or the investment industry (individual stockbrokers and analysts, investment bankers, venture capital firms and investment firms).
7. ***Human Subjects Research*** includes all "research" performed with "human subjects" as these terms are refined in the federal Common Rule (45 C.F.R. Part 46 and 21 C.F.R. Part 56), regardless of the source of research funding or whether the research is otherwise subject to federal regulation.

8. **Immediate Family** means spouse (by marriage or civil union), domestic partner, children, parents, or siblings who reside in the same household.

9. **Institutional responsibilities** means an Investigator's professional responsibilities on behalf of the Institution including: activities such as research, research consultation, teaching, professional practice, institutional committee memberships, and service on panels such as Institutional Review Boards or Data and Safety Monitoring Boards.

10. **Institutional Review Board (IRB)** is a committee established in accord with federal Common Rule at 45 C.F.R. Part 46 and FDA regulations at 21 CFR Part 50 and 56 with the authority to approve, require modifications in, or disapprove all University research activities involving human subjects.

11. **Interest** is a financial or other personal involvement of the investigator, or his or her immediate family that are related to the individual's Institutional responsibilities. Financial interest means anything of monetary value, whether or not the value is readily ascertainable. Interests include, but are not limited to: income; honoraria or other payment for services; equity such as stock, stock options or other ownership rights (except interests of any amount in publicly traded, diversified mutual funds, pension funds, or other institutional investment funds over which the faculty member does not exercise control); patents and copyrights; contracts, licensing and other agreements; royalties (including those royalties distributed by the University); employment; reimbursed travel or sponsored travel; and services, relationships or positions, even if uncompensated.

- a. Excluded from the disclosure requirement are income from seminars, lectures, or teaching engagements, reimbursed travel or sponsored travel, and service on advisory or review panels sponsored by a federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education.

12. **Investigator** means the Principal Investigator, co-principal investigator, co-investigators and any other University personnel (including faculty, non-faculty employees, residents, postdoctoral trainees and students) who, in the course of their association with the University are or will be responsible for the design, conduct, administration, collaboration, analysis and/or reporting of either research or training activities, funded or proposed for funding by any sponsor, or of unsponsored research or training activities. As used herein, the term "investigator" also covers collaborators, grantors or contractors.

13. **Manage** means taking action to address a real or apparent financial conflict of interest, which can include reducing or eliminating the financial conflict of interest, to ensure, to the extent possible, that the design, conduct, and reporting of research will be free from bias.

14. **Research** means a systematic investigation, study or experiment designed to develop or contribute to generalizable knowledge relating broadly to public health, including behavioral and social-sciences research. The term encompasses basic and applied research (e.g., a published article, book or book chapter) and product development (e.g., a diagnostic test or drug). For the purposes of this policy, research shall include training activities.

15. **Significant Interest** means:

- a. A financial or other personal interests of the investigator, his or her spouse, domestic partner, children, parent or siblings that reasonably appears to be related to the Investigator's institutional responsibilities:
 - i. Service as an officer, director or in any other fiduciary role for a financially interested company, whether or not remuneration is received for such service;

- ii. Intellectual property rights (e.g., pending patent applications, patents, licenses, material transfer agreements, copyrights and royalties of any amount from such rights, including those royalties distributed by the University);
 - iii. With regard to any publicly traded entity, a significant financial interest exists if the value of any remuneration received from the entity in the twelve months preceding the disclosure and the value of any equity interest in the entity as of the date of disclosure, when aggregated, exceeds \$5,000. For purposes of this definition, remuneration includes compensation, royalties, consulting fees, honoraria, gifts or other emoluments, bonuses, enrollment incentives or milestone payments, and "in kind" compensation or entitlement to same made directly or indirectly to the investigator by a financially interested company (or entitlement to the same), whether for consulting, lecturing, travel (including reimbursed travel or sponsored travel), service on an advisory board, or for any purpose not directly related to the reasonable costs of conducting the research (as specified in the research agreement between the sponsor and the University), as determined through reference to public prices or other reasonable measures of fair market value, either in the year prior to the grant application or initiation of unsponsored research and submission of the accompanying Disclosure Form, or in the twelve months following the grant application or initiation of unsponsored research;
 - iv. Greater than 1% of the ownership of stock, assets or profits of a company which has, or seeks to have an agreement with the University, where the agreement is for the development of scientific or technological discoveries or innovations in which the University has or will have a property right.
 - v. Equity interests, including stock options, of any amount in a non-publicly traded financially interested company (or entitlement to the same);
 - vi. Equity interests (or entitlement to the same) that in aggregate exceed \$5,000 in a publicly-traded financially interested company;
- b. Investigators must disclose the occurrence of any reimbursed or sponsored travel (i.e., that which is paid on behalf of the Investigator and not reimbursed to the Investigator so that the exact monetary value may not be readily available), related to their institutional responsibilities; provided, however, that this disclosure requirement does not apply to travel that is reimbursed or sponsored by a Federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of Higher Education. This disclosure must include the purpose of the trip, the identity of the sponsor/organizer, the destination, and the duration.
- c. The term "significant interest" does NOT include:
- i. Salary or other remuneration from the University unrelated to the investigator's Institutional responsibilities;
 - ii. Reimbursement and/or income from seminars, lectures, or teaching engagements sponsored by, reimbursed travel or sponsored travel, and service on advisory or review panels for federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education;

- i. Interests of any amount in publicly-traded, diversified mutual funds, pension funds, or other institutional investment funds over which the faculty member does not exercise control; A significant interest does not necessarily constitute a conflict of interest or the appearance of a conflict of interest as defined above above

Attachment 2

Conduct of Research

1. Disclosure of Interests

- a. Prior to the submission of applications to sponsors for funds, or prior to the commencement of unsponsored research, or prior to the execution of a licensing agreement with a publicly-traded company in which the investigator has either an equity interest that exceeds \$5,000 or a greater than one percent (1%) ownership interest, whichever is less, or prior to the execution of a licensing agreement with a non-publicly traded company in which the investigator has an equity interest of any amount, all investigators must complete and submit to the Rowan University Office of Research the Investigator Financial and Other Personal Interests Disclosure Form, (hereinafter "Disclosure Form", EXHIBIT), and include any such interests related to their Institutional responsibilities described in Section IV.K above for themselves and/or members of their immediate family. If the investigator has no such interest, the investigator must check the box indicating that no such interest exists.
- b. Each investigator named on the project must complete a Disclosure Form. If one or more such investigators had not been named at the time of proposal submission, a Disclosure Form or Forms must be completed subsequently by such investigator(s) and submitted to the Rowan University Office of Research as soon as such investigators are assigned to the project.
- c. In the event the research involves human subjects, all investigators must also attach the completed Disclosure Form to the protocol submitted for IRB review.
- d. All Disclosure Forms must be completed in full and in detail, with sufficient information to determine if the interests meet the definition of "significant interest," and must be signed by the investigator and the investigator's Chair or Vice President. If the investigator is a Chair, the form must be signed by the Dean. Sponsored or unsponsored research for which there are disclosed interests from any investigator on the research project may not commence until the disclosures are reviewed to determine whether the disclosure(s) poses a real or perceived COI and, if needed, a plan developed to manage any and all disclosures determined to represent a COI.
- e. On an annual basis during the duration of the research, or within 30 days of discovering or acquiring (e.g., through purchase, marriage, or inheritance) new interests with respect to potential conflict of interest which otherwise changes since the original disclosure, each investigator shall be responsible for completing a new Disclosure Form and submitting it to the Rowan University Office of Research and, when human subjects are involved, to the IRB. The Rowan University Vice President of Research shall review annual and revised Disclosure Forms as in Section VI.A.2.b-e, below.
- a. For projects involving contracts, subcontracts or collaborations with outside institutions or groups, Rowan University Office of Research will take steps to ensure that any subrecipient Investigator complies with the Public Health Service, pursuant to 42 CFR

Part 50, Subpart F by incorporating as part of a written agreement with the subrecipient terms that establish whether the financial conflicts of interest policy of the awardee Institution or that of the subrecipient will apply to the subrecipient's Investigators. If the subrecipient's Investigators must comply with the subrecipient's financial conflicts of interest policy, the subrecipient shall certify as part of the agreement referenced above that its policy complies with this subpart. If the subrecipient cannot provide such certification, the agreement shall state that subrecipient Investigators are subject to the financial conflicts of interest policy of CMSRU for disclosing significant financial interests that are directly related to the subrecipient's work for CMSRU. If the subrecipient's Investigators must comply with the subrecipient's financial conflicts of interest policy, the agreement referenced above shall specify time period(s) for the subrecipient to report all identified financial conflicts of interest to the awardee Institution. Such time period(s) shall be sufficient to enable CMSRU to provide timely COI reports, as necessary, to PHS as required by this subpart. If the outside entity is an agency of the State of New Jersey, its policy must meet the requirements of New Jersey Law, Conflicts of Interest Law, N.J.S.A. 52:13D-19.1, and of the Public Health Service pursuant to 42 CFR Part 50, Subpart F. In the event the outside entity has no investigator conflict-of-interest policy, the written agreement referenced above shall specify time period(s) for the subrecipient to submit all Investigator disclosures of significant financial interests to CMSRU. Such time period(s) shall be sufficient to enable CMSRU to comply timely with its review, management, and reporting obligations under this subpart

2. Processing of Disclosure Forms

- a. All completed original and updated Disclosure Forms must be submitted by the investigator to the Rowan University Office of Research or CMSRU Senior Associate Dean for Research and, when human subjects are involved, to the IRB
- b. The Rowan University Vice President for Research shall review the Disclosure Form and determine which interests, if any, are significant interests as defined in Section IV.O.
- c. Disclosure Forms that reveal no significant interests shall remain on file in the Rowan University Office of Research.
- d. Whenever significant interests are disclosed, either on initial Disclosure Forms or on annual or revised Disclosure Forms, the Rowan University Vice President for Research shall forward the Disclosure Form to the COIC with notice to the investigator, the investigator's Chair, if any, and, when human subjects are involved, to the IRB.
- e. If an Investigator who is new to participating in the research project discloses a significant financial interest or an existing Investigator discloses a new significant financial interest to the Rowan University Vice President for Research, the COIC shall, within sixty days: review the disclosure of the significant financial interest; determine whether it is related to the research; determine whether a financial conflict of interest exists; and, if so, implement a management plan to manage the conflict of interest. Depending on the nature of the significant financial interest, the Rowan University Vice President for Research may determine that interim measures are necessary with regard to the Investigator's participation in the research project between the date of disclosure and the completion of the COIC's review.

3. Assessment of Significant Interests by the COIC

- a. It is the responsibility of each member of the COIC to divulge potential conflicts of interest. In the event that any member of the COIC has any real or apparent personal or professional conflicts of interest or bias with respect to the disclosure being considered, that member shall be recused. Such conflicts include, but are not limited to, involvement with the research in question, competition with the investigator, and a previous or ongoing close professional or academic relationship with the investigator, the sponsor, or competitor of the sponsor
- b. The COIC will review all Disclosure Forms forwarded by the Rowan University Vice President for Research and make the following determinations:
 - i. Whether the significant interests disclosed are relevant to the proposed research and whether they constitute or appear to constitute a conflict of interest. A conflict of interest shall be deemed to exist when the COIC reasonably decides that the significant interest could directly and significantly affect the objectivity of the research through the design, conduct or reporting of the research or training activities, or have the appearance of doing so. Not all significant interests constitute or appear to constitute a conflict of interest.
 - a. Which conditions or restrictions, if any, should be imposed upon the investigator prior to the expenditure of any funds under the Funding Agreement or the initiation of unsponsored research or training activities in order to manage, reduce or eliminate such conflicts of interest or appearances of conflicts of interest. The COIC may impose conditions or restrictions to manage, reduce or eliminate conflicts of interest including but not
 - i. limited to:
 1. public disclosure of significant interests
 2. monitoring plan with independent reviewers, such as data safety monitoring board, routine on-site study review, and/or consent process with independent subject advocate/representative
 3. audits of the informed consent and subject enrollment process
 4. modification of the conduct of the research plan or educational activity
 5. disqualification of those with significant interests from participation in all or a portion of the research or training activity
 6. reduction or divestiture of significant interests
 7. severance of relationships that create conflicts of interest or the appearance of such conflicts.
 - ii. Whether significant interests constitute a conflict or appearance of conflict and cannot be managed, reduced or eliminated. In these cases, the research cannot proceed.
 - b. In making these determinations, the COIC may:
 - i. Ask the investigator to appear before it to provide additional information to assist in the Committee's deliberations. In the event the Committee determines that the

investigator has a conflict of interest or an appearance of such conflict, the investigator must present compelling circumstances that the research can go forward as proposed, or with modifications imposed by the Committee.

- ii. Consult with individuals such as other faculty, scientists, financial experts, patents and licensing experts, IRB representatives, the pertinent Dean or other University officials, and others from inside or outside the University

c. COIC Decisions:

- i. When no conflicts of interest exist or appear to exist, the Committee will inform in writing the investigator, the investigator's Chair, and the CMSRU Dean that the research can proceed as proposed. If the research involves human subjects, the Committee will also notify the appropriate IRB.
- ii. When conflicts exist or appear to exist, the Committee may decide that the research may not proceed, or may impose measures to reduce, manage or eliminate the conflicts, such as those described in Section VI.A.3.b.(2) as a condition of the research going forward.
- iii. When conflicts exist or appear to exist and the Committee decides that the research can proceed as proposed or with measures to reduce, manage or eliminate the conflict or the appearance of a conflict, the Committee shall require the following disclosures:
 1. those investigator interests which constitute conflicts of interest in human research subjects be included in the consent forms associated with the research, and
 2. those investigator interests which constitute conflicts of interest be disclosed to research sponsors, journal editors, co-investigators, other relevant IRBs, and in oral presentations of the research.

d. Outcome of the COIC's decisions:

- i. The COIC will report its decision, including an explanation of its decision and a description of conditions or restrictions, if any, in writing to the investigator(s), the investigator's Chair, the Rowan University Vice President for Research and the CMSRU Dean. If the research involves human subjects, the Committee will also notify the appropriate IRB. In the case of PHS funded research, the Research Dean will notify the PHS funding agency within 60 days of the existence of the conflict of interest prior to any expenditure of any funds under the Funding Agreement in an Initial FCOI Report which will include the following elements:
 1. the name of the entity with which the investigator has a COI;
- i. the nature of the COI e.g., equity, consulting fees, travel reimbursement,
 1. honoraria, etc.;
 2. the value of the financial interest in increments of \$5000, \$10,000, \$20,000 or \$50,000 or a statement to the effect that the value cannot be readily determined;

3. a description of how the financial interest relates to the funded research and the basis for the institution's determination that the financial interest conflicts with such research;
4. key elements of the Institution's management plan, including:
 - a. Role and principal duties of the conflicted Investigator in the research project;
 - b. conditions of the management plan;
 - c. How the management plan is designed to safeguard objectivity in the research project
 - d. Confirmation of the Investigator's agreement to the management plan;
 - e. How the management plan will be monitored to ensure Investigator compliance; and
 - f. Other information as needed.

Following an Initial Report, the Institution will submit an Annual Report to the PHS Funding Agency to provide the information on the status of the financial conflict of interest and any changes to the management plan.
- ii. If the COIC's decision is that the research cannot proceed, the investigator(s), the investigator's Chair, and the CMSRU Dean will be notified of this decision. The funding agency or sponsor will be notified of the existence of the conflict of interest prior to any expenditure of any funds under the Funding Agreement and in the case of a PHS award, with an Initial Report as described above.
- iii. If the final decision includes conditions or restrictions to manage, reduce or eliminate a conflict of interest, the investigator shall document his or her compliance with such conditions or restrictions in writing to the investigator's Chair, the CMSRU Associate Dean for Research, the COIC and, in cases where human subjects are involved, the IRB, prior to the expenditure of any funds under the Funding Agreement or the commencement of unsponsored research.
- iv. If the final decision is that a conflict of interest exists but can go forward under conditions specified, the CMSRU Associate Dean for Research shall note this interest in an initial report to the PHS funding agency or sponsor of the identification of the conflict of interest prior to the expenditure of any funds under the Funding Agreement. If the final decision includes conditions or restrictions to manage, reduce or eliminate the conflict, the CMSRU Associate Dean for Research shall provide within the initial report to the funding agency or sponsor details of how the conflict of interest has been eliminated or acceptably managed or reduced.
- v. Whenever an Investigator discloses a significant financial interest that was not previously disclosed or, for whatever reason, was not previously reviewed by the COIC during an ongoing research project (or was not timely reviewed or reported by a subrecipient), the COIC shall, within sixty days: review the significant financial interest; determine whether it is related to the research; determine

whether a financial conflict of interest exists; and, if so implement a management plan that shall specify the actions that have been, and will be, taken to manage such financial conflict of interest going forward

- vi. For any interest that the COIC identifies as a conflict of interest subsequent to the COIC's initial report under the Funding Agreement, and after the expenditure of funds, the Institution will conduct a retrospective review of these cases of non-compliance to determine the impact of the bias on the research project. In instances where bias of the research has been found to exist, the Rowan University Vice President for Research will file a report to sponsor indicating what was found and what actions the Institution has taken, or will take, to eliminate or mitigate the effect of the bias within 120 days of that identification. In case of PHS-funded research, the Research Dean will document the retrospective review to the agency. Such documentation shall include, but not necessarily be limited to, all of the following key elements:
 1. Project number
 2. Project title
 3. PD/PI or contact PD/PI if a multiple PD/PI model is used
 4. Name of the Investigator with the COI
 5. Name of the entity with which the Investigator has a financial conflict of interest
 6. Reason(s) for the retrospective review
 7. Detailed methodology used for the retrospective review (e.g., methodology of the review process, composition of the review panel, documents reviewed)
 8. Findings of the review; and
 9. Conclusions of the review
- vii. Based on the results of the retrospective review, if appropriate, the Rowan University Vice President for Research shall update the previously submitted FCOI report, specifying the actions that will be taken to manage the financial conflict of interest going forward. If bias is found, the Institution is required to notify the PHS Awarding Component promptly and submit a mitigation report to the PHS Awarding Component. The mitigation report must include, at a minimum, the key elements documented in the retrospective review above and a description of the impact of the bias on the research project and the Institution's plan of action or actions taken to eliminate or mitigate the effect of the bias (e.g., impact on the research project; extent of harm done, including any qualitative and quantitative data to support any actual or future harm; analysis of whether the research project is salvageable). Thereafter, the Institution will submit FCOI reports annually, as specified elsewhere in this subpart. Depending on the nature of the financial conflict of interest, an Institution may determine that additional interim measures are necessary with regard to the Investigator's participation in the PHS-funded research project between the date that the financial conflict of

interest or the Investigator's noncompliance is determined and the completion of the Institution's retrospective review.

- viii. Compliance with the conditions for managing the conflict of interest will be monitored annually. If the investigator fails to comply with the management plan and it is determined by the COIC that this noncompliance has biased the design, conduct, or reporting of the research, this shall be promptly reported to the CMSRU Dean and the funding agency or sponsor along with a corrective action plan taken or to be taken to maintain appropriate objectivity of the research.

Cooper University Health Care employed Clinical and Basic Science Faculty:

The policy for clinical and basic science faculty is based on CUHC Policy R2-Investigator Financial Disclosure and Conflict of Interest Policy, revised and reviewed 11/01/2012. All Clinical faculty conducting research who are Cooper employees are required to comply with CMSRU policies and procedures (as pertinent to them) and the Investigator Financial Disclosure and Conflict of Interest Policy of the Cooper Health System (CHS).

I. APPLICABILITY:

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

II. DEFINITIONS:

A. Investigator

The term “investigator” shall mean:

1. the principal investigator,
2. co-principal investigators, co-investigators, and
3. any other person at CHS who is or will be responsible for the design, conduct or reporting of funded or proposed research, educational or service activities proposed for funding by any internal or external sponsor; these persons may include research associates, technicians, consultants, postdoctoral fellows, graduate and other students, etc.
4. For purposes of this Policy, the term “investigator” also includes the investigator’s spouse and dependent children.

B. Senior/Key Personnel

1. This term refers to any person identified as senior/key personnel by CHS in any grant application, progress report or any other report submitted on a Public Health Service funded research project.

C. Reportable Significant Financial Interests

1. The term “reportable significant financial interests” shall mean anything of monetary value including, but not limited to: salary, royalties or other payments for services (e.g., consulting fees, paid authorship, honoraria, gifts of cash or goods, salary for an executive position or for other employee position in a for-profit business, compensation for service on a Board of Directors or Scientific Advisory Board in a for-profit business, etc.) (Investigators must also disclose the occurrence of any reimbursed or sponsored travel (i.e., that which is paid on behalf of the investigator and not reimbursed to the investigator), and the disclosure must include, at a minimum, the purpose of the trip, the identity of the sponsor/organizer, the destination and the duration).
 - b. intellectual property rights (e.g., patents, copyrights and royalties from such rights),
 - c. equity interests (e.g., stocks, stock options or other ownership interests) in business enterprises or entities.
 - d. equity interests, including stock options, of any amount in a non-publicly-traded financially interested company (or entitlement to the same).
2. The term “reportable significant financial interests” shall NOT include:
- a. salary, royalties or other remuneration from the CUHC;
 - b. income from seminars, lectures or teaching engagements sponsored by a federal, state or local government agency, or an accredited college or university (including an academic teaching hospital, a medical center or a research institution that is affiliated with an accredited college or university;
 - c. income from service on advisory committees or review panels for a federal, state or local government agency, or an accredited college or university (including an academic teaching hospital, a medical center or a research institution that is affiliated with an accredited college or university;
 - d. holdings in publicly traded, diversified mutual funds, pensions funds, or other investment funds over which the investigator does not directly exercise control over the investment decisions made in these vehicles.
3. A “*de minimis* financial interest” means a “reportable significant financial interest” which meets the following criteria:
- a. salary, royalties or other payments that, when aggregated for the investigator and the investigator’s spouse and dependent children, are not expected to exceed \$5,000 during the next twelve-month period; equity interests in any publicly traded entity that, when aggregated for the investigator and the investigator’s spouse and dependent children does not exceed \$5,000 in value as determined through reference to public prices or other reasonable measures of fair market value.

D. Financially Interested Individual

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

E. Financially Interested Company

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

F. Rebuttable Presumption

The term “Rebuttable Presumption Against Financial Interests in Human Subject

Research” shall mean:

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

G. Compelling Circumstances

1. The term “compelling circumstances” means facts considered by the Cooper University Health Care Research Ethics Committee that convince the Committee to allow an investigator with a reportable financial interest to conduct human subjects research.

Those facts include, but need not be limited to: the nature of the research; the magnitude of the financial interest and the degree to which it is related to the research; the degree to which the financial interest could be directly and substantially affected by the research; the degree of risk to subject’s participating in the research; the extent to which the financial interest can be effectively overseen and managed; whether the investigator is uniquely qualified to conduct the research by virtue of experience and expertise; whether the research could otherwise be conducted safely or effectively without the investigator.

3. In reaching its determination the Committee will balance the potential benefits of the project and the investigator’s participation in it with the risks to the subjects, risks to the integrity of the research data, risks of bias, and any risks which might be caused by the appearance of conflict.

H. Prohibition of Payments for Results

The term “Payments for Results” shall mean:

1. payments conditioned upon particular research results or tied to desirable or preferred research outcomes;
2. payments for subject enrollment or for referral of patients to research studies are permitted only to the extent such payments are:
 - a. reasonably related to costs incurred, as specified in the research agreement between the sponsor and the institution;
 - b. reflect the fair market value of services performed; and
 - c. are commensurate with the efforts of the individual(s) performing the research.

III. STATEMENT OF POLICY:

- A. Investigators shall not apply for research, education or service funds unless he/she has completed a financial disclosure form that has been evaluated by the Research Ethics Committee.
- B. Investigators planning to participate in sponsored pharmaceutical or device clinical trials shall file a financial disclosure form to be evaluated by the Cooper Research Institute Administrator prior to IRB review.
- C. No human subjects research shall be conducted by an investigator with a reportable financial interest unless the Research Ethics Committee has found compelling circumstances, communicated its

findings to the Cooper University Health Care IRB, and the IRB concurs with the Research Ethics Committee's compelling circumstances determination.

- D. No research shall be conducted in Cooper University Health Care which includes payment for desired or preferred results.
- E. Cooper University Health Care will not approve research protocols that: limit the right of the principal investigator to receive, analyze and interpret all data generated in the research; condition the right to publish on a preferred or desired outcome of the study; or permit a sponsor or other financially interested company to require more than a reasonable period of prepublication review.

IV. POLICY IMPLEMENTATION:

A. Disclosure of Reportable Significant Financial Interests

1. Responsibility to Disclose

- a. Each investigator planning to apply for or receiving funds for research, educational or service activities and all senior/key personnel on any PHS funded research project shall disclose to the Cooper Research Institute Administrator all those reportable financial interests of the investigator and of the investigator's spouse and dependent children as described below:
 - i. that might reasonably appear to be affected by the research service or educational activities funded or proposed for funding; or
 - ii. in entities whose financial interests might reasonably appear to be affected by the research service or educational activities funded or proposed for funding.
 - iii. This reporting obligation shall also apply to non-human subject research, and, under the following circumstances, to pre-clinical research:
 - 1. first, the non-human subject research is linked to any reportable financial interest, and:
 - 2. second, the pre-clinical research is reasonably anticipated to be (i) a component of an IND submission or (ii) progress to research involving human subjects within twelve (12) months.

When a reportable financial interest is disclosed in the context of non-human subject or pre-clinical research, the Research Ethics Committee shall have the authority to decide whether any of the policy stipulations that apply to human subjects research should apply to this research. iv. The duty to disclose as provided for in this Policy shall also apply to research where an IRB other than a Cooper IRB is the designated IRB for the initial approval and continuing review of a research protocol. In such an instance, the Research Ethics Committee shall send its determination to the designated IRB, and also disseminate its determination as required in Section VI, B, 3,a below.

2. Timing of Disclosure

- a. All of the above required financial disclosures shall have been provided by the investigator to the Senior Vice President for Academic Affairs through the Cooper Research Institute Administrator **AT THE TIME THE PROPOSAL IS SUBMITTED TO THE FUNDING AGENCY**. No proposal may be submitted to a funding agency without such disclosure. For sponsored clinical trials, financial disclosure by investigators must be filed at or before the time of application for IRB approval. Human subjects research projects will not be reviewed by the IRB prior to receipt of disclosures and resolution of conflicts of interest as necessary. Investigators with conflicts as defined herein are advised to file disclosures as early as possible to avoid unnecessary delay in IRB review.

3. Disclosure Form

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

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

- c. Prior to the submission to the Cooper Research Institute Administrator, the Investigator Financial Disclosure Form shall be signed by the investigator and, if a conflict is indicated, by the Chief of the department or, if the investigator is a department Chief, by the Senior Vice President for Academic Affairs.
- d. The Cooper Research Institute Administrator shall transmit the Investigator Financial Disclosure Forms to the Committee described in Section VI, B below when the information disclosed suggests that a reportable financial interest or other conflict of interest may exist. Those Investigator Financial Disclosure Forms which are not transmitted to the Committee shall remain on file in the office of the Research Administrator.
- e. Each investigator shall be responsible for updating his/her Investigator Financial Disclosure Form during the period of the award and submitting it to the Cooper Research Institute Administrator on an as needed basis, within 30 days of discovering or acquiring, disclosing any new reportable financial interest obtained or any changes in the investigator’s situation with respect to a previously disclosed potential conflict of interest since the original financial disclosure made at the time of submission of the proposal.

B. Review of Financial Disclosures and Resolution of Conflicts Revealed

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

1. Scope of the Committee

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

- a. review financial disclosures from investigators that have been referred by the Cooper Research Institute Administrator
- b. determine whether a reportable financial interest exists, which reasonably appears to affect the design, conduct or reporting of the research, service or educational activities.

- c. In the case of human subjects research determine whether in the event of a reportable financial interest, there are nonetheless compelling circumstance for allowing the research to proceed pursuant to such conditions as may be imposed by the Committee.
- d. recommend what conditions or restrictions should be imposed upon the investigator to manage, reduce or eliminate such conflicts of interest. Examples of conditions or restrictions that might be imposed to manage, reduce or eliminate conflicts of interest include, but are not limited to:
 - i. disclosure of the reportable financial interest to: (i) state and federal officials, as required by state or federal regulation; (ii) research funders or sponsors; (iii) if the study is part of multicenter trial, the Principal Investigator of the trial and the IRBs of the other participating institutions (iv) to co-investigators and other staff working with the investigator on the project; (v) to the editors of any publication to which a manuscript concerning the project is submitted; (vi) the public, in connection with any oral or written public communication of the research results; (vii) to the research subjects in a manner sufficiently specific to identify the nature of the financial interest and that it has been reported to and is being managed by the institution
 - ii. monitoring of the research or educational activity by independent reviewers;
 - iii. modification of the research plan or educational activity;
 - iv. disqualification from participation in one or more elements of the research or educational activity (such as, restricting participation in subject recruitment or selection, consenting of subjects, analyzing or collecting data, or adverse event reporting, or, in the case of early-stage research, limiting participation to certain preliminary activities);
 - v. divestiture of reportable financial interests or reduction of the amount of the interest to an acceptable level, if one exists;
 - vi. deferral or waiver of payment to an investigator, or:
 - vii. severance or limitation of the extent of relationships that create conflicts of interest.

2. Operations of the Committee

- a. While considering specific disclosures, the Committee may, subject to appropriate confidentiality restrictions, consult with individuals such as other members of the staff, scientists, experts in the field, the CUHC attorney, the Cooper Research Institute Administrator, the Senior Vice President for Academic Affairs, the Associate Dean for Research of the Cooper Medical School of Rowan University.
- b. The Committee may ask the investigator to appear before it to provide additional details to assist in the Committee's determination about the existence of a conflict of interest and/or its recommendations concerning conditions or restrictions. It is expected that all faculty and staff will cooperate with the Committee.

3. Determination, Recommendations and Final Decision

- a. The Committee shall convey in writing its determination and recommendations and the reasons therefore to the IRB with copies to the investigator, Senior Vice President for Academic Affairs or his designee, appropriate Department Chief and Division Head.
- b. If the final decision is that a conflict of interest exists, but the research may proceed, the Cooper Research Institute Administrator shall report this to the funding agency prior to the expenditure of any funds under the award. The funding agency shall at the same time be assured that the conflict of interest has been managed, reduced or eliminated.

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

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

4. Subsequent Disclosures

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

C. Training

1. Training will be conducted via the Cooper Learning Network and will be required of all investigators prior to their initiation of any government sponsored research. The course is entitled the Financial Conflict of Interest (FCOI) Tutorial.

D. Enforcement

1. Failure to Submit

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

2. Failure to Disclose

a. Failure of any investigator to completely and truthfully fill out the Investigator Financial Disclosure Form shall be considered a breach of responsibility and shall be subject to the full range of disciplinary action, including, where applicable, notification of the funding agency and other interested parties.

3. Failure to Comply

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

Affairs or his designee about corrective actions shall be transmitted to the funding agency by the Cooper Research Institute Administrator.

b. In addition, where PHS-funded research is involved, the Committee will, within 120 days of the determination of noncompliance, complete a retrospective review of the investigator's activities and the PHS-funded research project to determine whether any PHS-funded research, or portion thereof, conducted during the time period of noncompliance, was biased in the design, conduct, or reporting of such research and report the results of that review to the applicable federal agency.

4. Conflict Not Disclosed Prior to Research

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

E. Reports and Record-Keeping

1. Maintenance of Determinations and Recommendations

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

2. Annual Reporting

a. Annually in January, the Cooper Research Institute Administrator shall summarize for the Senior Vice President for Academic Affairs all of the past year's financial disclosures, Committee determinations and recommendations, final decisions, actions taken and the outcomes thereof.



Cooper Medical School of Rowan University

POLICIES AND PROCEDURES

SECTION: Faculty Affairs

SUBJECT: Conflict of Private Interests of Faculty with Academic/Teaching Responsibilities

ISSUE DATE: Rowan University January, 2019 and Cooper Health System July, 2019

REVISION DATE: February 3, 2020

INITIATED BY: Office of Faculty Affairs

APPROVED BY:

Annette C. Reboli, M.D.

Annette C. Reboli, M.D., Dean

POLICY: Conflict of Private Interests of Faculty with Academic/Teaching Responsibilities

PURPOSE: At CMSRU, all clinical and basic science faculty (full-time, part-time, adjunct, etc.) are required to abide by and conduct themselves by all ethics and conflict of interest rules and regulations as promulgated by the State of New Jersey through the State Ethics Commission (for Rowan University employees) and by the Cooper Health System Policies and Procedures (for Cooper University Health Care employees). This policy is derived from the following policies: Rowan University's Ethical Obligations for Rowan Employees (<https://sites.rowan.edu/president/ethics.html>); and the Conflicts of Interest and Commitment Policy of the Cooper Health System, Policy 12.102 (reviewed and revised 07/12/2019)

SCOPE: All CMSRU Clinical and Basic Science Faculty (Rowan University and Cooper University Health Care employees)

PROCEDURE:

Rowan University employed Basic Science Faculty:

Based on Rowan University's "Ethical Obligations for Rowan Employees" (<https://sites.rowan.edu/president/ethics.html>) as State of New Jersey employees, all basic sciences faculty (full-time, part-time and adjunct) and all other State of New Jersey employees affiliated with the medical school are required to comply with all New Jersey State Ethics Commission (SEC) rules and regulations. These rules and regulations are in place to ensure that employees conduct themselves in an ethical manner and to instill a sense of confidence and trust on the part of the public that they are doing so. All State employees are prohibited from engaging in activities that present a conflict of interest and it is incumbent upon all employees to avoid even the appearance of a conflict of interest in how we conduct ourselves in the performance of our positions.

The **Plain Language Guide**, issued September 2006, lays out 10 principles of ethical conduct that all employees must follow. This guide is based on the State's **Uniform Code of Ethics**, January 2019, that has been adopted at Rowan.

As State employees, we have some specific obligations and requirements. Most importantly, all employees **MUST**:

1. Submit receipts that they have received and reviewed the State's **Uniform Code of Ethics**, the State Ethics Commission's **Plain Language Guide**, and the **Scholarly Capacity Rule Impact Statement** (these documents and the acknowledgment and receipt process can be done through you individual Banner account)
2. Complete the State **Outside Activity (employment) Questionnaire**
3. Annually review the **Ethics Briefing** or attend an ethics briefing/training session conducted by the ELO or designated staff member

All employees with supervisory responsibilities must also complete a **Conflicts of Interest Certification**. In addition, employees must also fill out a **Request for Approval for Attendance at Event Form** before attending any off-campus events that are sponsored by a non-government group and that are not in their scholarly capacity or work capacity. All employees who received a benefit while working within their scholarly capacity must annually complete the **Scholarly Capacity Disclosure Form** (this would include honoraria, royalties, conference attendance fees, etc.). All employees involved in purchasing decisions must complete a **Personal and Business Relationships Disclosure Form**.

Members of the Rowan University Board of Trustees are required to complete Executive Order **14 Conflicts of Interest Form** as well as review a complete list of vendors to ensure there is no conflict of interest. The University President is required to complete and submit the **Financial Disclosure Statement for Public Employees**.

These obligations are **MANDATED** by the State of New Jersey and the State Ethics Commission and employees must comply. The State conducts audits of all agencies, including the colleges and universities, to review compliance with these regulations.

Questions concerning these rules and regulations and related obligations should be directed to Robert Zazzali, Ethics Liaison Officer, x4110 (zazzali@rowan.edu) Also, allegations or concerns about ethical conduct addressed above should also be directed to the ELO.

Documents

- [Request For Approval For Attendance At Events](#)
- [State of New Jersey Outside Activity Questionnaire](#)
- [Attendance at Events, Acceptance of Honoraria, Acceptance of Compensation for Published Works, and Acceptance of Things of Value](#)
- [State of New Jersey/Rowan University Scholarly Capacity Disclosure Form](#)
- [Plain Language Guide to New Jersey's Executive Branch Ethics Standards](#)
- [Uniform Ethics Code](#)
- [Scholarly Capacity Rule Impact Statement](#)
- [Personal and Business Relationships Disclosure Form](#)
- [State Ethics Liaison Officers Responsibilities](#)

Cooper University Health Care Clinical and Basic Science Faculty:

All faculty who are Cooper University Health Care employees are required to comply with CMSRU policies and procedures (as pertinent to them) and the Conflicts of Interest and Commitment Policy of the Cooper Health System, Policy 12.102, reviewed and revised 07/12/2019.

I. DEFINITIONS:

A. Cooper Representatives:

1. Cooper Representatives include:

- a. Members of the Board of Trustees and its committees;
- b. Cooper's executives and officers;
- c. All Cooper Health System employees at all locations, including contract, part-time and temporary employees;
- d. Residents, students and volunteers;
- e. Medical staff; and
- f. Agents of Cooper

B. Conflict of Interest:

1. Conflict of Interest refers to a situation where an individual's financial, professional or other personal considerations may, directly or indirectly, affect, or have the appearance of affecting, an individual's professional judgment in exercising any duty or responsibility on behalf of Cooper.

C. Conflict of Commitment:

1. "Conflict of Commitment" refers to situations where outside activities potentially affect the ability of Cooper Representatives to devote the time, talent and loyalty required to fulfill the terms of employment.

II. CONFLICTS OF INTEREST:

A. Duties of Cooper Representatives

1. All decisions and actions taken by Cooper Representatives in conducting Cooper business shall be made in a manner that promotes the best interests of Cooper. Cooper Representatives shall avoid activities or situations in which external interests conflict or appear to conflict with the interests of Cooper.
2. Cooper Representatives shall not use their Cooper position to influence outside organizations or individuals for the direct financial, personal or professional benefit of themselves, members of their family or others with whom they have a relationship such that their actions could be construed as conveying a personal favor.

Cooper Representatives have an affirmative obligation to disclose actual and potential conflicts to the appropriate Cooper representative (described below) and withdraw from any participation or decision-making (formal or informal) related to the conflict, until the matter is reviewed and appropriately addressed.

4. Legitimate activities protected by Section 7 of the National Labor Relations Act are not considered to be a conflict of interest under this policy.

B. Disclosure and Resolution of Conflicts of Interest

1. If a conflict of interest or potential conflict of interest arises, Cooper Representatives have an affirmative obligation to notify their supervisor, the Chief Compliance Officer and/or the Legal Department (either directly or

through their supervisor). It is important that actual and potential conflicts be reported immediately so that the situation can be managed effectively and Cooper's interests in conflict-free decision-making can be protected.

2. Anonymous reports may be made through the Compliance Hotline (1-800-500-0333 or online at cooperhealth.alertline.com).
3. The Legal, Compliance, and Human Resources Departments will review the pertinent information and fashion an appropriate solution, based upon the individual facts of the situation.
4. Many methods exist for resolving conflicts of interest. For example, Cooper Representatives may be required to disclose the conflict to others and withdraw from any decision-making role potentially affecting the conflicted interest. In other situations, Cooper Representatives may be required to terminate their outside relationship or sever employment with Cooper.
5. The affected employee will be notified in writing of the method by which the conflict will be resolved.
6. Failure to comply with the written notification may result in employee discipline, including termination of employment.

C. Common Guiding Principles

1. Conflicts of interest may take many forms and may be difficult to identify. Cooper Representatives must remain vigilant in identifying actual and potential conflicts of interest. The following principles provide guidance to common conflicts of interest situations.
 - a. Business decisions:
 - i. Cooper Representatives may not use their position to make or influence business decisions for the financial, personal or professional benefit of themselves, their family members, or others with whom they have a personal relationship that could be construed as conveying a personal favor. Business decisions that affect or potentially affect personal financial interests must be identified and disclosed.
 - b. Use of Cooper resources:
 - i. The use of Cooper resources (e.g. employee time, telephones, email, copying machines, computer equipment, etc.) for personal and / or financial gain is a prohibited conflict. Corporate Policies [9.105 - E-Mail Acceptable Use Policy](#) , [9.106 - Cooper Computer Acceptable Use](#) , [9.108 - Internet Acceptable Use Policy](#), [9.207 - Information Assurance Policy](#) limit employee usage of Cooper resources in other circumstances.
 - c. Family and personal relationships:
 - i. Cooper Representatives may not participate in decisions involving a direct benefit (e.g., hiring, salary, work assignments, evaluations, etc.) to a family member. Family or personal relationships that pose an actual or potential conflict of interest must be identified and disclosed.
 - d. Gifts and Gratuities:

- i. The acceptance of gifts and gratuities is governed by Cooper's Vendor Interaction Policy (1.139 - Vendor Interactions).

D. Examples of conflicts that are prohibited:

1. hiring and / or supervising a family member
2. operating or owning a business that competes with Cooper
3. using privileged Cooper information (e.g., patient information, business information) for personal gain or in assisting an outside organization to obtain a preferred position in connection with that information
4. authorizing a consulting contract for a family member
5. using your position to influence a contract award to a business that you or a family member own
6. soliciting gifts or other benefits from a vendor
7. using Cooper facilities, equipment or resources for personal gain or to operate a business

E. Examples of conflicts that require disclosure:

1. spouse is employed by a company that contracts with Cooper physician or other employee has been offered to consult for or speak on behalf of a pharmaceutical company

III. CONFLICTS OF COMMITMENT:

A. Duties of Cooper Representatives

1. When working for Cooper, Cooper Representatives must devote themselves to their role at Cooper.
2. Cooper Representatives must disclose outside activities that represent, or may be perceived as representing, a conflict of commitment to supervisory management.
3. Cooper encourages its employees to be active members of the health care and local community and recognizes that outside service may benefit Cooper. The time and effort permitted for service to outside organizations depends upon the individual's job responsibilities and the supervisor's expectations for that employee's level of involvement with professional and community organizations.

IV. ANNUAL DISCLOSURE STATEMENT:

- A. As determined by the Board's Audit / Ethics Committee, certain Cooper Representatives must additionally complete an annual conflict of interest disclosure statement. The completion of the annual conflict of interest disclosure statement does not diminish any other disclosure obligations required by this or any other Cooper policy related to conflicts of interest and conflicts of commitment.

V. RELATIONSHIP TO OTHER COOPER POLICIES:

- A. Cooper recognizes that Cooper Representatives perform many different functions on behalf of Cooper. As such, a particular outside interest, activity or relationship that is a conflict for one member of the Cooper community, may not be a conflict for someone with different responsibilities or areas of influence within Cooper's business. While all Cooper Representatives are subject to this Conflicts Policy, some Cooper Representatives are subject to additional policies, procedures and disclosure requirements. Cooper Representatives whose responsibilities are affected by the following policies must be familiar and compliant with all content and operations specified within the policy:

1. Medical Staff Policy, 12.101 - Provider Conflicts of Interest (Previously 1.302)
2. Research, 1.138 - Institutional Financial Conflict of Interest in Human Subject Research
3. R2 - Investigator Financial Disclosure and Conflict of Interest Policy

VI. ENFORCEMENT:

- A. Cooper Representatives whose responsibilities are affected by this policy are expected to be familiar with its contents and operation. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Performance management may also include modification of compensation, including to any merit or discretionary compensation awards, as allowed by applicable law.



Cooper Medical School of Rowan University

POLICIES AND PROCEDURES

SECTION: Faculty

SUBJECT: Clinical Faculty Reappointment

ISSUE DATE: May 2020

REVISION DATE: June 2022

INITIATED BY: Office of Faculty Affairs

APPROVED BY:

Annette C. Reboli, M.D.

Annette C. Reboli, M.D., Dean

POLICY: CMSRU Clinical Faculty Reappointment Policy

PURPOSE: To set forth the process under which clinical faculty members are reappointed at CMSRU.

SCOPE: This policy applies to all full-time and volunteer clinical faculty of CMSRU.

DEFINITIONS: Clinical Faculty are those members of the faculty who work within the clinical patient care setting instructing medical students and residents; they are coterminous and non-tenure track faculty.

PROCEDURE: Faculty reappointments will be issued as follows:

Instructor	every 2 years
Assistant Professor	every 2 years
Associate Professor	every 3 years
Professor	every 3 years

The Office of Faculty Affairs (OFA) will provide clinical departmental chairs and corresponding departmental appointment and promotion (A&P) chairs a listing of full time and volunteer faculty due for reappointment by April 1 annually.

The departmental chair and departmental A&P chair will evaluate whether each faculty member's reappointment is appropriate and notify the OFA of any objections to a specific individual's reappointment by May 1.

The CMSRU A&P Committee will review and approve faculty reappointments at its May meeting and forward to the CMSRU Dean. The Dean and Provost will review recommendations and move appropriate faculty candidates forward to the Rowan Board of Trustees (BOT) for reappointment. The Rowan BOT will review at its June meeting and reappointments will be effective September 1. Reappointed faculty members will receive reappointment letters in early July.

If a departmental chair decides not to recommend a faculty member for reappointment, the faculty member has the right to appeal the decision to the CMSRU Associate Dean for Faculty Affairs.



Cooper Medical School of Rowan University

POLICIES AND PROCEDURES

SECTION: Faculty

SUBJECT: Faculty Dismissal/Non-reappointment

ISSUE DATE: November 2010

REVISION DATE: May 2020 and June 2022

INITIATED BY: Office of Faculty Affairs

APPROVED BY:

Annette C. Reboli, M.D.

Annette C. Reboli, M.D., Dean

POLICY: Faculty Dismissal or Non-Reappointment

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

SCOPE: This policy applies to all full-time and volunteer faculty of CMSRU.

DEFINITIONS:

Full-time faculty - Full time faculty status is designated for faculty employed by Rowan University or Cooper University Health Care (CUHC). As outlined in the affiliation agreement between Rowan University and CUHC, all CUHC employed faculty maintain their faculty status coterminous with employment.

Volunteer faculty - Volunteer faculty status is designated for those faculty members whose professional services are only partially conducted in facilities of the medical school or its affiliates; volunteer faculty are not employed by the medical school, University or CUHC.

PROCEDURE:

CMSRU may dismiss or withdraw appointment to a faculty member immediately for Cause in the event of one or more of the following:

- Suspension or termination of your license to practice medicine in any State (if applicable);
- Suspension or loss of medical staff privileges at CUHC or any other hospital which has an affiliation agreement with CMSRU and such suspension, limitation, termination, or non-renewal is not reversed within forty-five (45) days thereafter, except where the faculty member voluntarily resigns such privileges for reasons unrelated to care of patients, clinical competency or conduct;

- Conviction of a crime;
- Indictment, charge, conviction, or plea of guilty or nolo contendere for any crime involving fraud, falsehood, dishonesty or moral turpitude, or to a felony (or a crime classified under New Jersey law of the first, second or third degree);
- Disbarment or exclusion by any state or federal agency;
- Disability which renders the faculty member unable to perform the essential functions of their position with a requested reasonable accommodation;
- Faculty member's attempt or perpetration of a material fraud upon CMSRU or engaging in conduct which, in the discretion of CMSRU, is materially harmful to CMSRU's operations;
- Faculty member's threat or use of violence against any CMSRU student, staff member, faculty member, visitor, or associate;
- Faculty member's egregious, repetitive mistreatment of learners despite remediation;
- Faculty member's death;
- Faculty member violates CMSRU's ethics policies and procedures;
- Faculty member's willful failure to materially perform their duties (for reasons other than incapacity due to illness or disability);
- Faculty member's breach of any other provision of their employment agreement, after notice and 14 days opportunity to cure.

A faculty member may be dismissed for cause at any time. Reappointment may be withheld for Cause, for a change in programmatic need, for fiscal reasons, or for failure to perform designated faculty responsibilities. Notice of non-reappointment will be provided to the faculty member at least 3 months prior to enactment. The departmental chair will notify any faculty member who will not be reappointed to the medical school.



Cooper Medical School of Rowan University

POLICIES AND PROCEDURES

SECTION: Faculty

SUBJECT: Annual Review of Faculty

ISSUE DATE: November 1, 2013

REVISION DATE: May 2020

REVIEW DATE: June 2022

INITIATED BY: Office of Faculty Affairs

APPROVED BY:

Annette C. Reboli, M.D.

Annette C. Reboli, M.D., Dean

POLICY: CMSRU Annual Review of Faculty Policy

PURPOSE: To set forth the process for annual review of faculty.

SCOPE: This policy applies to all full time CMSRU faculty.

DEFINITIONS:

Full time faculty - Full time faculty status is designated to faculty employed by Rowan University or Cooper University Health Care (CUHC). As outlined in the affiliation agreement between Rowan University and CUHC, all CUHC employed faculty maintain their faculty status coterminous with employment.

PROCEDURE:

- All CMSRU faculty must meet with their departmental chair (or designee) on a yearly basis to complete the Cooper Medical School of Rowan University Faculty Evaluation Form. The form must be signed and dated by both the faculty member and the division head (or department chair where appropriate).
- The departmental chair must review and sign the evaluation form. All faculty evaluations must be returned to the Dean's Office at CMSRU by July 1.
- The form is then reviewed and signed by the chief physician executive of CUHC or designee (if applicable), and the Dean or designee of CMSRU.
- A copy of the completed form is returned to the faculty member.

Cooper Medical School of Rowan University
FACULTY EVALUATION FORM AND PROFESSIONAL DEVELOPMENT PLAN

.....

Faculty Member: _____ Evaluation Year: _____
Department: _____ Rank: _____ Years in Rank: _____
Date: _____

I. CLINICAL/PATIENT RELATED ACTIVITIES (Percent time _____ %)

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

Faculty Comments:

- Clinical/ special accomplishments

Division Head/Department Chair Comments:

II. TEACHING RESPONSIBILITIES (Percent time _____ %)

Faculty Comments:

- Include a list of lectures, chief's rounds and grand rounds.
- Include such resident and student areas as physical diagnosis course/OSCE's and resident interviews.
- Attach evaluations from students and trainees

- Medical Students
- Residents
- Fellows
- Other (Visiting Professorships, Grand Rounds, etc.)

Division Head/Department Chair Comments:

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

Faculty Comments:

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

Division Head/Department Chair Comments:

IV. FACULTY DEVELOPMENT ACTIVITIES (Percent time _____ %)

Faculty Comments:

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

Division Head / Department Chair Comments:

V. ADMINISTRATIVE SERVICE/COMMITTEES (Percent time _____ %)

Faculty Comments:

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

Division Head/Department Chair Comments:

VI. HONORS AND AWARDS (List):

Faculty Comments:

Division Head/Department Chair Comments:

VII. CITIZENSHIP AND TEAM ACTIVITIES (Percent time _____ %)

Faculty Comments:

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

- Hours of service to CMSRU:

Division Head/Department Chair Comments:

VIII. SERVICE TO THE COMMUNITY

Faculty Comments:

Division Head/Department Chair Comments:

IX. SUMMATION AND CONCLUSION

Faculty Comments:

Division Head/Department Chair Comments:

Progress toward promotion discussed: (Check box)	<input type="checkbox"/>	Hours of Faculty Development (not in your discipline)	_____
Progress toward tenure (for Biomedical Science Faculty only) discussed:	<input type="checkbox"/>	Number of Hours of Service to CMSRU	_____

X. LIST MUTUALLY AGREED UPON GOALS FOR THE COMING YEAR

- Include scholarly goals, teaching goals, and service goals.

Signatures:

_____	_____
Faculty Member	Date

_____	_____
Division Head	Date

_____	_____
Chair	Date

_____	_____
Chief Physician Executive or designee	Date

_____	_____
Dean or designee	Date

Biomedical Sciences Tenure Document

COOPER MEDICAL SCHOOL OF ROWAN UNIVERSITY DEPARTMENT OF BIOMEDICAL SCIENCES RECONTRACTING AND TENURE CRITERIA 2019-2020

1. STATEMENT OF TERMINAL DEGREE

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

2. PURPOSE OF THIS DOCUMENT and WEIGHTING OF EVALUATION CRITERIA

This document is designed to accomplish the following tasks:

- To describe the types of activities that are expected of tenure-eligible faculty members in fulfillment of their academic career objectives, and that are valued for their contributions to the Department, Medical School, University, Professional Community, and Wider, Non-Professional Community.
- To define the characteristics of excellence that distinguish these activities as having high value to the Department, Medical School, University, Professional Community, and Wider, Non-Professional Community, and that identify these activities as those that are worthy of consideration in the tenure decision process.

Only faculty members appointed to the Tenure Track are eligible to be considered for tenure. Documented evidence justifying the degree of permanence afforded by the award of Tenure is needed. This documented evidence must include:

- Professional excellence in teaching, scholarly activities, and service to the University, and to the professional and wider non-professional community (where applicable); *and*
- Demonstrated professional dedication and ability to sustain a scholarly program.

This Tenure and Recontracting document is designed to disseminate information regarding the specific *criteria* that members of the Department of Biomedical Sciences at CMSRU must successfully demonstrate, at the various stages of their tenure and recontracting process.

The Recontracting and Tenure decision shall be based on a thorough evaluation of the candidate's total contribution to the mission of Rowan University and CMSRU in the faculty domains of teaching, scholarship and service. Faculty recognition and reward through the award of Tenure shall be based upon each faculty member's sustained contribution in the areas of teaching effectiveness, scholarly achievement, and service to the defined mission and purpose of CMSRU, as undertaken and supported

by the department and discipline in which the faculty member holds appointment. While specific responsibilities of faculty members may vary because of the special assignments or because of the particular mission of the academic

unit, all evaluations for recontracting and tenure shall address the manner in which each candidate has performed in the areas of teaching, scholarly achievement, service to the Medical School and to the University, and service to the professional and wider, non-professional community.

To achieve recontracting and tenure, CMSRU faculty are expected to achieve excellence in 4 key areas: Teaching Effectiveness, Scholarship, Service to the Medical School and the University, and Service to the professional and the wider, non-professional community. For tenure-eligible faculty in the Academic Educator track, it is expected that the typical weighting of these criteria will be 40 - 60 % to Teaching, 30-50 % to Scholarship and 10-20 % to Service to the Medical School and the University, as well as to the professional community and the wider non-professional community. However, in recognition of the different paths and roles that tenure-eligible CMSRU faculty may pursue in their professional and academic development, and of the continuing evolution of the types of activities within each scholarship field, some flexibility will be granted in the relative contribution of each criterion to an individual faculty's Tenure path, or in the inclusion of specific criteria categories, provided that:

- Any proposed changes to evaluative weights that fall outside of the typical weighting of tenure and recontracting evaluation criteria (see above) are initiated by the faculty member by request to the Departmental Tenure and Recontracting Committee pending resolution of Chair/Head status at CMSRU, and apply only to the individual faculty;
- The faculty must allow at least 2 months for any revisions to be reviewed and approved;
- Any changes to an individual faculty's evaluative weights that fall outside of the typical weighting of tenure and recontracting criteria (see above) are approved in writing by the individual faculty, the Chair/Head (upon resolution of status at CMSRU), the Department Tenure and Recontracting Committee and the CMSRU Dean, and that written documentation of such approval is included with all following Tenure and Recontracting applications, unless otherwise stated.

2B. Criteria Definition and Evaluation

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

3. TEACHING EFFECTIVENESS

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

3A. Description of Measures of Teaching Effectiveness

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

- Academic instruction may include but is not limited to:
 - Imparting knowledge and facilitating learning by instructing CMSRU students in courses, laboratories, clinics, active learning groups, workshops and

- seminars
 - Managing instruction, e.g., planning and arranging for learning experiences, maintaining student records, grading
 - Supervising students in laboratories, service learning, internship and clinical experiences, and independent study
- Contributing to development of learning activities that enhance excellence in academic instruction may include but is not limited to:
 - Participation in development, review, and redesign of courses and programs
 - Participation in developing and revising curriculum
 - Developing teaching materials, manuals, software, and computer exercises
 - Contributing to service learning programs
 - Serving as course director or co-director, or longitudinal content coordinators
 - Participating in development of learning outcomes assessment tools and analysis of assessment results
- Developing as an educator may include but is not limited to:
 - Reflecting on one's instruction and classroom presence to benefit the teaching-learning experience
 - Attending and participating in faculty development activities at CMSRU, Rowan, or through professional organizations
 - Maintaining currency in discipline-specific concepts
 - Maintaining currency in pedagogical practices
 - Observing and providing feedback related to the teaching of colleagues as such observations contribute to one's own development in the classroom
 - Mentoring activities may include but are not limited to:
 - Mentoring students, e.g., with regard to academics and career planning; this may include availability for review sessions and tutoring sessions with one or more students as necessary
 - Mentoring other learners and colleagues with respect to career development.

3B. Characteristics of excellence in teaching at CMSRU are:

- Outstanding organization of subject matter and course material
- Effective communication
- Knowledge and enthusiasm for subject matter and teaching
- Professionalism, especially reflected as positive attitudes toward students
- Flexibility in approaches to teaching
- Positive student learning outcomes
- Innovation

3C. Role of Teaching Effectiveness in Recontracting and Tenure Applications

As faculty members begin their employment at CMSRU, it is anticipated that the first year will be primarily dedicated to academic instruction, developing as an educator and the development of specific learning activities related to courses taught. In the second and third years, it is expected that faculty members will continue focusing on academic instruction, with increased attention to development of learning activities

and developing as an educator. In the fourth, fifth and sixth years, it is expected that attention to these aspects will remain strong, and that focus on student mentoring and mentoring of colleagues as an aspect of teaching will increase.

IN PREPARATION FOR CONSIDERATION FOR RECONTRACTING AND TENURE, CANDIDATE DOCUMENTS REGARDING TEACHING SHOULD INCLUDE THE ITEMS DESCRIBED BELOW. EVALUATION OF EXCELLENCE IN TEACHING WILL BE ASSESSED IN TERMS OF THE CHARACTERISTICS OF EXCELLENCE PRESENTED ABOVE.

- Candidate's narrative which includes a description of teaching philosophy, goals, approaches, innovations, student engagement, evaluation techniques, activities to meet different student learning needs, and a discussion of how these elements correspond to the CMSRU vision of excellence in teaching. While addressing the characteristics of excellence, candidates should discuss the four teaching activities: academic instruction, developing learning activities, developing as an educator, and mentoring activities.
- Summary of student review evaluations and candidate's analysis of the reviews. Student evaluations should document the candidate's excellence and commitment as an educator. Faculty will provide at least one set of student evaluations per teaching semester in each Tenure and Recontracting application packet. Additional sets of student evaluations may be included at the faculty's discretion, and will be considered as supplemental supporting evidence of teaching excellence.
- Peer observation report(s) for classroom activities, authored by standing members of the Department Tenure and Recontracting Committee. At least one report for each semester of teaching is required. The applicant is responsible for the scheduling of peer observations at a time of their and the observing faculty member's convenience, and for obtaining the observation reports.
- Additional documents, such as course syllabi, curriculum proposals, teaching materials, materials created for professional organizations, as well as discussion of those documents should be provided in the supplemental materials where such materials provide evidence of the candidate's excellence in teaching activities as discussed above.

4. SCHOLARLY ACTIVITY

Scholarly activity is the pursuit of an active, continuing and sustainable agenda of scientific or pedagogical inquiry whose purpose is to create new knowledge or resources, integrate knowledge or resources, or open additional knowledge-based areas for further exploration, and disseminate this knowledge to the scholarly community. The work of scholarly activity may include any of the following Categories:

- Basic and/or Translational Research;
- Research in the Scholarship of Medical Education; and/or
- Applied and Clinical Research.

It is not necessary for a faculty member to be involved in more than one category of research unless s/he so desires.

4A. Description of Measures for Achievement in Scholarly Activity, by Category. Basic and Translational Research include scholarly efforts leading to the generation of new field- specific knowledge, typically via

presentation and publication of research findings as defined in the candidate's discipline. To accomplish this goal, faculty members should participate in focused scholarly projects with the levels of participation described below.

- Faculty members engaged in Basic and/or Translational Research are expected to undertake grant-seeking and proposal development activities to public and private sponsoring agencies for support of basic research activities. Participation as a principal investigator or co-investigator in scholarly projects, which may be investigator-initiated or as part of a cooperative group, is expected. Research may include clinical, translational, or basic science areas of investigation. Participation may include intellectual contribution, project supervision and management, and dissemination of novel findings by means of meritorious publication in peer-reviewed journals.
- Basic and Translational Research should be peer-reviewed and sustainable. Examples of support for scholarship and research may include, but are not limited to competitive extramural grants and contracts, and noncompetitive funding sources such as donations, industry support and other mechanisms.

4B. Research in the Scholarship of Medical Education may include, but is not limited to, designing and conducting instructional and classroom research to benefit the teaching-learning experience.

Faculty members engaged in medical education research will participate in the dissemination of innovative teaching and educational curriculum, materials or programs with significant local, regional, or national impact. Their participation will include intellectual contribution, project supervision and management, and dissemination of novel findings and resources by means of meritorious publication in peer-reviewed journals or presentation at various regional or national medical education conferences. While presentation at regional conferences is acceptable, presentation at national or international conferences is preferable. Clinical Research may include but is not limited to participation in clinical trials and evaluation of therapeutic regimens, evaluation of new diagnostic procedures, evaluation of new devices, and design or creation of new products or devices.

- Faculty members engaged in Applied and Clinical Research will participate in the design, evaluation, and/or invention of new products or devices, or in the design, implementation and evaluation of clinical trials and studies, and in the supervision and management of projects.
- Faculty members will be expected to disseminate their findings to sponsoring agencies (for proprietary projects) or to appropriate peer-reviewed journals, or by submission/issuance of patents as principal or co-inventor.

4C. Characteristics of excellence in scholarship at CMSRU are:

- The activity requires a high level of discipline-related expertise
- The activity can be replicated or elaborated
- The work and its results can be documented
- The work published in peer-reviewed publications
- The activity is innovative, breaks new ground, or demonstrates other types of significance or impact.

4D. Role of Scholarly Activity in Recontracting and Tenure Applications

For their second evaluation in the second year of service, faculty must minimally demonstrate a clear and detailed plan for their sustainable scholarly activity. For their third evaluation in the fourth year of service, faculty should present evidence of success in scholarly activity, including demonstration of the specific productivity measures described below. For their fourth evaluation (the tenure review) in the sixth year of

service, faculty must clearly demonstrate evidence of appropriate accomplishment and a program of continued, focused and sustainable scholarly productivity. This should include either a plan for laboratory-based investigation to advance the body of scientific knowledge, or a plan for the development of medical education-based instructional materials.

Note: Research in the Scholarship of Medical Education is one of the 3 Scholarship fields highlighted in Section 2, where it is explicitly discussed. Like the other 2 fields, it is not a requirement for any faculty member to specifically engage in it.

Recontracting and Tenure applications will include a full Curriculum Vitae describing the applicant's Scholarship accomplishments as well as a self-assessment narrative of Scholarship activities by the applicant. In addition to the list of accomplishments, applications for recontracting and tenure must include a self-assessment to include the items listed below for

the purpose of demonstrating the faculty member's commitment to continued scholarly activity and productivity.

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

In preparation for consideration for tenure, candidate documents should present evidence of success in scholarly activities. Evaluation of excellence in scholarship will be assessed in terms of the characteristics of excellence presented above. Candidates for tenure must show evidence of sustained productivity since the date of their original employment that fulfills the characteristics of excellence as delineated above. The following are examples of evidence of scholarly productivity (this list should not be considered exhaustive). Because the BMS department is uniquely diverse in its range of expertise and scholarship, set criteria may not be inclusive of all department members. For some of our faculty, for instance, the Anatomists, case reports may be the primary avenue of publications. For others, generation of education material (e.g. software) may be a more tangible scholarship accomplishment. As per the "evaluation of scholarship accomplishments" section below, **IT IS INCUMBENT UPON EACH FACULTY MEMBER TO MAKE THE CASE THAT THEIR SCHOLARSHIP OUTPUT IS VALUABLE.**

- A. Career Achievement/Development Awards
- B. Award of extramural, peer-reviewed grant funding as Principal Investigator (PI) or Mentor
- C. Award of intramural, peer-reviewed grant funding as PI or Mentor
- D. Application for, or Issuance of, patents or other notices of invention relating to research product applications, or instructional and classroom resources and materials
- E. Publications in peer-reviewed journals or conference proceedings as first or senior author; it is up to each faculty member to make the case for the quality/value of such scholarly products (for those who are not 1st author, they must describe their contributions).
- F. Oral presentation at national or international meetings
- G. Publication of books, workbooks, monographs, or chapters in books or textbooks, or peer-reviewed electronic media; it is up to each faculty member to make the case for the quality/value of such scholarly products.

- H. Participation as Co- Investigator or paid Consultant in extramural, peer-reviewed grants;
- I. Award of non-competitive grant funding or industry contracts as PI or co-investigator
- J. Participation as Co-investigator or paid Consultant in intramural, peer-reviewed grant funding
- K. Publications in peer-reviewed journals or conference proceedings as co-author
- L. Publication of other papers and reports; e.g., trade, technical or case reports. Trade journals publish reports and articles directed to a technical/specialist audience. Examples of such journals include Bio/Techniques or Lab Animal for basic sciences, and many medical journals directed to practicing physicians. While the level of peer-review in these journals may be less stringent than other journals, these are still scholarly products.
- M. Publication of abstracts, reviews, or critiques
- N. Presentation of papers, roundtables, posters, or demonstrations at academic or professional meetings.
- O. Documentation and dissemination of work performed in pursuit of the advancement of the scholarship of medical education
- P. Advising and supervising students in research projects and other scholarly projects. Work with students will be equivalent to work with a collaborator.
- Q. Documentation and dissemination of instructional and classroom research to benefit the teaching-learning enterprise
- R. Collaborating with colleagues in course development, pedagogical scholarship, and team-teaching
- S. Development and dissemination of novel computer software.
- T. Speaker Awards or invited speakerships
- U. Submissions of grant applications that, while unfunded, receive a favorable review
- V. Submissions of patents or other notices of invention applications relating to research product applications, or instructional and classroom resources and materials
- W. Submissions of full-length manuscripts that, although not immediately accepted for publication, have been invited for revision and resubmission
- X. Travel Awards
- Y. Productive collaborative interactions with industry or other commercial entities in the specific scholarship fields, as highlighted by product development or by letters of attestation (e.g., for products subject to limited disclosure by intellectual property agreements)

Faculty candidates may wish to individualize the above list to reflect the activities that are most relevant to their scholarship.

Additionally, in the event that a faculty candidate feels that the above examples of scholarly productivity should be modified to capture the essence of their individual scholarship efforts, the candidate may submit to the Department Head for approval followed by ratification by the Department Tenure and Recontracting committee a summary of their pertinent activities, as well as a rationale for their relevance to academic scholarship.

4E. Evaluation of Scholarly Activity

Scholarly Activity is highly varied and discipline-specific. Nevertheless, there are some activities that clearly hold differing levels of impact to the relevant scholarship communities, to the Medical School and the University. Therefore, scholarship excellence must be evaluated not only quantitatively, but also in terms of quality and impact. **It is the responsibility of the faculty member to provide evidence in their Tenure and Recontracting application of the significance and impact of their Scholarship products.** This evidence may include, but is not limited to:

- established measures of quality in peer-review publications (e.g. journal impact factors, rankings, citation indexes, numbers of citations or others);
- specific contributions to scholarly product authorship (e.g. as highlighted by first or senior author vs other co-authorship, or by explicit description of an individual's contribution to the work)
- selectivity of funding agencies;
- prestige of invited speakerships;
- positive reviews of unpublished manuscripts or unfunded grant applications;
- positive external reviews of books or other scholarly products;
- adoption of scholarship texts or instructional tools by external institutions;
- productive interactions with industry or other commercial entities as highlighted by product development or by letters of attestation (e.g., for products subject to limited disclosure by intellectual property agreements);

The Tenure and Recontracting packet for the 4th cycle (6th year and tenure) will also include one or more letters from external reviewers. The candidate's scholarly achievements and standing within their scholarship community should also explicitly be discussed in such letter(s). The procedure for obtaining reviewer letters will follow those outlined in the applicable institutional Memorandum of Agreement. In brief, candidates will provide the names of several external reviewers, with whom they have not collaborated, to the Dean or Department Head. Letters will be solicited by the Dean or Department Head and added to the Tenure and Recontracting packet.

In conclusion, Scholarly Activity is but one of four categories of excellence that is required of successful candidates for achievement of tenure and, therefore, must be carefully and realistically weighed in light of the candidate's documented commitment to continued scholarly productivity, and in combination with the candidate's documented excellence in teaching (Section 1) and service (Sections 3 and 4).

5. SERVICE TO THE MEDICAL SCHOOL AND TO THE UNIVERSITY

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

5A. Description of Service Activities Pertaining to the Medical School and the University

- Active participation and leadership in activities and governance may include but is not limited to:
 - Participation on governing committees
 - Contributing to tasks central to the Department's day to day activities serving both students and faculty
 - Helping the Department meet the expectations of CMSRU and the University
 - Advising student groups
 - Senate and Faculty Assembly participation and Union participation
 - Program development, coordination, review, and redesign
 - Chairing a Department, Medical School, or University committee
- Representing the institution for its advancement may include but is not limited to:
 - Participation in open houses

- Recruiting and interviewing prospective students
- Outreach to attract students or resources to the Medical School and the University potential donors

5B. Role of Service Activity to the Medical School and the University in Recontracting and Tenure Applications

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

Contributions to the Medical School and the University community can be assessed by the quality of participation and leadership in Medical School and University endeavors. The type of committee, the nature and demands of the endeavor, and the amount of substantive participation, need to be considered. IN PREPARATION FOR CONSIDERATION FOR RECONTRACTING AND TENURE, CANDIDATE DOCUMENTS SHOULD PROVIDE EVIDENCE OF CONTRIBUTION TO THE MEDICAL SCHOOL AND THE UNIVERSITY. THIS WOULD INCLUDE, BUT NOT BE LIMITED TO, LISTING THE TYPES OF SERVICE WITH DATES OF SERVICE CLEARLY INDICATED. LETTERS OF TESTIMONY ATTESTING TO THE QUALITY OF THE SERVICE MAY BE REFERENCED IN THE DOCUMENT AND PLACED IN THE SUPPLEMENTAL FOLDER.

- While contribution to the Medical School and University is expected for Recontracting and Tenure, it cannot be used, in any amount, to substitute for a lack of excellence in teaching, in scholarly activities, or contributions to the professional and wider, non-professional community.
- Other manifestations or dimensions of contributions to the Medical School and University may include other faculty work not included in the above description of service activities. Nevertheless, such endeavors are worthy of recognition because of their contribution to functioning or reputation of the Medical School or University. Such endeavors may be offered as other service within this category.

6. SERVICE TO THE PROFESSIONAL COMMUNITY AND TO THE WIDER, NON-PROFESSIONAL COMMUNITY

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

organizations related to the mission of CMSRU in medicine, science and education.

6A. Description of Service Activities Pertaining to the Professional Community

- Contributions to disciplinary and professional associations and societies may include but are not limited to:
- Membership on national, regional and local scientific/professional review boards;
- Participation as a reviewer for granting agencies (private foundations, or State and federal agencies).
- Membership or leadership roles in scientific and educational societies;
- Leadership role in organizing committees for regional, national or international professional and scientific meetings;
- Service as a peer-reviewer/editor for clinical, scientific, and educational journals;
- Service to accreditation bodies or national examining boards;
- Service to governing boards, study sections, and task forces;
- Service in organizing or reviewing submissions for annual or regional meetings and conferences sponsored by professional organizations.

6B. Discipline-related partnerships with other agencies may include but are not limited to:

- Short-term collaborations with schools, industries, or civic agencies for program or policy development
- National and international outreach, aid, and assistance to educational organizations related to the mission of CMSRU in medicine, science and education
- Exhibits and workshops in other educational or cultural institutions
- Voluntary summer programs and enrichment programs for primary to college aged students
- Economic or community development activities
- Discipline-related voluntary community service
- Expert witness or testimony

6C. Description of Service Activities Pertaining to the Wider, Non-Professional Community

Service to the wider, non-professional community may involve community volunteerism and the dissemination of discipline-related knowledge to the public. These activities may include but are not limited to:

- Consulting or providing technical assistance to public or private organizations;
- Public policy analysis for governmental agencies at all levels;
- Participation in briefings, seminars, lectures, programs, and conferences targeted for general audiences;
- Generating summaries of research, policy analyses, or position papers for the general public or targeted audiences;
- Writing, contributing to, or editing journals, books, newsletters, magazines, or other publications for the general public or targeted non-professional audiences;
- Electronic productions (e.g., contributing to the development of websites, online seminars or digital media programs) for the general public or targeted non-professional audiences;
- Voluntary community service, both discipline-related and non-related.

6D. Role of Service to the Professional Community and to the Wider, Non-Professional community in Recontracting and Tenure Applications

For their second evaluation in the second year of service, faculty must minimally demonstrate some evidence of contribution to their professional community and to the wider, non-professional community. For their third evaluation in the fourth year of service, faculty must show a developing record of contribution to their professional community and to the wider, non-professional community that provides evidence of progressive growth. For their fourth evaluation (the tenure review) in the sixth year of service, faculty must clearly demonstrate evidence of professional activity and involvement in their professional community, as well as evidence of commitment to the wider, non-professional community.

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

- While contribution to the professional and the wider, non-professional community for tenure is expected, it cannot be used, in any amount, to substitute for a lack of excellence in teaching, in scholarly activities, or contributions to the Medical School and the University community.
- Contributions to the profession can be assessed by the nature and quality of participation in the professional associations of the discipline. Active participation and service in leadership roles on association or community boards, or as readers or discussants on those boards, are examples of service to the profession. Internships or externships served at external agencies are other examples. Testimony from association or agency leaders may be used as assessment evidence.
- Contributions to the wider, non-professional community can be assessed by the nature and quality of consulting and pro bono work performed for individuals, schools, civic associations, and other public organizations. Testimony from association or agency leaders may be used as assessment evidence.
- Other manifestations or dimensions of contributions to the professional and wider community may include other faculty work not included in the above categories. At times, faculty may engage in academic or other scholarly endeavors that do not directly relate to their academic disciplines or to the teaching and learning enterprise. Nevertheless, such endeavors are worthy of recognition because of their contribution to society at large. Such endeavors may be offered as other service within this category.

7. ROLE OF THE DEPARTMENT HEAD

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

8. PROCEDURE FOR STUDENT EVALUATIONS OF TEACHING EFFECTIVENESS

CMSRU has developed a series of evaluative rubrics for assessment of medical student courses. These include specialized rubrics for the assessment of faculty performance in lecture situations, as well as in active learning group and laboratory/application settings. The faculty member does not see the results of his/her assessment until after all grades have been submitted. The faculty member receives aggregate results from Course Directors, and is free to discuss the results with his/her Head. This discussion will form the basis of an action plan for the faculty member for the future. All free-form student comments are included in the analysis given to the faculty member.

Rowan University Tenure and Recontracting MOA

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

https://sites.rowan.edu/academic-affairs/_docs/fy23-recontracting-and-tenure-moa.pdf

https://sites.rowan.edu/academic-affairs/_docs/2023-2024-tr-deadlines.pdf

RECONTRACTING AND TENURE

July 2022

Memorandum of Agreement

2022-2023

This document constitutes the memorandum of agreement that will be in effect for the academic year 2022-2023. Upon the request of the Administration and/or the Union, those parties will revisit this Memorandum of Agreement to address any issues or concerns.

Significant Changes for 2022-2023:

- 1. Removed all references and sections applying to ¾-time and full-time temporary faculty. This MOA now applies to tenure-track faculty, librarians, and lecturers only.*
- 2. The communication with the potential and selected external reviewers (for faculty applying for tenure) should be conducted solely by the Department Tenure, Recontracting and Promotion (TRP) Committee Chairs, not the candidates.*
- 3. Candidates are responsible for the submission of the packets for review up to the Dean level. Thereafter, it is the responsibility of Deans to forward their recommendation and the candidates' packets to the Provost for review and archiving purposes.*
- 4. With the possibility of the Department and/or College Recontracting & Tenure and Promotion committees merging into a single Tenure, Recontracting and Promotion committee, these committees will be abbreviated as TRP committees.*
- 5. Changed page numbering within file for sections of current review letters (C-1), previous review letters (P-1), and supplemental file (S-1).*
- 6. The administration will recognize faculty attendance at their college/school commencement ceremonies as a component of Service to the University. (2.11113 and Appendix A:1.31)*

SIGNATURE ON FILE

Theresa Drye, Chief Human Resource
Officer / Vice President

SIGNATURE ON FILE

Jonathan Foglein, Negotiator
Rowan AFT 2373

Table of Contents

PREAMBLE.....	11
1. EVALUATION CRITERIA AND RESPONSIBILITIES FOR PROBATIONARY FACULTY	11
1.1 CRITERIA FOR EVALUATION OF PROBATIONARY FACULTY (SEE APPENDIX A):.....	11
1.2 APPROVING EVALUATIVE CRITERIA	11
1.3 UPDATING EVALUATIVE CRITERIA.....	12
2. PROCEDURES.....	12
2.1 FULL-TIME, TENURE-TRACK FACULTY.....	12
2.11 <i>Candidate Responsibilities</i>	12
2.12 <i>Candidate Rights</i>	16
2.2 LECTURERS	17
2.3 DEPARTMENT RESPONSIBILITIES.....	17
2.31 <i>Prepare a Document Interpreting Evaluation Criteria</i>	18
2.32 <i>Elect a Department Tenure, Recontracting, and Promotion Committee</i>	18
2.4 DEPARTMENT CHAIR/HEAD RESPONSIBILITIES	19
2.5 DEPARTMENT TRP COMMITTEE RESPONSIBILITIES AND PROCEDURES.....	20
2.6 COLLEGE/SCHOOL TRP COMMITTEE RESPONSIBILITIES AND PROCEDURES.....	23
3. LIBRARIANS	25
4. THE UNIVERSITY SENATE TRP COMMITTEE RESPONSIBILITIES AND PROCEDURES	26
4.1 COMPOSITION	26
4.2 PROCEDURES.....	26
5. PROCEDURES FOR REVIEW BY DEANS AND/OR PROVOST	27
6. PROCEDURES DUE TO A BREAK IN SERVICE FOR TENURE-TRACK FACULTY AND LIBRARIANS	30
7. GRIEVANCE RIGHTS	30
APPENDIX A: ROLES AND RESPONSIBILITIES OF FACULTY AND EVALUATION OF FACULTY WORK FOR RECONTRACTING, TENURE, AND PROMOTION	32
APPENDIX B: STUDENT EVALUATIONS OF TEACHING AND LEARNING	42
APPENDIX C: EXAMPLES FOR EXECUTIVE SUMMARIES	44
APPENDIX D: FORMS REQUIRED FOR ALL RECONTRACTING AND TENURE FILES.....	48
SIGNATURE SHEET FOR EVALUATIVE CRITERIA	49
COURSES TAUGHT AND ADJUSTED WORKLOAD WORKSHEET	50
DEPARTMENT COMMITTEE RECONTRACTING RECOMMENDATION FORM	51
COLLEGE/SCHOOL COMMITTEE RECONTRACTING RECOMMENDATION FORM.....	52
RECONTRACTING CHECKLIST FOR ALL TT FACULTY / LIBRARIANS.....	53
RECONTRACTING CHECKLIST FOR LECTURERS.....	55
APPENDIX E: EXTERNAL REVIEWER INFORMATION	56

**SIMPLIFIED TIMELINE FOR FACULTY AND LIBRARIANS
DURING THE RECONTRACTING PROCESS
ACADEMIC YEAR 2023-2024**

**Tenure-Track Deadlines for Faculty and Librarians
in the Second or Third Year of Service¹
(applying for Third and/or Fourth Year contracts):**

<u>Who finishes?</u>	<u>Where does it go?</u>	<u>When Is It Due?</u>
Candidate	Department	January 26 ²
Department	College/School ³	February 9
College/School	Dean	March 1
Dean	Candidate and Provost	March 29
Candidate (appeal)	Provost	April 5
Senate ⁴	Provost	April 26
Provost (final appeals)	Candidate	May 3
BOT	---	June

**Tenure-Track Deadlines for Faculty and Librarians
in the Fourth or Fifth Year of Service¹
(applying for Fifth and/or Sixth Year contract):**

<u>Who finishes?</u>	<u>Where does it go?</u>	<u>When Is It Due?</u>
Candidate	Department	October 13 ²
Department	College/School ³	October 27
College/School	Dean	November 17
Dean	Candidate and Provost	December 15
Senate ⁴	Provost	January 12
Provost	Candidate	January 26
President (final appeals)		
BOT	---	February ⁵

**Tenure-Track Deadlines for Faculty and Librarians
in the Sixth Year of Service¹
(applying for Seventh Year contracts carrying Tenure):**

<u>Who finishes?</u>	<u>Where does it go?</u>	<u>When Is It Due?</u>
Candidate	Department	September 22 ²
Department	College/School ³	October 6
College/School	Dean	October 27
Dean	Candidate and Provost	November 20
Senate ⁴	Provost	December 8
Provost	Candidate	January 19
President (final appeals)		
BOT	---	February ⁵



New Employee Orientation

Faculty and Staff

Office of Human Resources

Revised 9/16/2019

TABLE OF CONTENTS

TABLE OF CONTENTS.....	I
I. PREVENTION OF HOSTILE WORKPLACE ENVIRONMENTS.....	2
POLICY.....	2
PROVISION.....	8
DISCUSSION.....	9
<i>Harassment and Discrimination</i>	9
<i>Examples</i>	10
<i>Employee Obligation to Report</i>	10
PROCEDURES.....	11
LAWS AND ORDERS.....	21
<i>Major Laws and Orders Regulating Nondiscrimination in Employment</i>	21
<i>Additional Laws and Orders Regulating Nondiscrimination in Employment</i>	22
<i>Employment and Education Law Web Sites</i>	23
II. EQUAL ACCESS/EQUAL OPPORTUNITY.....	24
EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT.....	24
DISCUSSION.....	24
POLICY AND PROCEDURES.....	26
<i>For Students</i>	26
<i>Employee Accommodation Policy</i>	26
<i>Accommodation Policy</i>	26
III. PROTECTION OF STUDENT AND EMPLOYEE PRIVATE INFORMATION.....	31
STUDENT POLICY.....	31
EMPLOYEE POLICY.....	36
DISCUSSION.....	41
<i>Office of Human Resources Employment Verification Practice</i>	41
<i>Employee Access to Personnel Files</i>	41
IV. DRUG-FREE WORKPLACE.....	43
POLICY.....	43
<i>EXECUTIVE ORDER NO. 204</i>	43
DISCUSSION.....	47
PROCEDURES.....	47
V. PUBLIC EMPLOYEES OCCUPATIONAL SAFETY AND HEALTH ACT (PEOSHA).....	48
POLICY.....	48
<i>Employers</i>	48
<i>Employees</i>	48
<i>Inspections</i>	48
<i>Complaints</i>	48
<i>Orders to Comply</i>	49
<i>Penalties</i>	49
<i>Voluntary Activity</i>	49
<i>Mandatory Posting Instructions</i>	49
<i>More Information</i>	49
DISCUSSION.....	50
VI. THE NEW JERSEY WORKER AND COMMUNITY RIGHT TO KNOW ACT.....	51
POLICY.....	51
<i>How the Act Can Protect You And Your Family</i>	51
<i>How Public Employers Comply With the Right To Know Act</i>	52
<i>How to Use Your Workplace Rights to Protect Your Health</i>	52
<i>How To Obtain Information Locally</i>	53
DISCUSSION.....	55
VIII. NETWORK AND TECHNOLOGY USE.....	56

POLICY.....	56
GUIDELINES FOR APPROPRIATE INTERNET USAGE.....	64
IX. ROWAN UNIVERSITY WHISTLEBLOWER POLICY	65
POLICY	65
DISCUSSION.....	66
NOTICES.....	67
<i>Exhibit A – Annual Notice</i>	67
<i>Exhibit B – Annual Notice (Española)</i>	69
X. ROWAN UNIVERSITY WORKPLACE VIOLENCE POLICY	71
XI. PROCEDURE FOR REPORTING HATE/OFFENSIVE GRAFFITI	72
XII. APPENDICES	73
APPENDIX A	73
<i>UNIVERSITY PROPERTY</i>	73
APPENDIX B.....	74
<i>EXIT INTERVIEW</i>	74
APPENDIX C	75
<i>EMPLOYEE ADVISORY SERVICES (EAS)</i>	75
APPENDIX D.....	76
<i>UNION AFFILIATIONS</i>	76
APPENDIX E	77
<i>PERFORMANCE EVALUATION</i>	77
ACKNOWLEDGEMENT OF RECEIPT OF TRAINING AND DOCUMENTS.....	78
EMPLOYEE COPY (FACULTY & STAFF).....	78
ROWAN COPY (FACULTY & STAFF)	79

Materials for newly employed faculty and staff listed in the table of contents above can be accessed at:

https://sites.rowan.edu/hr/docs/training/neo_faculty_2019.pdf



Cooper Medical School of Rowan University

POLICIES AND PROCEDURES

SECTION: Admissions

SUBJECT: Student Selection Policy

ISSUE DATE: December 9, 2016

**REVISION DATE: August 1, 2019; June 11, 2020; May 26, 2021; June 22, 2022; December 5, 2022;
July 12, 2023**

INITIATED BY: Office of Admissions

APPROVED BY:

Annette C. Reboli, M.D.

Annette C. Reboli, M.D., Dean

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

PURPOSE: This policy outlines guidance for selecting students for admission to Cooper Medical School of Rowan University.

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.

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.

PROCEDURE:

1. The final responsibility for selection of students for admission resides with the admissions committee, a standing committee of the faculty.

2. The office of admissions is responsible for support of student recruitment, annual education and training of the admissions committee members, interviewers, and application screeners, processing of admission documents, and organization of interviews. The office of diversity and community affairs assists in student recruitment.
3. Admission Process: All regular applicants follow the process delineated below for admission to CMSRU:
 - a. **AMCAS application:** Candidates for admission to CMSRU are required to complete an application through the online American Medical College Application Service (AMCAS) at www.aamc.org. Applicants are required to complete this application and submit an application fee. This initial process requires letters of recommendation submitted through the candidate's AMCAS application. Letters of recommendation may be obtained from, 1) undergraduate pre-medical committees (preferred); and/or 2) individual from faculty and supervisors, who are well-acquainted with the candidate. At least two letters should be from academic faculty. Additional information about this service can be found on the AAMC website (www.aamc.org/students/amcas/faq/amcasletters.htm). CMSRU will not consider incomplete AMCAS applications and only students with verified AMCAS applications will be considered for secondary applications and interviews. No transcripts or supplementary materials should be forwarded directly to CMSRU, as admission decisions are based only on the candidate's verified AMCAS file.
 - b. **Secondary Application:** Upon receipt of verified AMCAS applications, the office of admissions invites selected applicants, based on a preliminary screening rubric developed and approved by the admissions committee, to complete a CMSRU-specific secondary application. Preliminary screening of applicants includes an evaluation of academic readiness. Indicators of academic readiness are determined by data analysis from assessment personnel from the office of medical education, which is annually presented to and approved by the admissions committee. Secondary applications are sent only to applicants who demonstrate a high likelihood of success at CMSRU. This screening step ensures that applicants who fail to meet academic qualifications can be notified of rejection prior to remitting additional application fees. The secondary application includes responses to short-answer questions to help further determine a candidate's match to the CMSRU mission and community. The secondary application also includes several attestations from the candidate, indicating that they meet the educational and residency requirements described below. The secondary application fee is \$100, which is waived upon submission of the AMCAS Fee Assistance Program (FAP) waiver documents. Applicants not selected to receive a secondary application are notified of this decision.
 - c. **Screening for Interview:** All candidates who submit a completed secondary application will have their entire application screened manually, by specially-trained individuals, including faculty and staff from the office of admissions, using criteria developed and approved by the admissions committee. Under authority granted by the admissions committee, screeners decide which applicants are invited for an interview. This screening includes a holistic review of the primary and secondary applications to determine academic readiness and mission match. The holistic review includes an assessment of personal qualities, activities, and experiences that positively contribute to the culture and diversity of CMSRU. In this regard, there are no absolute criteria and each applicant is considered individually. Interview selection criteria are annually reviewed and approved by the admissions committee. Each year, individuals involved in screening of applications are formally charged by the dean, so that a consistent approach to screening is ensured. Because of the volume of applications received, this process may take several weeks to months to complete. Applications are screened in the chronological order in which they

are received.

- d. **Interview:** Interviews are scheduled on an invitation-only basis. Following screening of their primary and secondary applications, selected students are invited for an in-person interview at CMSRU in Camden, New Jersey (note: in view of the on-going pandemic, all interviews are currently being conducted virtually). The admissions process is highly competitive and the likelihood of being invited to interview depends on the overall size and qualifications of the applicant pool. Upon completion of the interview cycle for the current application year, unsuccessful applicants are notified that they will not to be offered an interview (rejection). Once invited, candidates schedule their own interview date, but must receive authorization from the admissions office to reschedule their interview date.

The interview day consists of an introductory orientation session with the dean, an informational question-and-answer session hosted by the offices of admissions, and a traditional interview jointly conducted by a member of the admissions committee and a “blinded” faculty or student member. Upon completion of the formal interview day program, applicants have an opportunity to informally meet with current CMSRU students. Currently, all portions of the interview day program are being conducted remotely.

- e. **Admission Committee Presentation and Voting:** Generally, in the week following each interview date, all interviewed applicants are presented to the admissions committee for consideration and vote. The presentation to the admissions committee is made by the committee member who interviewed the applicant. Following presentation of the applicant, there is an opportunity for further discussion of the candidate by all members of the admissions committee. Performance during the actual interview, in conjunction with the candidate’s overall application, are significant factors considered by committee members in the evaluation of each applicant. Following any discussion, an anonymous vote is taken by the full voting membership of the admissions committee. Based on the results of this vote, one of the following decisions is applied: 1) immediate acceptance, 2) priority waitlist, 3) regular waitlist, or 4) ejection. All interviewed applicants are notified of their updated status, either via telephone call or email, in a timely fashion. As specified by Liaison Committee on Medical Education (LCME) standards, the authority for selection of prospective students rests in the hands of the faculty, under the auspices of the admissions committee. All decisions of the admissions committee are final.
- f. **Acceptance Offers:** Selected applicants are offered admission by the admissions committee, based on committee vote, on a rolling basis. Possible admissions actions, as described above, are defined and approved annually by the admissions committee. A vote of “immediate acceptance” indicates that the candidate receives immediate notification of acceptance to CMSRU. A vote of “priority or regular waitlist” indicates that the candidate is approved for admission and receives notice of acceptance only if a seat in the class becomes available due to withdrawals from the candidates accepted previously (i.e. delayed acceptance). As indicated, applicants with priority waitlist status are considered first among those candidates eligible for delayed acceptance. Guidelines for ranking of waitlisted candidates are developed annually by the waitlist subcommittee (see below) of the admissions committee and then approved by the full admissions committee. A vote of “rejection” indicates that a student receives immediate notification that the admission committee will not offer them a seat in the class. The dean is notified of the decision of the admission committee on each candidate, but the dean has no role in admissions decisions.

The waitlist subcommittee of the admissions committee is composed of faculty members selected from the full admissions committee and is chaired by the chair or vice chair of the admissions committee. Up to one-third of the membership of the admissions committee

serves on the waitlist subcommittee. The waitlist subcommittee is responsible for development of criteria for ranking of waitlisted applicants. These criteria are then presented to the full admissions committee for approval. Following approval of waitlist ranking criteria, candidates on both the priority and regular waitlists are ranked by the office of admissions. The ranked waitlists are then presented to the admissions committee for final approval. The full admissions committee then grants authority to the office of admissions to extend new offers of acceptance in accordance with approved criteria, as seats become available. The full admissions committee receives a final report at the close of the admissions cycle to inform them of the outcome of the waitlist process.

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

4. **Admission Requirements:**

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

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

Applicants must take the MCAT (except for students in the MCAT-optional PULSE pathway) and MCAT scores must be submitted through AMCAS. Test scores may not be more than 3 years old (at the time of application). The “highest” MCAT score is based on the aggregate best performance on an individual examination. The Admissions Committee does not compile a composite “highest” score by considering best performance on individual subsections from multiple examinations.

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

Required Courses:

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

Recommended Courses:

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

- Ethics
- Biostatistics
- Humanities
- Spanish

CMSRU seeks to recruit a diverse student body that will add value to our school and contribute to the education of all students. Groups that are the current focus include those specified in the CMSRU diversity statement and policy.

The Medical Education Program

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

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

Note:

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



CMSRU Medical Education Program Objectives

General Competency: Medical Knowledge

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

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

Medical Education Program Objective(s)	Outcome Measure(s)
Apply current knowledge of public health to patient care (MK5)	Ambulatory Clerkship Behavior Checklist Assessment, Faculty Developed Examination Questions, NBME Subject Examination, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment
Demonstrate an understanding that racial categories are not equivalent to genetic ancestry. Rather, race is a complex social and political construct that may engender bias and thereby directly affects health outcomes (MK6)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Scholars Workshop Module Assessment
Understand that the medical literature may be biased by historical racism and be cognizant of this problem when conducting the critical appraisal and application of medical literature (MK7)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Scholars Workshop Module Assessment, Faculty Developed Examination Questions

General Competency: Patient Care

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

Medical Education Program Objective(s)	Outcome Measure(s)
Display appropriate clinical skills, critical thinking, medical decision-making and problem-solving skills in the delivery of care (PC1)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Patient and Procedure Logs, M4 Resuscitation and Basics of Critical Care Oral Examination, Note Review (Psychiatry), Neurology H&P/Consult Scoring Rubric
Perform a complete history and physical examination (PC2)	Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Assessments, OSCEs, M4 Summative Assessment, M3/M4/Student Self Assessment of Program Objectives
Use and interpret diagnostic studies appropriately (PC3)	Foundations of Medical Practice Clinical Skills Examinations [miniOSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self Assessment of Program Objectives, OSCEs, Patient and Procedure Logs, ALG Student Assessments, Note Review (Psychiatry)
Demonstrate relevant procedural and clinical skills, recognizing the indications, contraindications and complications, while respecting patient needs and preferences (PC4)	Foundations of Medical Practice Clinical Skills Examinations [mini OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Patient and Procedure Logs, ALG Student Assessments, Note Review (Psychiatry)
Assess, implement and promote plans of disease prevention, management and treatment using evidence-based medicine (PC5)	M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Patient and Procedure Logs, ALG Student Assessments, M4 Resuscitation and Basics of Critical Care Oral Examination, Note Review (Psychiatry), Neurology H&P/Consult Scoring Rubric

Medical Education Program Objective(s)	Outcome Measure(s)
Acknowledge, respect, and integrate patients' and families' lived experiences, trauma, socio-cultural background, and personal values in clinical practice to reduce health care disparities (PC6)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Scholars Workshop Module Assessment

General Competency: Professionalism

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

Medical Education Program Objective(s)	Outcome Measure(s)
Demonstrate compassion, empathy, honesty, and respect for others (P1)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, OSCEs, Ambulatory Clerkship Satellite Assessment, Report of Service Learning Hours, Required Session Attendance/Participation, M4 Resuscitation and Basics of Critical Care Oral Examination, Note Review (Psychiatry), M3 Pediatric Outpatient/Subspecialty Assessment, M3 Pediatric Mother-Infant Unit Assessment
Respect patient confidentiality, dignity, autonomy, and maintain a professional relationship. (P2)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Ambulatory Clerkship Satellite Assessment, Required Session Attendance/Participation, M4 Resuscitation and Basics of Critical Care Oral Examination, Note Review (Psychiatry)
Show responsiveness, professional competence, and personal accountability to patients, society and the practice of medicine (P3)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Ambulatory Clerkship Satellite Assessment, Required Session Attendance/Participation, M4 Resuscitation and Basics of Critical Care Oral Examination, Note Review (Psychiatry), Scholars Workshop Module Student Assessments
Advocate for patients' interests and the healthcare of others (P4)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Ambulatory Clerkship Satellite Assessment, Required Session Attendance/Participation, Note Review (Psychiatry), Scholars Workshop Module Student Assessments, M3 Pediatric Outpatient/Subspecialty Assessment, M3 Pediatric Mother Infant Unit Assessment, Student Presentations

Medical Education Program Objective(s)	Outcome Measure(s)
Recognize and manage personal limitations, conflicts of interests and biases, including awareness of personal well-being and of strategies and resources to address burn-out (P5)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Ambulatory Clerkship Satellite Assessment, Required Session Attendance/Participation, Note Review (Psychiatry)
Incorporate the principles of medical ethics, and of professional and personal responsibility into their care of patients (P6)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Ambulatory Clerkship Satellite Assessment, Required Session Attendance/Participation, Note Review (Psychiatry)
Recognize and address disparities in the distribution of health resources and advocate for equitable access to care (P7)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Ambulatory Clerkship Satellite Assessment, WoW 1 Lean Six Sigma Presentation, Required Session Attendance/Participation, Note Review (Psychiatry), Scholars Workshop Module Student Assessments
Continually identify, acknowledge and challenge our individual implicit biases and their impact on patient care and professional relationships (P8)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M4 Summative Assessment,

General Competency: Interpersonal and Communication Skills

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

Medical Education Program Objective(s)	Outcome Measure(s)
Demonstrate effective interpersonal and communication skills and cultural competency with patients about their care, including ethical and personal issues (ICS1)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, OSCEs, M4 Resuscitation and Basics of Critical Care Oral Examination
Demonstrate effective interpersonal and communication skills and cultural competency with patient's family, friends, and other members of the patient's community, as appropriate (ICS2)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, M3 Pediatric Outpatient/Subspecialty Assessment, M3 Pediatric Mother-Infant Unit Assessment
Demonstrate effective interpersonal and communication skills and cultural competency with all members of the healthcare team and relevant agencies and institutions (ICS3)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Transdisciplinary Presentation Rubric, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Ambulatory Clerkship Satellite Assessment, WoW 1 Lean Six Sigma Presentation, Scholars Workshop Module Student Assessments, M3 Pediatric Outpatient/Subspecialty Assessment, M3 Pediatric Mother-Infant Unit Assessment
Maintain a professional demeanor of integrity and transparency in all communications (ICS4)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Transdisciplinary Presentation Rubric, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Report of Service Learning Hours, Scholars Workshop Module Student Assessments
Model anti-racist and inclusive behavior by demonstrating communication skills that reject oppressive and discriminatory language in all of its manifestations and promote educational dialogue and discussion (ICS5)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Scholars Workshop Module Assessment

General Competency: Practice-Based Learning and Improvement

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

Medical Education Program Objective(s)	Outcome Measure(s)
Assess their own strengths, deficiencies and limits of knowledge and engage in effective ongoing learning to address these (PrBLI1)	Peer and Self-Assessment, Ambulatory Service Learning Group Discussion Roundtable, Ambulatory Clerkship Service Learning Reflective Essays, Ambulatory Clerkship Behavioral Checklist, Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, ALG Student Assessments, Report of Service Learning Hours, Scholars Workshop Module Student Assessments
Effectively engage in medical school, hospital and community projects that benefit patients, society and the practice of medicine (PrBLI2)	Ambulatory Clerkship Service Learning Reflective Essays, M4 Summative Assessment, Summative Narrative Assessment, Report of Service Learning Hours, Scholars Workshop Module Student Assessments
Identify, appraise and assimilate evidence from scientific studies using information technology (PrBLI3)	M3 Transdisciplinary Presentation Rubric, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Group Critical Appraisal Project, Scholars Workshop Independent Capstone Project
Recognize and empower other members of the healthcare team in the interests of improving patient care (PrBLI4)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, M4 Resuscitation and Basics of Critical Care Oral Examination
Apply the principles and practices of patient safety and quality improvement, including process and performance improvement strategies (PrBLI5)	M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, Scholars Workshop Projects, WoW 1 Lean Six Sigma Presentation, Virtual Critical Care Rounds-I (VCCR-I) Post Test

General Competency: Systems-Based Practice

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

Medical Education Program Objective(s)	Outcome Measure(s)
Work effectively to coordinate patient care within the social context of healthcare (SBP1)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, Note Review (Psychiatry)
Incorporate risk-benefit analysis into care delivery (SBP2)	Ambulatory Clerkship Behavior Checklist Assessment, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, Note Review (Psychiatry)
Advocate for high-quality patient care (SBP3)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, Note Review (Psychiatry)
Work in inter-professional teams to enhance patient safety and quality (SBP4)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, WoW 1 Lean Six Sigma Presentation
Demonstrate an appreciation for and understanding of the methodologies used to reduce errors in care (SBP5)	M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Projects
Recognize the value, limitations and use of information technology in the delivery of care (SBP6)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives
Apply an understanding of the financing and economics of care delivery regionally, nationally, and globally to optimize the care of patients (SBP7)	Faculty Developed Examination Questions, M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Module Student Assessments
Recognize the inequitable systems that affect individuals directly and indirectly within medical training and practice (SBP8)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Scholars Workshop Module Assessment

Medical Education Program Objective(s)	Outcome Measure(s)
Understand the historical context and prevalence of institutional and structural racism in medicine and how it contributes directly to health disparities and transgenerational trauma (SBP9)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Scholars Workshop Module Assessment
Recognize and address issues in diversity in medical education, patient care, and beyond and demonstrate leadership in diversity, equity, and inclusion in the medical profession (SBP10)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Scholars Workshop Module Assessment

General Competency: Scholarly Inquiry

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

Medical Education Program Objective(s)	Outcome Measure(s)
Demonstrate investigatory and analytical skills to seek and apply the best evidence in making patient care decisions (SI1)	Faculty Developed Examination Questions, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], M3 Transdisciplinary Presentation Rubric, M3 Student Self-Assessment of Program Objectives, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, Scholars Workshop Group Critical Appraisal Project, Scholars Workshop Independent Capstone Project, ALG Student Assessments, Scholars Workshop Module Student Assessments, Virtual Critical Care Rounds-I (VCCR-I) Post Test, Student Presentations
Design and execute studies to answer well-structured basic, translational, clinical, and research questions (SI2)	M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Group Critical Appraisal Project, Scholars Workshop Independent Capstone Project
Conduct research according to good clinical practices and strict ethical guidelines (SI3)	Faculty Developed Examination Questions, M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Independent Capstone Project
Adhere to the principles of academic integrity in research and scholarship (SI4)	M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Group Critical Appraisal Project, Scholars Workshop Independent Capstone Project
Demonstrate skills that foster lifelong learning (SI5)	Foundations of Medical Practice Individualized Education Plan, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, ALG Student Assessments, Scholars Workshop Module Student Assessments, Virtual Critical Care Rounds-I (VCCR-I) Post Test, Student Presentations, M3 Transdisciplinary Rubric

General Competency: Health Partnership

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

Medical Education Program Objective(s)	Outcome Measure(s)
Recognize the social and other determinants of health (HP1)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, M3 Transdisciplinary Presentation Rubric, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Module Student Assessments
Describe the healthcare needs of patients from diverse populations and develop appropriately tailored care delivery strategies (HP2)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, Note Review (Psychiatry)
Develop the skills and attitude to work in partnership with members of the community to promote health, disease prevention, and chronic care management (HP3)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment
Appraise the impact of the social and economic contexts on healthcare delivery (HP4)	Ambulatory Clerkship Service Learning Reflective Essays, Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Projects

General Competency: Learning and Working in Teams

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

Medical Education Program Objective(s)	Outcome Measure(s)
Apply basic principles of inter-professional and multidisciplinary care (Team1)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, Life Stages TWA Assessment, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, TBL Scores (IRAT/GRAT), ALG Student Assessments, Note Review (Psychiatry), POPs Scores, Jigsaw Scores, Scholars Workshop Module Student Assessments
Develop the skills to organize an effective healthcare team, valuing individuals' skills and efforts (Team2)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, Life Stages TWA Assessment, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, TBL Scores (IRAT/GRAT), WoW 1 Lean Six Sigma Presentation, Jigsaw Scores
Work with professionals from other disciplines or professions to foster an environment of mutual respect and shared values (Team3)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, Life Stages TWA Assessment, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, TBL Scores (IRAT/GRAT), WoW 1 Lean Six Sigma Presentation, POPs Scores, Scholars Workshop Module Student Assessments
Perform effectively in different team roles to plan and deliver patient and population-centered care (Team4)	Ambulatory Clerkship Behavior Checklist Assessment, Life Stages TWA Assessment, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, Ambulatory Clerkship Satellite Assessment, TBL Scores (IRAT/GRAT), WoW 1 Lean Six Sigma Presentation, POPs Scores, Jigsaw Scores, Scholars Workshop Module Student Assessments

Curriculum Overview

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

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

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

Note: A new curricular sequence will be implemented starting from year 1 in the fall for 2023. This is shown below as Year 1 (2023-2024). The Year 2 for the new sequence is shown as Year 2 (2024-2025). The current second year for the old curricular sequence is also shown below as Year 2 (2023-2024).

Phase 1: Foundation and Integration – Years 1 and 2

Year 1 (2023-2024)

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

Year 2 (2024-2025) (for current M1 students when they will take M2 year)

5 Weeks	4 Weeks	5 Weeks	7 Weeks	3 Weeks	4 Weeks	3 Weeks	1 Week	4 Weeks
Cardiovascular	Pulmonary	Gastroenterology	Uro-Renal	Endocrine	Intro to Ob-Gyn	ENT	Week on the Wards (WOW 2)	Lifestages
Ambulatory Clerkship (fall)					Ambulatory Clerkship (spring)			
Scholar's Workshop (fall)					Scholar's Workshop (spring)			
Foundations of Medical Practice (fall)					Foundations of Medical Practice (spring)			
Selectives - Fall Semester Only								

Year 2(2023-2024)(for current M2 students)

5 Weeks	4 Weeks	3 Weeks	4 Weeks	5 Weeks	1 Week	4 Weeks	4 Weeks	6 Weeks
Cardiovascular	Pulmonary	Endocrine	Gastroenterology	Uro-Renal	Week on the Wards (WOW 2)	Intro to Ob-Gyn	ENT/Allergy	Neuro-Psych
Ambulatory Clerkship (fall)					Ambulatory Clerkship (spring)			
Scholar's Workshop (fall)					Scholar's Workshop (spring)			
Foundations of Medical Practice (fall)					Foundations of Medical Practice (spring)			
Selectives - Fall Semester Only								

Phase 1 Course Overview

Courses Spanning Multiple Curricular Years

The Scholar's Workshop (M1 – M4)

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

In the Scholar's Workshop kit are the tools of:

- Evidence-based medicine
- Data collection and analysis
- Epidemiology
- Systems theory / engineering
- Healthcare delivery and financing
- Performance and quality improvement / patient safety
- 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 – through a series of projects aimed at developing their proficiency with the toolkit, as well as their team building, teamwork, management and leadership skills. The course is designed to cover these domains in bundles. The projects that correlate with the bundles will correlate temporally and substantively with the remainder of the school curriculum if and when possible. 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.

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

Ambulatory Clerkship (M1 – M3)

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

The central element of the Ambulatory Clerkship is the student-run Cooper Rowan Clinic. The clinic is designed to provide healthcare for members of the Camden community through a coordinated, interprofessional team

delivery system. This clinic is organized and staffed by the students, and closely supervised by physician educators. It allows the students to become increasingly proficient with the team-based model of primary care delivery. First-, second- and third-year students, along with pharmacy, physical therapy, and social work students work in teams to care for patients in continuity. In addition to providing care at the clinic, the students coordinate care for their patients by accompanying them to hospital visits and consultant appointments.

Foundations of Medical Practice (M1 and M2)

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

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

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

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



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

Selectives (M1 and M2)

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

Current individual *Selectives* courses may include the following:

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

Molecular Basis of Medicine (M1)

Molecular Basis of Medicine is a 8-week integrated course that provides students with a foundation in the traditional basic science disciplines: physiology, biochemistry/cell biology, genetics, histology, embryology, pathology, and pharmacology. The course focuses on the normal structure, function and development of the human body, ranging from the cellular/sub-cellular level through tissues/organ systems, to the body as a whole. Discussion of cellular mechanisms of disease, including comparison of normal versus abnormal structure and function is provided. The goal of *Molecular Basis of Medicine* is to provide a comprehensive framework upon which advanced knowledge can be added during the remainder of the student's medical school experience and subsequent clinical practice.



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

library and information technology. Patient case discussions provide an opportunity for students to apply the information learned and gain clinical perspective.

Microbiology Immunology and Infectious Diseases (MIID) (M1)

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



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

Hematology and Oncology (M1)

Hematology and Oncology is a five-week course designed to provide comprehensive and multidisciplinary instruction to medical students in the disciplines of Hematology and Oncology. Initially, there is an introduction of the normal structure and function (anatomy and physiology) of the hematopoietic and lymphoreticular systems. Building on this foundation, students learn about the clinical manifestations and pathophysiology of hematologic disorders that may develop secondary to genetic, metabolic, infectious/inflammatory, idiopathic, or neoplastic etiologies. Application of basic science knowledge and correlation with the clinical presentation of hematologic



disorders allows students to solve patient case studies and formulate appropriate treatment regimens. The Oncology component of the module similarly advances basic concepts related to neoplasia. Discussion of the pathophysiology, clinical manifestations, and treatment of specific types of neoplasia are integrated into the subsequent organ system courses, to which they correspond.

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

Neurology-Psychiatry (M1)

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

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

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

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

Skin and Musculoskeletal System (M1)

Skin and Musculoskeletal System (SMS) is an eight-week course designed to provide comprehensive and multidisciplinary instruction to medical students related to the integumentary and musculoskeletal systems. Initially, there is an introduction of the normal structure and function (anatomy and physiology) of these systems with integration of basic science concepts of embryology, genetics and cell/molecular biology. Building on this

foundation, students learn about basic repair mechanisms and the clinical manifestations and pathophysiology of common dermatologic and orthopedic problems that may develop secondary to degenerative, metabolic, infectious, traumatic, inflammatory, or neoplastic etiologies. Application of basic science knowledge and correlation with the clinical presentation of dermatologic and musculoskeletal disorders allows students to solve patient case studies and formulate appropriate treatment regimens.

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

Year 2 Block Courses (please note that Year 2 block Courses are described twice as (i) how these will look for the 2024-2025 academic year and then (ii) for the current M2 students for the 2023-2024 academic year).

Year 2 Block Courses (for the 2024-2025 academic year- for the current M1 students when they will progress to M2 year)

Cardiovascular System (M2)

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

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

Pulmonary System (M2)

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

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

Gastroenterology (GI) (M2)

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

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

Urology and Renal Systems (M2)

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



Students discover, through carefully designed cases, the pathology and pathophysiology of a variety of important renal diseases, both renal-limited and those associated with systemic conditions. Similarly, they become familiar with the pathology and pathophysiology of disorders of the lower urinary and genital tract, and the impact of those disorders on excretory and sexual function. They have an opportunity to discuss and explore the psychosocial and economic impact of urologic and renal disorders. Students develop an understanding of the applicability and interpretation of the variety of relevant diagnostic methods, including blood and

urine biochemistry and microscopy, biopsy, endoscopic procedures and imaging modalities. They become familiar with the range of specific therapeutic options, including medications, surgery, dialysis, transplantation, and prosthetic devices, among others.

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

Endocrine System (M2)

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

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

Introduction to Ob-Gyn (M2)

Introduction to Ob-Gyn is a four-week course that allows medical students to explore the care of the female patient utilizing a multidisciplinary approach. With the conclusion of this 4-week curriculum, the student is able to manage common Ob-Gyn health issues with minimal supervision and understand the appropriate need for the interaction of multiple disciplines to achieve these goals.

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

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

Otolaryngology (ENT) (M2)

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

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

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

Life Stages (M2)

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

Life Stages is presented through a variety of formats, including lectures, case studies, active learning groups, laboratory exercises, and self-directed learning. Case vignettes introduce the student to the medical fields of pediatrics, adolescent medicine, internal medicine and geriatrics. The course will also focus on integrating various subject areas for upcoming STEP 1.

Year 2 Block Courses (for the 2023-2024 academic year- for the current M2 students)

Cardiovascular System (M2)

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

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

Pulmonary System (M2)

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

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

Endocrine System (M2)

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

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

Gastroenterology (GI) (M2)

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

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

Urology and Renal Systems (M2)

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



Students discover, through carefully designed cases, the pathology and pathophysiology of a variety of important renal diseases, both renal-limited and those associated with systemic conditions. Similarly, they become familiar with the pathology and pathophysiology of disorders of the lower urinary and genital tract, and the impact of those disorders on excretory and sexual function. They have an opportunity to discuss and explore the psychosocial and economic impact of urologic and renal disorders. Students develop an understanding of the applicability and interpretation of the variety of relevant diagnostic methods,

including blood and urine biochemistry and microscopy, biopsy, endoscopic procedures and imaging modalities. They become familiar with the range of specific therapeutic options, including medications, surgery, dialysis, transplantation, and prosthetic devices, among others.

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

Introduction to Ob-Gyn (M2)

Introduction to Ob-Gyn is a four-week course that allows medical students to explore the care of the female patient utilizing a multidisciplinary approach. With the conclusion of this 4-week curriculum, the student is able to manage common Ob-Gyn health issues with minimal supervision and understand the appropriate need for the interaction of multiple disciplines to achieve these goals.

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

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

Allergy and Otolaryngology (ENT) (M2)

The *Allergy-ENT course* is a four-week course. The main goal of the course is to ensure that all medical school graduates have a sound understanding of basic principles related to otolaryngology and allergy. The allergy module focuses on reinforcing and advancing the basic science taught in the M1 year 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 (M2)

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

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 M1 year. Students learn the pathology and pathophysiology of the spectrum of neurologic and psychiatric diseases and their clinical manifestations. They have an opportunity to become familiar with the range of applicable diagnostic methods – including specific history-taking and physical exam skills and imaging modalities – and therapeutics. Students learn to formulate a thorough biopsychosocial diagnostic and treatment plan.

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

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

Sample Phase 1 Curriculum Week

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

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

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

Year 3

Courses in the M3 Year

- Scholar’s Workshop
- Ambulatory Clerkship
- Healer’s Art (elective)
- M3 Electives

Clerkship Rotations in the M3 Year

- Internal Medicine
- Family Medicine & Adult Primary Care
- Surgery
- Pediatrics
- Obstetrics/Gynecology
- Neurology
- Psychiatry
- Anesthesiology

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

IM 6 wks	Surgery 6 wks	Ob/Gyn 6 wks	Pediatrics 6 wks	Winter Break	Psychiatry 4 wks	SW Research / Service Learning	Neuro 4 wks	Anes	FM & APC	Electives 4 wks	Step II prep	
					<----- 6 weeks ----->		----- 6 weeks -----		----- 6 weeks -----		<-All students->	<-All students->
Scholar's Workshop												
Ambulatory Clerkship												

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

Students complete seven 6-week blocks over the course of the M3 year. Internal Medicine, Surgery, Obstetrics/Gynecology, Family Medicine and Adult Primary Care and Pediatrics are all 6-weeks long. Psychiatry is 4-weeks long and there will be a rotating 2 week time period where students work on the Scholar’s Workshop Research and Service Learning. These 2 weeks will rotate through the 6-week block as shown below:

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

Psychiatry will be graded Honors, High Pass, Pass, and Unsatisfactory. There is no grade for the Scholar’s Workshop and Service Learning period. That time period is there for students to complete work for Scholar’s Workshop and Service Learning. Please note that all the Scholar’s Workshop requirements and deliverables will NOT be able to be completed in this short time frame. Scholar’s Workshop is a longitudinal course.

Neurology is 4 weeks long (with traditional Honors, High Pass, Pass, and Unsatisfactory grading) and is coupled with a 2 week Anesthesiology rotation which is Pass/Unsatisfactory.

All students will then enter the Elective time period where they take four one-week electives. After the electives are completed, all students enter the Step II Prep course where they must study for at least one day out of seven to Pass this clerkship.

Year 4

4 weeks	4 weeks	4 weeks	4 weeks	1 week	16 weeks
Sub-Internship	Interprofessional Care of Chronic Conditions	Critical Care Clerkship	Emergency Medicine Clerkship	Leadership in Community Health	Electives
Scholar's Workshop					

Note: Sub-Internships are available in:

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

Phase 2 Course Overview

Year 3 - Clerkships

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



In the M3 year there are seven six-week rotations in each of the core clinical disciplines; Internal Medicine, Neurology, Obstetrics-Gynecology, Surgery, Pediatrics, Psychiatry, and Anesthesiology. In addition, all students rotate through elective weeks and will participate in year-long Ambulatory Clerkship as well Scholar's Workshop.

During these rotations, each student will have the opportunity to admit acutely-ill patients to the hospital. Students will follow these patients during their hospitalization. Inpatient teaching rounds incorporate learning in medical imaging and pathology. The didactic curriculum in each discipline is delivered in block rotations. These are supplemented by Transdisciplinary Sessions every Friday afternoon in which each M3 student presents a patient that have cared for; the student leads a discussion with selected faculty experts on issues germane to the case. These issues may encompass the clinical medicine, underlying biomedical science, social determinants of health or medical ethics. In addition, students will have Ultrasound session scheduled throughout the third year which will build on their ultrasound experience from the first two years. Attendance at Transdisciplinary sessions and Ultrasound sessions are mandatory.

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

Students maintain an electronic log of their patient encounters and procedures from both the inpatient and outpatient settings to document fulfillment of their required patient encounters and procedural experiences. The Office of Medical Education reviews each student's patient encounter and procedure logs on a regular basis throughout the year and provide guidance on fulfilling the requirements.

Grades for each inpatient clerkship are based on students' work with their preceptor(s) and their subject examination score.

Electives (M3)

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

Healer's Art (M3)

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

Year 4

Sub-internship (M4)

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

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

Emergency Medicine Clerkship (M4)

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

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

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

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

Interprofessional Care of Patients with Chronic Conditions (M4)

Research has shown that the typical medical student graduates without understanding the needs of the patient with chronic conditions. To ensure that CMSRU graduates are prepared to provide high-quality, compassionate care to individuals with chronic diseases, we require this 4-week clerkship. Through this clerkship, students identify the common essential elements of high-quality care of patients with chronic conditions. Of particular importance in this regard is an appreciation for the multidisciplinary, interprofessional nature of care in a variety of settings. The students spend time in one of several pillars: Geriatrics, Physical Medicine and Rehabilitation, Family Medicine and Care Coordination, Early Intervention Program, Urban/Chronic care, Palliative Care, Inpatient Consultative Hematology/Oncology and Bariatric Surgery.

Some of the overarching goals of this clerkship are:

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

Leadership in Community Health (M4)

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

Electives (M4)

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

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

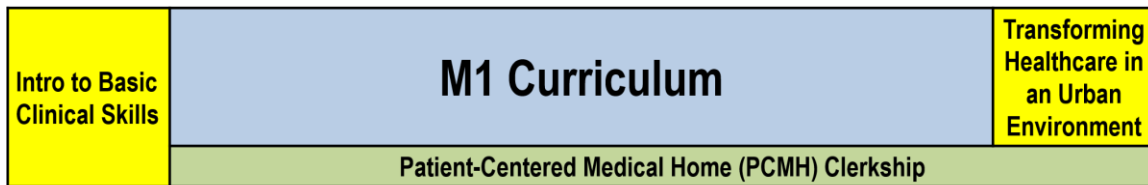
Three Year Primary Care Track (PC3)

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

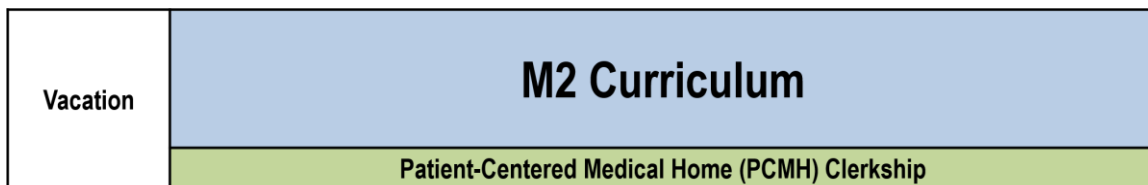
The program was developed to train the next generation of primary care physicians who will be providing patient-centered, humanistic and culturally sensitive care for patients and families in New Jersey and beyond. Cooper’s 125+ year commitment to Camden, and CMSRU’s commitment to patient advocacy, civic responsibility and diversity make us uniquely positioned to train future primary care providers, especially for medically underserved communities. Our program fosters students eager to join this special physician community, one which has the privilege of enduring and meaningful involvement in their patients’ lives.

A full diagram of the PC3 program is provided below:

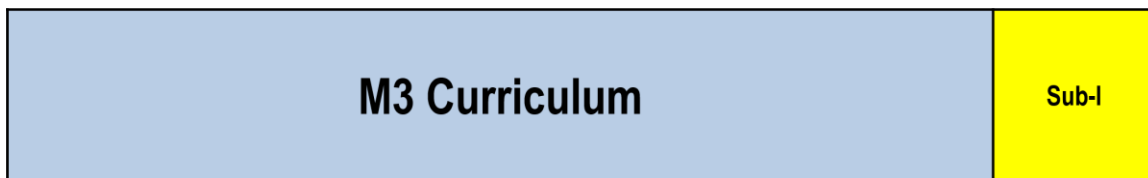
Year 1



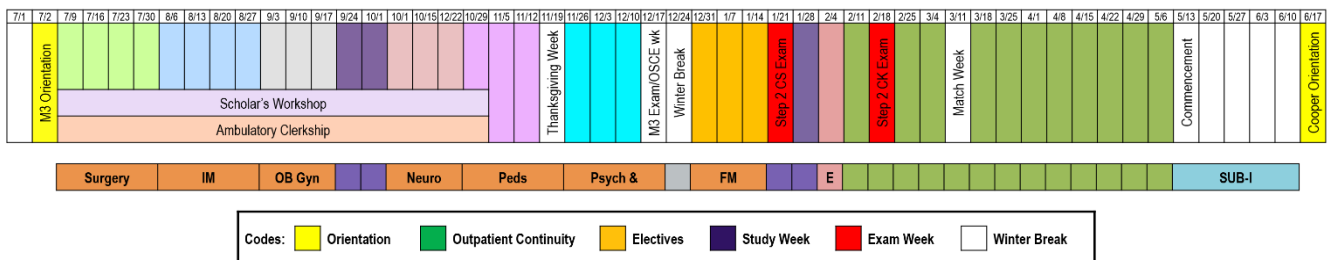
Year 2



Year 3



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



Sample CLOC Week

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

PC3 Program Structure

First Year (M1)

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

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

Students enrolled in the PC3 program spend a half-day every month at an NCQA-recognized Patient Centered Medical Home Clinic, specializing in one of two disciplines (Pediatrics in Camden or Internal Medicine in Willingboro). Students work directly with a primary care faculty preceptor to engage in coordinated patient-centered care as part of a multidisciplinary team. Additionally, PC3 students spend time in this clinic in M1 and M2, and then in M3 as part of your CLOC (Cooper Longitudinal Outpatient Clerkship) rotation.

At the end of the M1 year, after a short break, PC3 students participate in a five-week course called Transforming Healthcare in an Urban Environment. This is a course intended to provide fundamental knowledge and experience delivering healthcare in underserved urban communities like Camden. The building blocks of this course are designed to explore and address barriers to care using innovative models of healthcare delivery. Through experiential learning, students build their knowledge of social determinants of health and healthcare disparities, public health advocacy and policies impacting urban health, healthcare for the homeless, trauma-informed care and more. Students learn how teams at Cooper and in the Camden community are transforming healthcare in diverse communities with complex medical and psychosocial needs.

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

Second Year (M2)

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

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

Third Year (M3)

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

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

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

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

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

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

For Internal Medicine and Pediatrics, the PC3 students will be placed at their respective Internal Medicine/Pediatric PCMH site.

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

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

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

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



Cooper Medical School of Rowan University

Compendium of Student Policies for Faculty, Residents, and Staff



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

Table of Contents

CMSRU Medical Education Program Objectives	1
Policies Related to Student Affairs	11
Honor Code Policy	11
Professional Appearance Policy	12
Professional Conduct Policy	15
Policies Related to Medical Education	18
Student Attendance Policy	18
Conflict of Interest Policy	23
Duty Hours Limitations Policy	28
Formative Feedback Policy	29
Grading, Promotions, and Appeals Policy	30
Academic Workload Policy for Pre-Clinical Years	46
PRIME Policy	47
Student Clinical Assignment Policy	49
Medical Student Supervision During Required Clinical Activities Policy	50
Teacher-Learner Interaction Policy	52
Policies Related to Health and Safety	53
Alcohol and Other Drugs Policy	53
Anti-Violence Policy	59
COVID-19 Exposures and Testing Policy	61
Inclement Weather Policy	67
Infectious and Environmental Hazards, Needlesticks and Bloodborne Pathogens Exposure Policy	68
Impaired Student Process	71
Student Health Provider Policy	74
Student Healthcare Services Policy	75
Policies Related to Matriculation	77
Family Educational Rights and Privacy Act (FERPA)	77
Policies Related to Communications; and Information Technology and Resources	81
Acceptable Use Policy	81

Copyright Infringement Policy	87
Social Media Policy	89
Policies Related to Diversity, Equity, and Inclusion	98
Anti-Discrimination Policy	98
Student Mistreatment Policy	111
Religious Observance Policy	119
Student Sexual Misconduct and Harassment Policy	120
Title IX Student Sexual Harassment /Sexual Assault Policy	138
Technical Standards Required for Admission to and Completion of the MD Degree	157
Attestation	160

CMSRU Medical Education Program Objectives

General Competency: Medical Knowledge

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

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

Medical Education Program Objective(s)	Outcome Measure(s)
Apply current knowledge of public health to patient care (MK5)	Ambulatory Clerkship Behavior Checklist Assessment, Faculty Developed Examination Questions, NBME Subject Examination, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment
Demonstrate an understanding that racial categories are not equivalent to genetic ancestry. Rather, race is a complex social and political construct that may engender bias and thereby directly affects health outcomes (MK6)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Scholars Workshop Module Assessment
Understand that the medical literature may be biased by historical racism and be cognizant of this problem when conducting the critical appraisal and application of medical literature (MK7)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Scholars Workshop Module Assessment, Faculty Developed Examination Questions

General Competency: Patient Care

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

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

Medical Education Program Objective(s)	Outcome Measure(s)
Use and interpret diagnostic studies appropriately (PC3)	Foundations of Medical Practice Clinical Skills Examinations [miniOSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self Assessment of Program Objectives, OSCEs, Patient and Procedure Logs, ALG Student Assessments, Note Review (Psychiatry)
Demonstrate relevant procedural and clinical skills, recognizing the indications, contraindications and complications, while respecting patient needs and preferences (PC4)	Foundations of Medical Practice Clinical Skills Examinations [mini OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Patient and Procedure Logs, ALG Student Assessments, Note Review (Psychiatry)
Assess, implement and promote plans of disease prevention, management and treatment using evidence-based medicine (PC5)	M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Patient and Procedure Logs, ALG Student Assessments, M4 Resuscitation and Basics of Critical Care Oral Examination, Note Review (Psychiatry), Neurology H&P/Consult Scoring Rubric
Acknowledge, respect, and integrate patients' and families' lived experiences, trauma, socio-cultural background, and personal values in clinical practice to reduce health care disparities (PC6)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Scholars Workshop Module Assessment

General Competency: Professionalism

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

Medical Education Program Objectives	Outcome Measure(s)
Demonstrate compassion, empathy, honesty, and respect for others (P1)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative

Medical Education Program Objectives	Outcome Measure(s)
	Assessment, M4 Student Self-Assessment of Program Objectives, OSCEs, Ambulatory Clerkship Satellite Assessment, Report of Service Learning Hours, Required Session Attendance/Participation, M4 Resuscitation and Basics of Critical Care Oral Examination, Note Review (Psychiatry), M3 Pediatric Outpatient/Subspecialty Assessment, M3 Pediatric Mother-Infant Unit Assessment
Respect patient confidentiality, dignity, autonomy, and maintain a professional relationship. (P2)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Ambulatory Clerkship Satellite Assessment, Required Session Attendance/Participation, M4 Resuscitation and Basics of Critical Care Oral Examination, Note Review (Psychiatry)
Show responsiveness, professional competence, and personal accountability to patients, society and the practice of medicine (P3)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Ambulatory Clerkship Satellite Assessment, Required Session Attendance/Participation, M4 Resuscitation and Basics of Critical Care Oral Examination, Note Review (Psychiatry), Scholars Workshop Module Student Assessments
Advocate for patients' interests and the healthcare of others (P4)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Ambulatory Clerkship Satellite Assessment, Required Session Attendance/Participation, Note Review (Psychiatry), Scholars Workshop Module Student Assessments, M3 Pediatric Outpatient/Subspecialty Assessment, M3 Pediatric Mother Infant Unit Assessment, Student Presentations
Recognize and manage personal limitations, conflicts of interests and biases, including awareness of personal well-being and of strategies and resources to address burn-out (P5)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Ambulatory Clerkship Satellite Assessment, Required Session Attendance/Participation, Note Review (Psychiatry)

Medical Education Program Objectives	Outcome Measure(s)
Incorporate the principles of medical ethics, and of professional and personal responsibility into their care of patients (P6)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Ambulatory Clerkship Satellite Assessment, Required Session Attendance/Participation, Note Review (Psychiatry)
Recognize and address disparities in the distribution of health resources and advocate for equitable access to care (P7)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Ambulatory Clerkship Satellite Assessment, WoW 1 Lean Six Sigma Presentation, Required Session Attendance/Participation, Note Review (Psychiatry), Scholars Workshop Module Student Assessments
Continually identify, acknowledge and challenge our individual implicit biases and their impact on patient care and professional relationships (P8)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M4 Summative Assessment,

General Competency: Interpersonal and Communication Skills

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

Medical Education Program Objective(s)	Outcome Measure(s)
Demonstrate effective interpersonal and communication skills and cultural competency with patients about their care, including ethical and personal issues (ICS1)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, OSCEs, M4 Resuscitation and Basics of Critical Care Oral Examination
Demonstrate effective interpersonal and communication skills and cultural competency with patient's family, friends, and other members of the patient's community, as appropriate (ICS2)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, M3 Pediatric Outpatient/Subspecialty Assessment, M3 Pediatric Mother-Infant Unit Assessment

Medical Education Program Objective(s)	Outcome Measure(s)
Demonstrate effective interpersonal and communication skills and cultural competency with all members of the healthcare team and relevant agencies and institutions (ICS3)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Transdisciplinary Presentation Rubric, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Ambulatory Clerkship Satellite Assessment, WoW 1 Lean Six Sigma Presentation, Scholars Workshop Module Student Assessments, M3 Pediatric Outpatient/Subspecialty Assessment, M3 Pediatric Mother-Infant Unit Assessment
Maintain a professional demeanor of integrity and transparency in all communications (ICS4)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Transdisciplinary Presentation Rubric, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Report of Service Learning Hours, Scholars Workshop Module Student Assessments
Model anti-racist and inclusive behavior by demonstrating communication skills that reject oppressive and discriminatory language in all of its manifestations and promote educational dialogue and discussion (ICS5)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Scholars Workshop Module Assessment

General Competency: Practice-Based Learning and Improvement

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

Medical Education Program Objective(s)	Outcome Measure(s)
Assess their own strengths, deficiencies and limits of knowledge and engage in effective ongoing learning to address these (PrBLI1)	Peer and Self-Assessment, Ambulatory Service Learning Group Discussion Roundtable, Ambulatory Clerkship Service Learning Reflective Essays, Ambulatory Clerkship Behavioral Checklist, Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, ALG Student Assessments, Report of Service Learning Hours, Scholars Workshop Module Student Assessments

Medical Education Program Objective(s)	Outcome Measure(s)
Effectively engage in medical school, hospital and community projects that benefit patients, society and the practice of medicine (PrBLI2)	Ambulatory Clerkship Service Learning Reflective Essays, M4 Summative Assessment, Summative Narrative Assessment, Report of Service Learning Hours, Scholars Workshop Module Student Assessments
Identify, appraise and assimilate evidence from scientific studies using information technology (PrBLI3)	M3 Transdisciplinary Presentation Rubric, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Group Critical Appraisal Project, Scholars Workshop Independent Capstone Project
Recognize and empower other members of the healthcare team in the interests of improving patient care (PrBLI4)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, M4 Resuscitation and Basics of Critical Care Oral Examination
Apply the principles and practices of patient safety and quality improvement, including process and performance improvement strategies (PrBLI5)	M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, Scholars Workshop Projects, WoW 1 Lean Six Sigma Presentation, Virtual Critical Care Rounds-I (VCCR-I) Post Test

General Competency: Systems-Based Practice

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

Medical Education Program Objective(s)	Outcome Measure(s)
Work effectively to coordinate patient care within the social context of healthcare (SBP1)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, Note Review (Psychiatry)
Incorporate risk-benefit analysis into care delivery (SBP2)	Ambulatory Clerkship Behavior Checklist Assessment, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, Note Review (Psychiatry)
Advocate for high-quality patient care (SBP3)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, Note Review (Psychiatry)

Medical Education Program Objective(s)	Outcome Measure(s)
Work in inter-professional teams to enhance patient safety and quality (SBP4)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, WoW 1 Lean Six Sigma Presentation
Demonstrate an appreciation for and understanding of the methodologies used to reduce errors in care (SBP5)	M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Projects
Recognize the value, limitations and use of information technology in the delivery of care (SBP6)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives
Apply an understanding of the financing and economics of care delivery regionally, nationally, and globally to optimize the care of patients (SBP7)	Faculty Developed Examination Questions, M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Module Student Assessments
Recognize the inequitable systems that affect individuals directly and indirectly within medical training and practice (SBP8)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Scholars Workshop Module Assessment
Understand the historical context and prevalence of institutional and structural racism in medicine and how it contributes directly to health disparities and transgenerational trauma (SBP9)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Scholars Workshop Module Assessment
Recognize and address issues in diversity in medical education, patient care, and beyond and demonstrate leadership in diversity, equity, and inclusion in the medical profession (SBP10)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Scholars Workshop Module Assessment

General Competency: Scholarly Inquiry

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

Medical Education Program Objective(s)	Outcome Measure(s)
Demonstrate investigatory and analytical skills to seek and apply the best evidence in making patient care decisions (SI1)	Faculty Developed Examination Questions, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], M3 Transdisciplinary Presentation Rubric, M3 Student Self-Assessment of Program Objectives, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, Scholars Workshop Group Critical Appraisal Project, Scholars Workshop Independent Capstone Project, ALG Student Assessments, Scholars Workshop Module Student Assessments, Virtual Critical Care Rounds-I (VCCR-I) Post Test, Student Presentations
Design and execute studies to answer well-structured basic, translational, clinical, and research questions (SI2)	M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Group Critical Appraisal Project, Scholars Workshop Independent Capstone Project
Conduct research according to good clinical practices and strict ethical guidelines (SI3)	Faculty Developed Examination Questions, M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Independent Capstone Project
Adhere to the principles of academic integrity in research and scholarship (SI4)	M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Group Critical Appraisal Project, Scholars Workshop Independent Capstone Project
Demonstrate skills that foster lifelong learning (SI5)	Foundations of Medical Practice Individualized Education Plan, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, ALG Student Assessments, Scholars Workshop Module Student Assessments, Virtual Critical Care Rounds-I (VCCR-I) Post Test, Student Presentations, M3 Transdisciplinary Rubric

General Competency: Health Partnership

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

Medical Education Program Objective(s)	Outcome Measure(s)
Recognize the social and other determinants of health (HP1)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, M3 Transdisciplinary Presentation Rubric, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Module Student Assessments
Describe the healthcare needs of patients from diverse populations and develop appropriately tailored care delivery strategies (HP2)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, Note Review (Psychiatry)
Develop the skills and attitude to work in partnership with members of the community to promote health, disease prevention, and chronic care management (HP3)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment
Appraise the impact of the social and economic contexts on healthcare delivery (HP4)	Ambulatory Clerkship Service Learning Reflective Essays, Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Projects

General Competency: Learning and Working in Teams

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

Medical Education Program Objective(s)	Outcome Measure(s)
Apply basic principles of inter-professional and multidisciplinary care (Team1)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, Life Stages TWA Assessment, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, TBL Scores (IRAT/GRAT), ALG Student Assessments, Note Review (Psychiatry), POPs Scores, Jigsaw Scores, Scholars Workshop Module Student Assessments
Develop the skills to organize an effective healthcare team, valuing individuals' skills and efforts (Team2)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, Life Stages TWA Assessment, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, TBL Scores (IRAT/GRAT), WoW 1 Lean Six Sigma Presentation, Jigsaw Scores

Medical Education Program Objective(s)	Outcome Measure(s)
Work with professionals from other disciplines or professions to foster an environment of mutual respect and shared values (Team3)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, Life Stages TWA Assessment, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, TBL Scores (IRAT/GRAT), WoW 1 Lean Six Sigma Presentation, POPs Scores, Scholars Workshop Module Student Assessments
Perform effectively in different team roles to plan and deliver patient and population-centered care (Team4)	Ambulatory Clerkship Behavior Checklist Assessment, Life Stages TWA Assessment, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, Ambulatory Clerkship Satellite Assessment, TBL Scores (IRAT/GRAT), WoW 1 Lean Six Sigma Presentation, POPs Scores, Jigsaw Scores, Scholars Workshop Module Student Assessments

Policies Related to Student Affairs

Honor Code Policy

POLICY: Honor Code

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

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

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

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

Student Responsibilities

Students will not:

- Give or receive aid during an examination.
- Give or receive unpermitted aid in assignments.
- Plagiarize any source in the preparation of academic papers or clinical presentations.
- Falsify any clinical report or experimental results.

- Infringe upon the rights of any other students to fair and equal access to educational materials.
- Violate any other commonly understood principles of academic honesty.
- Lie

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

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

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

Professional Appearance Policy

POLICY:

Professional Appearance Policy

PURPOSE:

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

SCOPE:

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

PROCEDURE:

This policy is based upon safety, concern for the patient, respect for others, an awareness of cultural competence, and the central importance of professionalism in medicine. Recent trends in clothing, body art and body piercing may not be generally accepted by your patients. Students must adhere to guidelines surrounding professional appearance, as outlined. Clothing should be clean and neatly pressed. Note that CMSRU ID badges are to be worn at all times.

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

Phase I - During the majority of the first two years of the curriculum, students will spend time in lectures and small group activities where attire should be comfortable, neat and not distracting. Avoid dress or attire that could be perceived as offensive to others. During the WOW weeks, Ambulatory Clerkship, and when interfacing with patients at any Cooper University Health Care (CUHC) facility students must follow the Dress Code Policy of CUHC stated below.

Phase II - During the last two years, all students will adhere to the Dress Code Policy of Cooper University Health Care (8.604 Employee Relations-Employee Dress Code):

I. POLICY:

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

II. PURPOSE:

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

III. PROCEDURE:

Dress code guidelines may vary by department, job function and location. Department dress codes may be more restrictive. Cooper recognizes three (3) types of dress: business, business casual and uniforms. Management always reserves the right to take appropriate action toward any employee whose grooming or dress violates the letter or the spirit of this policy. Employees that appear for work inappropriately dressed will be sent home and directed to return to work in proper attire. Under such circumstances, employees will not be compensated for time away from work and disciplinary action may be taken.

A. General Guidelines

1. The Cooper identification badge is required to be worn at collar level with employee name and photo facing forward and clearly visible at all times while working at any Cooper location. Badges must be free of obstacles so patients and others can view the employee's picture, name and job title. Lanyards should not be used unless they have a mechanism to "break" in the back in the case of a safety issue. Lanyards must hang to allow visibility of the badge in the upper chest area. Lanyards that are longer than upper chest area are not permitted. When off duty, the ID badge cannot be worn at any Cooper location unless the employee is in compliance with the dress code.
2. All clothing should fit properly. Garments cannot be transparent, low cut at the neckline, or form fitting. Clothing should not be unduly revealing or cause distracting or disruptive attention or reaction on the part of others.
3. Dresses and skirts cannot be excessively short, no more than 4 inches above the knee. Dress/skirt slits must not be excessive.
4. Shirts/Blouses with lettering or graphics that advertise or promote a product or service or causes distracting attention or reaction on the part of others will not be permitted. Only shirts/blouses with Cooper logo or approved graphics or lettering are permitted.
5. Shoes must conform to safety and infection control standards by providing safe footing, protection against hazards and be quiet for the comfort of patients. Examples of inappropriate footwear: canvas tennis shoes, sandals (i.e. open shoes with straps including heels and flats), swim or beachwear and shoe covers. Leather sneakers may be worn only in direct patient care areas. Socks or stockings must be worn in areas where we deliver direct patient care. Footwear must be clean, polished and in good repair. Color and style of the shoes should be professional (neutral and/or in coordination with clothing). In patient care areas, including ambulatory sites, open-toe shoes are not acceptable. In non-patient care business areas, open-toe business style shoes are acceptable.
6. Hair, including facial hair, must be clean, neat, professional and maintained in a manner that does not interfere with patient safety, infection prevention or equipment operation.
7. Fingernails must be clean and professional and maintained. For purposes of safety, infection prevention, and operation of equipment, fingernails must be of a reasonable length for the performance of job functions. Employees having direct and indirect patient contact or come into contact with the patient environment may not have fingernails in excess of ¼ inch in length and may not wear artificial fingernails, which is inclusive of gel nail polish, wraps, acrylics, silks, etc. (Refer to 10.103 – Hand Hygiene Policy)
8. Tattoos must be modest and may need to be covered while at work in a manner that does not interfere with patient safety, infection control or equipment operation. Tattoos shall be prohibited if they contain nudity, foul language, gang symbols, convey an expression of hate, violate Cooper's Harassment-Free Workplace Policy (See 8.615 Employee Relations - Workplace Harassment and/or are inconsistent with a professional environment.

9. Earrings can be worn on the ears and generally should be no larger than one inch in diameter. Ear piercing will be limited to a maximum of three (3) earrings per ear. Nose jewelry is discouraged and if worn, must be limited to one small stud no larger than three (3) millimeters in diameter. Pierced jewelry and rings are not permitted on any other visible body part (including but not limited to, eyebrows, lip and tongue). No ear gauges/expanders permitted.
 10. Jewelry will be professional and kept to a minimum. Loose fitting jewelry that potentially poses safety issues is not permitted.
 11. The wearing of Cooper issued buttons or pins on a uniform is to be kept to a minimum and cannot be attached to or conceal the Cooper identification badge.
 12. Fragrances, perfumes, colognes, hair sprays, etc. should be kept to a minimum and may be prohibited if they pose a health concern to others.
 13. Head coverings (hats, caps, scarves, etc.) may be worn as part of the uniform when authorized or when required by specific department standards or when required for safety or hygienic conditions. Employees whose religious, cultural or ethnic beliefs require head covering, or employees who have special needs, may request an exemption and such request will be given consideration for reasonable accommodation.
 14. Sunglasses may not be worn indoors unless medically necessary.
 15. The following are not considered appropriate dress:
 - a. Denim clothing of all colors
 - b. All types of shorts
 - c. Leggings/Spandex pants (unless worn under an appropriate dress)
 - d. Sweat jacket, pants, hoodie
 - e. Sweatshirts
 - f. Fleece jackets
 - g. Athletic clothing
 - h. Miniskirts
 - i. Beachwear
 - j. T-shirts
 - k. Tank tops or spaghetti strap shirts
 - l. Flashy, "loud" clothing
 - m. Lingerie-like clothing
 - n. Flip-flops/thong shoes
 - o. Pool shoes
 16. Employees who require accommodation for medical or religious reasons should contact Human Resources.
- B. Guidelines for employees who provide direct patient care, have direct patient contact or who work in patient care areas:
1. Open toe shoes are not permitted. Heels must be of a reasonable height to perform assigned duties. Footwear is of sturdy construction, well fitted and maintained in good repair. Flexible, non-slip soles are recommended in work locations where use of liquids may increase the risk of falls.
 2. Sleeveless shirts, blouses, and dresses are not permitted unless covered by a jacket or sweater.
 3. Stockings or socks must be worn.
 4. The length of pants/trousers must extend to the ankle.
 5. When clothing is soiled with blood or body fluids, the clothes must be changed as soon as possible.

C. Guidelines for employees who do not provide direct patient care or do not have direct patient contact but may meet with or be seen by patients/visitors.

1. Open toe shoes are permitted. Heels must be of a reasonable height to perform assigned duties. Footwear is of sturdy construction, well fitted and maintained in good repair.
2. Sleeveless blouses and dresses are permitted.
3. Stockings or socks are optional.
4. The length of pants/trousers cannot be shorter than mid-calf.

D. Types of dress

1. Business Attire

- a. In order to meet the expectations of patients and their families, Cooper must project a professional, business-like image. Therefore, business attire is expected to be worn except where department specific dress requirements, casual business attire or uniforms apply as outlined in sections 2 and 3 below. Business attire includes such clothing as suits, ties, dresses, dress skirts and dress pants.

2. Business Casual Attire

- a. A more casual or relaxed dress code will be permitted during the summer and on Fridays. Business casual attire must still follow the guidelines outlined above and must be appropriate.

3. Uniforms

- a. Uniforms may be required in specific areas. They will constitute regular business attire when approved by management. Employees should consult with their individual Direct Supervisor for specific guidelines on uniforms. Scrub uniforms may be worn with Departmental approval. Denim-like scrubs are not permitted. Uniforms owned by Cooper must be returned upon separation of employment.

I. ATTACHMENTS

II. RELATED POLICIES

10.103– Hand Hygiene Policy

Professional Conduct Policy

POLICY:

Professional Conduct Policy

PURPOSE:

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

SCOPE:

Candidates for the Doctor of Medicine degree

DEFINITIONS:

Professionalism is broadly defined. It is expected that the tenets of professionalism will be applied beyond the elements of the curriculum. It is expected to be a way of life for the health care professional. Student behavior and actions that are

considered unethical, unprofessional or illegal will be considered by CMSRU in the overall evaluation and promotion of a student.

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

- 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

Professionalism Intervention Reports

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

Professionalism Report for Exemplary Behavior

This form may be filed by anyone, including another student, when an incident of exemplary professional behavior is noted involving a CMSRU student.

Retaliation

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

Hearing Body for Student Rights (HBSR)

The Hearing Body for Student Rights shall have the responsibility for hearing allegations of matters of professionalism for students, not related to a course or a clerkship, upon referral from the Director of Professionalism. The Hearing Body for Student Rights recommends whether or not to uphold the decision of the Director of Professionalism. Their recommendation goes to the executive cabinet, whose decision is binding. In addition, the Hearing Body for Student Rights shall hear appeals of decisions impacting individual students made by committees working under the supervision of the Office of Student Affairs. Their recommendation goes to the executive cabinet, whose decision is binding.

The Hearing Body for Student Rights shall consist of eleven members. Six members shall be from the faculty (three members elected and three members appointed by the Dean); two phase 2 students shall be elected by their peers; the M4 president of student government shall serve as a member; the CMSRU Ombudsman and one member of the Office of Student Affairs administration shall serve as ex-officio members. The term of office shall be three years, except where the member serves as an ex-officio member. Phase 2 students will serve a term of two years; the M4 SGA president shall serve one year. All student members must be in good academic standing as outlined in the Student Activities Policy. Meetings shall be convened by the Chair or on request of the Dean or any member of the Committee. The Hearing Body shall conduct all hearings and all deliberations in accordance with the policies of CMSRU.

GUIDELINES:

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

PROCEDURE:

- Issues related to professionalism that relate to a course or clerkship are managed as per the Grading, Promotions and Appeals Policy (GPA).
- Issues related to professionalism that occur outside of the curriculum that are unrelated to a course or clerkship include, but are not limited to:
 - Unprofessional behavior at a CMSRU sponsored social event or activity;
 - Student to student mistreatment at social events or outside of CMSRU; and
 - Vandalism or theft of CMSRU/Cooper University Health Care (CUHC) property or at an affiliate hospital, physician practice or ambulatory clinic.
- Issues related to professionalism that occur outside of the curriculum, including the filing of a Professionalism Intervention Report for Breach of Professional Conduct that is unrelated to a course or clerkship, will be managed as follows:
 - All matters will be reported to the Assistant Dean for Student Affairs;
 - The Assistant Dean for Student Affairs will counsel the student and may refer the issue to the Director of Professionalism;
 - If the issue is referred to the Director of Professionalism, the student will be notified, and a meeting will be scheduled with the student by the Director of Professionalism;
 - The Director of Professionalism will investigate the issue and may provide a decision/remediation plan to the student directly. Remediation plans of the Director of Professionalism are not appealable;
 - The Director of Professionalism may recommend to the Dean or designee that a student be placed on immediate leave for an issue related to professional behavior pending further investigation; and
 - Depending on the severity and nature of the issue, the issue may be referred to the Academic Standing Committee (ASC) (Refer to [GPA Policy](#): Probation – Non-Academic).
- If a student objects to the decision of the Director of Professionalism surrounding an issue that has been determined as not rectifiable by a remediation plan, or that has not been referred to the ASC, the student may appeal the decision to the Hearing Body for Student Rights. This request is made through the Director of Professionalism.
 - The Hearing Body for Student Rights will be convened at the request of the Director of Professionalism;
 - The student shall be given up to three business days' notice of the time and place of the committee's hearing;
 - At the discretion of the student making the appeal, one individual may accompany the student during the hearing in the capacity of advisor and/or advocate. The advisor/advocate does not have a "voice" at the hearing;
 - All other advocacy efforts must be in the form of written communications to the committee and must

- be received by the committee no later than 24 hours preceding the time scheduled for the start of the appeals hearing;
 - The Chair will communicate the recommendation of the Hearing Body for Student Rights to the CMSRU Executive Cabinet within ten (10) business days. Decisions of the CMSRU Executive Cabinet are considered as final and are not subject to appeal. If a recommendation by the HBSR is dismissal, the executive cabinet will review and determine if the dismissal recommendation is appropriate. If appropriate, the student will be referred to the ASC; and
 - The Director of Professionalism will communicate the decision of the executive cabinet to the student.
- In addition, the Hearing Body for Student Rights shall hear appeals of decisions impacting individual students made by ad hoc committees working under their supervision of the Office of Student Affairs. Their recommendation is sent to the CMSRU Executive Cabinet for final decision.
 - The Hearing Body for Student Rights will be convened at the request of the Asst. Dean for Student Affairs (ADSA) or the Assistant Dean for Student Affairs;
 - The student shall be given advance notice, up to three business (3) days, of the time and place of the committee's hearing;
 - At the discretion of the student making the appeal, one individual may accompany the student during the hearing in the capacity of advisor and/or advocate. The advisor/advocate does not have a "voice" at the hearing;
 - All other advocacy efforts must be in the form of written communications to the committee, and must be received by the committee no later than 24 hours preceding the time scheduled for the start of the appeals hearing;
 - The chairperson will communicate the recommendation of the Hearing Body for Student Rights to the CMSRU Executive Cabinet and the Dean within ten (10) business days. Decisions of the CMSRU Executive Cabinet are final and not subject to appeal;
 - The decision of the executive cabinet shall be communicated verbally and in writing to the Associate Dean for Student Affairs/Assistant Dean for Student Affairs within ten (10) business days; and
 - The Associate Dean for Student Affairs/Assistant Dean for Student Affairs shall communicate the final decision to the student.

Policies Related to Medical Education

Student Attendance Policy

POLICY: Student Attendance

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

PURPOSE: Students may have events occur during their medical education that will result in an absence from educational activities or assessments sessions. The importance of the health and welfare of each student is paramount. It is necessary to provide unambiguous expectations for active student participation in the educational program in a manner that is respectful of and adaptable to these events, and allows students to plan their schedules responsibly. This policy outlines the importance of in-person, active engagement among students and faculty and the process for anticipated and unanticipated absences.

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

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

- Anticipated absence is defined as an absence that is expected and known about well in advance of the scheduled activity (for example - religious holiday or important family event).
- Unanticipated absence is defined as an absence that is unexpected related to an illness or serious person matter.
- Unexcused absence is defined as an absence without reporting/logging the absence or being absent if the absence was not approved.

PROCEDURE: Please note that all policies that apply to the medical education program are available in the *CMSRU Student Handbook*. <http://www.rowan.edu/coopermed/students/files/handbook.pdf>

You will be notified when there is a revision to any policy during an academic year. Please address any questions you may have about the medical education program policies to the Assistant Deans for Phase 1 or Phase 2 or the Senior Associate Dean for Medical Education.

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

Phase I

First and Second Year Students

Your attendance and participation in all educational sessions is vital for your education, as well as that of your classmates. CMSRU data demonstrates a significant relationship between student attendance at educational sessions and performance in the medical education program and on the USMLE Step exams.

Students must submit an absence for all mandatory sessions. If a student is absent from a mandatory session and has not logged/reported the absence, this will be considered as an unexcused absence.

1. All absences must be logged/reported by the student, as soon as they are aware they will be missing a mandatory session. If it is an unanticipated absence, it must be submitted at least two (2) weeks prior to the session. If it is an unanticipated absence it must be submitted as soon as the student is aware they will miss the session and should be posted prior to the start of the session. All absences are monitored by the Office of Medical Education (OME). (Please also see the Prolonged Absence Policy for extended absences).
 1. Students will be notified by email of each absence reported in the system.
 2. It is solely the student's responsibility to ensure that their presence at required sessions is recorded, including bringing their ID to swipe into a mandatory session. Students who forget their ID should immediately notify the course director by email. Record absences due to failure to bring ID will not be retroactively excused.
2. Students should also contact the course director or session leader to determine the information they will be missing and make it up.
 - a. Course/Clerkship director(s), at their full discretion, may require make-up work of course material missed during absences, in any form that the course/clerkship director(s) chooses. Failure to submit this work may result in an incomplete grade.
 - b. For anticipated absences involving Ambulatory Clerkship, WOW I and II, and Selectives, students must notify their course/clerkship director(s) for prior approval before the absence.
3. For medical absences for three (3) consecutive dates (6 half days total) a doctor's note will need to be provided to the Office of Student Affairs (OSA) within three (3) days upon the student's return.
4. Any absence on the day of an assessment will require the assessment to be rescheduled.
 - a. An unanticipated absence that includes an assessment on the day before an assessment will require a doctor's note within three (3) days upon the student's return. The documentation will be sent to the Assistant Dean for Student Affairs. Only full day absences are allowed on assessment days. A score of zero (0) will be assigned if a doctor's note or proper documentation is not provided for any assessment.
 - i. Assessments must be rescheduled after the original date of the assessment. Summative assessments will not be administered to any student or subset of students before the scheduled summative assessment date.

- b. Students must contact their course/clerkship director and the Assistant Dean of Assessment and CQI so the assessment can be rescheduled.
 - c. The Office of Medical Education staff members will then schedule the student to make-up the missed summative assessment the next time the staff has a scheduled make-up summative assessment planned.
 - d. For absences occurring on assessment dates in more than three (3) courses during an academic year, the Assistant Dean for Student Affairs will be notified, and a meeting with the student will be required.
5. The Office of Medical Education will monitor absence records.
 - a. No more than two (2) half-day absences are allowed per course; and no more than six (6) half-day absences total are allowed per semester.
 - b. Students in the PC-3 program are not allowed more than two (2) half-day absences during the summer session.
 - c. Absences due to religious holiday observances will not be counted toward the total allowed absences.
 - d. Students re-entering the curriculum after the start of a semester will be allowed a prorated number of absences for that semester. The student will be notified of the number of absences available at the time they enter the curriculum.
 6. If a student's absences exceed the allowed numbers, or otherwise violate any of the policies above:
 - a. The Assistant Dean for Student Affairs will be notified and may require additional information from and/or a meeting with the student to establish the reason for the repeated absences.
 - b. The Assistant Dean for Student Affairs will notify the course and/or clerkship director(s) as necessary.
 - c. The student may be referred to the Director of Professionalism.
 7. If a student is found to have been absent from a mandatory session and did not log/report the absence, was not approved for an absence and/or did not inform OSA/OME of their absence their grade in the enrolled course or clerkship will result in an Unsuccessful Remediable (UR) grade. A course or clerkship director cannot overturn this grade. The student will need to meet with the Assistant Dean of Phase I to discuss remediation plans. In addition, a Professionalism Form will also be submitted for an unexcused absence.

****Please note: Referrals may also be made to the Director of Professionalism when:**

- Students are excessively tardy.
- Students sign-in or swipe-in for a session and leave.
- Students sign-in or swipe-in for someone else.
- Students leave early during a required session.

Phase II

Third Year Students

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

Daily attendance and engagement in the clinical experience is critical for learning and assessment and is required on all clerkships and electives.

All absences must be logged/reported by the student as soon as they are aware they will be missing a clinical experience activity. If it is an unanticipated absence, it must be submitted at least two (2) weeks prior to the session. If it is an unanticipated absence it must be submitted as soon as the student is aware they will miss clinical time.

In addition, the student must notify their clerkship/elective director, preceptor, and clerkship or elective coordinator of the time they will miss. The clerkship/elective director and/or preceptor will then notify the student of the remediation for the missed time.

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

Examples:

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

*Exceptions to this rule:

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

The following sessions cannot be missed:

- Transdisciplinary Sessions
- Ultrasound Sessions
- M3 formative OSCE
- M3 summative OSCE
- Shelf exam

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

M3 One-Week Electives:

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

Ambulatory Clerkship:

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

PC-3 Students:

- If a student has a total of 8 absences in an academic year, the M3 Education Coordinator will alert the Assistant Dean for Student Affairs, who will then determine if a meeting is required to discuss reasons behind multiple absences (Personal illness, family issues, etc.) and possible solutions. This is to ensure student welfare.
- For medical absences for three (3) consecutive dates, a doctor's note will need to be provided to the Office of Student Affairs within three (3) days upon the student's return.
- **Unexcused absences in the M3 or PC-3 year are unacceptable.** If a student is found to have been absent from their educational activities and did not log/report the absence, was not approved for an absence and \or did not inform OSA/OME of their absence their grade in the enrolled clerkship will result in an Unsuccessful Remediable (UR) grade. A course or clerkship director cannot overturn this grade. The student will need to meet with the Assistant Dean of Phase II to discuss remediation plans. In addition, a Professionalism Form will also be submitted for an unexcused absence. Per the Grading, Promotion, and Appeals (GPA) policy, any unexcused absence will automatically lead to failing the clerkship/rotation and an Unsatisfactory (U) grade.
- An unanticipated absence that includes a shelf exam, or the day before a shelf exam, will require a doctor's note within three (3) days upon the student's return. The documentation will be sent to the Assistant Dean for Student Affairs. A score of zero (0) will be assigned if a doctor's note or proper documentation is not provided for any missed shelf exam.

- Any absence on the day of a shelf exam will require the assessment to be rescheduled. Assessments must be rescheduled after the original date of the assessment. Summative assessments will not be administered to any student or subset of students before the scheduled summative assessment date.
- Absences due to illness or serious extenuating circumstances occurring on the date of scheduled exams, must be communicated to the Assistant Dean for Student Affairs and will require supporting documentation sent from a physician within three (3) days of the absence. Absence requests are to be made using the Absence Request System in the CMSRU portal system

***Retroactive absences are absolutely not allowed (you cannot apply for an absence AFTER an absence occurs). This will be considered an unexcused absence. Missed time will be made up and can lead to a Professionalism Report.

Fourth Year Students

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

Daily attendance is required on all clerkships and electives.

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

- These 8 weeks may be broken up into 4-week, 2-week, or 1-week time spots or can be taken as an entire 8 weeks, so long as the 32 weeks of required clerkships/electives can be completed in the time frame to graduate. This time cannot be taken within a clerkship / elective / Sub-Internship. For example – you cannot start your Sub-Internship and then take a week off within the Sub-Internship block.
- Students who will be absent beyond the eight (8) weeks must email the Assistant Dean for Student Affairs for their reason for the absence. The Assistant Dean for Student Affairs will alert the M4 Director and the M4 Education Coordinator. Should the absence be excused, the student will be responsible to make up any missed time.

Absences during a Clinical Rotation:

All absences must be logged/reported by the student as soon as they are aware they will be missing a clinical experience/activity. If it is an unanticipated absence, it must be submitted at least two (2) weeks prior to the session. If it is an unanticipated absence it must be submitted as soon as the student is aware they will miss clinical time.

A. In addition, the student must notify their clerkship/elective director, preceptor, and clerkship or elective coordinator of the time they will miss.

B. Absences for any reason during a fourth year clerkship/elective, must be made up at the discretion of the clerkship/elective director. Remediation for the missed time can take the form of clinical time/patient care, writing a report on a topic of the clerkship/elective director's choosing, or any other educational activity that the clerkship/elective director chooses.

C. Failure to complete missed time due to an absence will lead to an incomplete grade and possible failure of the clerkship/elective.

D. For medical absences for three (3) consecutive dates, a doctor's note will need to be provided to the Office of Student Affairs within three (3) days upon the student's return.

Absences due to Residency Interviews:

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

- Maximum of 4 excused days for residency interviews AND travel to and from your residency interviews in a 4 week rotation.

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

You CANNOT use excused days for residency interviews for any other purpose. Inappropriate use of residency interview days will be viewed as unprofessional behavior and will lead to a Professionalism Report and possible failure of the Clerkship/Elective Rotation. **Students may be required to present documentation of their residency interview.**

Absence due to Step 2 CK:

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

Unexcused absences in the M4 year are unacceptable. If a student is found to have been absent from their educational activities and did not log/report the absence, was not approved for an absence and \or did not inform OSA/OME of their absence their grade in the enrolled clerkship will result in an Unsuccessful Remediabale (UR) grade. A course or clerkship director cannot overturn this grade. The student will need to meet with the Assistant Dean of Phase II to discuss remediation plans. In addition, a Professionalism Form will also be submitted for an unexcused absence. Per the Grading, Promotion, and Appeals (GPA) policy, any unexcused absence will automatically lead to failing the clerkship/rotation and an Unsatisfactory (U) grade.

Match Week:

- Students are REQUIRED to attend all Mandatory Match Week Sessions.

Conflict of Interest Policy

POLICY:

Conflict of Interest Policy

PURPOSE:

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

SCOPE:

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

DEFINITIONS: N/A

PROCEDURE:

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

STATEMENT OF THE POLICY:

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

SPECIFIC ACTIVITIES:

1. Support of Continuing Education in the Health Sciences:

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

Industry funding may not be accepted for social events that do not have an educational component. Industry funding may not be accepted to support the costs of internal department meetings or retreats (either on or off campus). At CMSRU co-sponsored Continuing Education programs, if there is an area utilized and designated for vendor displays, that area will be separate from the location assigned for the educational presentations. All vendors are required to sign a CE agreement. Any materials utilized by the industry vendors will be subject to the guidelines established in Section 3. Promotional materials shall be limited to those which do not include product brand names and logos. Additionally, no gifts or enticements such as food or snacks will be permitted at these displays.

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

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

- a. The activity must be designed to promote evidence-based clinical care and/or advance scientific research;

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

3. Gifts and Provision of Meals:

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

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

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

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

4. Consulting Relationships:

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

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

5. Frequent Speaker Arrangements (Speakers Bureaus):

While one of the most common ways for CMSRU to disseminate new knowledge is through lectures, "speakers bureaus"

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

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

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

6. Ghostwriting:

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

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

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

- a. Industry support for scholarships and fellowships must comply with all CMSRU requirements for such funds, including a written pledge agreement through the Development Office. It will be maintained in an appropriate restricted account, managed at the school as determined by the dean. CMSRU will select the recipients of such funds with no involvement by the donor industry. Written documentation of the selection process will be maintained.
- b. Industry support for other student or trainee activities, including travel expenses or attendance fees at conferences, must be accompanied by a written agreement and will only be accepted into a common pool of discretionary funds, which will be maintained under the direction of the dean. Industry cannot designate contributions to fund specific recipients or specific expenses. Departments may apply to use monies from this pool to pay for reasonable travel and tuition expenses for students, or other trainees to attend conferences or training that have legitimate educational merit. Recipients will be selected by the department based on merit and/or financial need. Proper documentation must accompany the request.
- c. Final approval and possible exceptions shall be at the discretion of the dean.

8. Samples:

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

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

9. Site Access for Industry Representatives:

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

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

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

10. Conflict-of-Interest Disclosure:

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

11. Conflict-of-Interest Curriculum for Medical Students

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

12. Policy Enforcement

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

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

Duty Hours Limitations Policy

POLICY:

Duty Hours Limitations Policy

PURPOSE:

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

SCOPE:

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

DEFINITIONS:

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

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

Duty hours are explained at CMSRU as:

- Time spent in all clinical and scheduled educational activities.
 - This *includes*:
 - Patient care in hospital, office, skilled nursing facility, rehabilitation center, etc.
 - Administrative activities related to the educational program
 - Scheduled conferences; advisory college meetings; meetings with administrators, learning support specialists, student affairs officers, etc.
 - Approved research-related activities
 - It *excludes* self-directed learning time.

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

PROCEDURE:

I. PROCEDURE:

- Maximum hours of clinical and educational work per week:
 - Students are allowed to work no more than 80 hours per week, averaged over 4 weeks.
 - Students may be on-call in-house no more often than every third night.
- Maximum hours of clinical work and education per stint:
 - Students must work no more than 24 hours of continuous scheduled time (clinical plus educational) per stint.
 - The student may spend up to 4 hours of additional time per stint for activities related to patient safety and/or education (maximum is 28 contiguous hours).

- Mandatory time free of clinical work and educational activities:
 - Students must have at least 8 hours off between stints lasting less than 24 hours.
 - Students may, of their own accord, choose to shorten this interval to check on a patient, but they cannot exceed the 80 hours per week maximum.
 - Students must have at least 14 hours free of clinical work and scheduled educational activities after a 24-hour continuous stint.
 - Students must have at least one day in seven (averaged over 4 weeks) free of clinical work and scheduled educational experiences.

II. RESPONSIBILITY

Implementation

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

M3 and M4 students will complete a self-reported duty hour exception report, through the One45[®] curriculum management system, at the end of each inpatient block, listing violations of the duty hour limitations policy during that block, and the reasons for each violation. The Assistant Dean for Assessment and Continuous Quality Improvement will report duty hour policy violations every month to the Associate Dean for Student Affairs and will report every three months any patterns of violation to the Phase 2 Subcommittee of the Curriculum Committee. The Phase 2 Subcommittee of the Curriculum Committee provides reports to the curriculum committee.

2. Students

Students must comply with these duty hour limitations policies and procedures. Any student who repeatedly fails to comply will meet with the Associate Dean for Student Affairs for counseling. Recalcitrant noncompliance may be taken as evidence of unprofessional behavior (see Grading, Promotions and Appeals Policy, V.B.). Students may be referred to the Director of Professionalism for review and possible remediation plan. The Director of Professionalism may refer students directly to the Academic Standing Committee.

3. Faculty

Faculty members must encourage students to adhere to duty hour policies and procedures. Faculty members agree to abide by the above duty hours limitations in the design and implementation of their courses and clerkships, and in the supervision of CMSRU students. A faculty member who repeatedly encourages student noncompliance with the duty hour limitations will meet with the assistant dean for curriculum phase 2 for counseling. Faculty members responsible for a pattern of student violations of the duty hour limitations will meet with the dean, who may recommend revocation of their faculty appointment.

Formative Feedback Policy

POLICY:

Formative Feedback

PURPOSE:

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

SCOPE:

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

PROCEDURE:**RESPONSIBILITY:**

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

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

Grading, Promotions, and Appeals Policy

POLICY: Grading, Promotions, and Appeals Policy

PURPOSE:

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

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

DEFINITIONS:

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

Remediation: A defined process created by a course or clerkship director to ensure that a student who fails a course or clerkship has subsequently gained the knowledge and skills required. The process is tailored to the student and consists of activities to improve competency through reassessment.

Appeal: A petition filed by a student challenging a course or clerkship grade, a clinical assessment in the M3 year, time in program, and promotional decisions. An action in favor of a student does not imply wrongdoing by the faculty or the administration.

Promotional decisions: The Academic Standing Committee reviews students annually or on an as-needed basis to advance them in the medical education program, certify them for graduation, or consider them for dismissal.

Academic or performance improvement plan: A defined plan developed by the Office of Medical Education and/or the CMSRU Executive Deans for students whose appeal regarding a promotional decision has been upheld by the Academic Standing Committee or the Ad Hoc Committee for Student Appeals. The improvement plan is developed to ensure that a student who fails to complete the courses and/or clerkships in a medical education program year will have successfully completed the failed courses and/or clerkships and demonstrated competence in the knowledge or skills required to move to the next level in the medical education program. The process is tailored to the student and addresses academic or other deficiencies related to their academic or professional performance. A student may be required to meet special conditions or take an extra academic year as part of their plan. An academic improvement plan is not an adverse action and, therefore, not subject to appeal.

Final grade: A grade entered into the academic transcript at the end of a course or clerkship or at the resolution of a grade appeal.

I. RESPONSIBILITY

Implementation

1. Faculty

The faculty is responsible for implementing grading policies, regulations and procedures. For the courses or clerkships for which they are responsible, faculty members:

- a. establish standards to be met for attaining course or clerkship credit and criteria for assigning specific grades, and
- b. assign final grades for the course or clerkship within six weeks of the last day of the course or clerkship.

2. The senior associate dean for medical education

The senior associate dean for medical education administers the grading and promotion policy regulations and procedures with the support of the assistant dean for curriculum for phase 1 and the assistant dean for curriculum for phase 2, as appropriate.

3. Academic Standing Committee

The Academic Standing Committee hears student grade appeals and communicates its decision to the senior associate dean for medical education. The Committee reviews student progress and makes decisions regarding the placement on and removal from academic and non-academic probation. The Committee makes recommendations for certification of the graduating class to the departmental chairs, who review and approve on behalf of the faculty. The Committee also makes recommendations to the dean about student promotions and decisions regarding dismissal. Students have the right to appeal all promotional decisions made by the Academic Standing Committee. Committee members who have a significant relationship with a CMSRU student who is under review for a potential adverse action by the Academic Standing Committee, must recuse themselves from hearing that particular case.

4. Ad Hoc Committee for Student Appeals

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

5. Executive Cabinet of Deans

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

II. COURSE REQUIREMENTS, SEQUENCING, AND GRADUATION

All required courses of all curricular years, including the required number of elective weeks, must be completed satisfactorily in the prescribed sequence before a student can be certified for graduation. A student may not repeat a course or clerkship more than once, and no more than three distinct academic years may be utilized to fulfill the requirements of either the first and second years (Phase 1), or the third and fourth years (Phase 2) of the curriculum. Students enrolled in the Student Scholar Year opportunity or an Independent Study are considered to be enrolled in the academic program, and this year counts as completed time in Phase 1 or 2 of the curriculum. Total time in each Phase cannot exceed four years, allowing a maximum degree completion time of eight years. This includes any time spent in a leave of absence or

independent study. Students who perform scholarly work or enroll in dual degree programs (e.g., MD/PhD) may extend their MD degree total time completion limit from six distinct academic years to ten distinct academic years upon the approval of the Academic Standing Committee. Students pursuing a PhD or other combined degree programs after their 2nd year must have passed all Phase 1 courses/clerkships and taken Step I prior to starting their PhD/additional degree program.

The medical school curriculum builds on the essential knowledge and skills required for the practice of medicine and therefore certain courses/clerkships must be taken in a particular sequence. In Phase 1, the successful completion of both Molecular Basis for Medicine (MBM) and Microbiology, Immunology and Infectious Disease (MIID) is a pre-requisite for all other basic science block courses. In addition, successful completion of the Neuro-psych basic science block is a pre-requisite for the SMS basic science block. Foundations of Medical Practice (FMP), must be taken with their corresponding basic science blocks and Scholars Workshop must be taken in sequence. Students must complete and Pass Phase 1 of the curriculum, as well as take USMLE Step 1 prior to starting Phase 2. Student must complete and pass all required clinical clerkships before starting 4th year required courses. A grade of UR, U, I or W (see below) is not considered a Passing grade.

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

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

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

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

III. ASSESSMENT AND STANDING OF STUDENTS

A. Grading

All courses or clerkships, whether required or elective, and all research experiences specifically approved as part of an individual student's curriculum must be graded according to the grading system for Phase 1 or Phase 2. Final grades must be submitted to the registrar within six weeks of the completion of a course or clerkship. If the final grade for a course or clerkship is a UR (unsatisfactory remediable) or a U (unsatisfactory), the assistant dean for assessment and CQI in the Office of Medical Education informs the appropriate assistant curricular dean promptly by phone or email and submits that information in writing within three weeks.

1. The CMSRU Grading System

Phase 1

The grading system for Phase 1 provides two levels of credit (Pass [**P**] and Remediated Pass [**RP**]) and four levels of non-credit (Unsatisfactory [**U**], Unsatisfactory Remediabile [**UR**], Incomplete [**I**], and Withdrawn [**W**]). Unsatisfactory is equivalent to failure.

Phase 2

The grading system for Phase 2 provides four levels of credit (Honors [**H**], High Pass [**HP**], Pass [**P**], and Remediated Pass [**RP**]) and four levels of non-credit (Unsatisfactory [**U**], Unsatisfactory Remediabile [**UR**], Incomplete [**I**], and Withdrawn [**W**]). The grading mechanism for each course will be detailed in the syllabus of that course or clerkship.

Incomplete (I)

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

- A course/clerkship director, following consultation with the appropriate phase dean, may assign the grade of **I** to indicate that a student has been unable to complete all of the course requirements for a reason(s) beyond his/her control (e.g., death in the family, significant illness or injury, etc.).
- When the grade of **I** is assigned to a course/clerkship, the student must complete the course/clerkship requirement before progressing in any course that requires this course/clerkship as a prerequisite.
- Once the student has completed all course/clerkship requirements, the course/clerkship director must assign a final grade (Phase 1 = **P**, **UR**, or **U**, Phase 2 = **H**, **HP**, **P**, **UR** or **U**) in place of the **I** grade. If the requirements for the incomplete course/clerkship have not been met within the appropriate final grade of **U** will be assigned.

Withdrawn (W)

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

M3 Courses/Clerkships:

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

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

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

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

Remediated Pass (RP): a satisfactory performance that meets basic course/clerkship requirements upon the successful completion of the remediation plan, following an unsatisfactory course grade (UR).

Unsatisfactory Remediabile (UR): a temporary grade for a performance below acceptable minimum standards (grade less than 70.00) which the student has been granted the opportunity to remediate. This grade can only be replaced by either an RP or a U (see below).

Unsatisfactory (U): a final grade for student performance below acceptable minimum standards (grade less than 70.00)

- If a student repeats a curricular year, the final grade recorded on the transcript for the repeated course/ clerkship shall be the actual grade earned (**H, HP, P, or U**). The original grades earned in previous academic years remains on the transcript (including U grades).

M4 Courses/Clerkships:

The M4 courses and clerkships provides for grades of **Honors (H)**, **High Pass (HP)**, **Pass (P)**, **Unsatisfactory Remediable (UR)**, and **Unsatisfactory (U)**, except in the case of one and two-week electives which are graded as **Pass (P)**, **Unsatisfactory Remediable (UR)**, and **Unsatisfactory (U)**.

When written confirmation of a final grade for an M4 course/clerkship has not been received within seven days prior to the student's scheduled graduation date from the school, the course or clerkship director in consultation with the appropriate departmental chairperson, may assign an administrative Pass and have duly recorded on the student's academic transcript a final grade of **P**, if the student has met all requirements for that course/clerkship.

Leave of Absence Grading (M1 through M4):

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

1. The student will receive a final grade for all courses/clerkships for which they have met all requirements in the course or clerkship syllabus.
2. For courses/clerkships for which the student has not completed all requirements, the student will receive one of the following grades.

Incomplete (I): Grades of incomplete are applied at CMSRU as described below:

- a) **Incomplete (I)** if the student is assigned an **I** grade to a course/clerkship, that is a pre-requisite for progression, the student must complete the course/clerkship requirement before progressing in the curriculum. The completion of the course/clerkship cannot exceed one year from the completion date of the course/clerkship. If there is a compelling reason that the course/clerkship can't be completed within the timeframe above, the exception must be approved by the academic standing committee.
- b) **Unsatisfactory Remediable (UR):** If the student is assigned a **UR** grade for a course/clerkship and then begins a Leave of Absence later in the same semester, the student must complete remediation of the course/clerkship before returning to the curriculum. Any exceptions must be approved by the academic standing committee.

Withdrawn (W): Grades of **W** are applied for a course or clerkship and remain on the student's record. The **Withdrawn (W)** will be issued if the student will not be completing the course/clerkship requirements and had not completed enough work to determine performance at the time of the leave. The **W** grade remains permanently on the transcript.

3. No "credit" will be given for completion of a partial term's work. A student who leaves in the middle of a term without completing all course/clerkship requirements will receive a **Withdrawn (W)**. The **W** grade will remain permanently on the transcript. The student will be required to repeat and complete the course starting at the beginning of the course when the student returns from leave. The course will be listed a second time on the transcript with the final grade the student earns in that course in the academic year that it is taken.

Grading for students changing to Independent Study after a semester commences:

- a) **Incomplete (I):** If the student is assigned an **I** grade to a course/clerkship, the student must complete the course/clerkship requirement before returning to the curriculum. If there is a compelling reason that the course/clerkship can't be completed, the exception must be approved by the academic standing committee.

- b) **Unsatisfactory Remediable (UR):** If the student is assigned a **UR** grade for a course/clerkship and then begins an Independent Study later in the same semester, the student must complete remediation before returning to the curriculum.
- c) **Withdrawn (W):** For courses that the student has started but has not completed, a **Withdrawn (W)** grade will be assigned. The **W** grade remains permanently on the transcript.

Narrative Assessments (M1 – M4)

When the teacher-student interaction permits, students will receive a narrative assessment as part of their evaluation in a course or clerkship. In phase 1, students will receive a formative narrative assessment at the conclusion of each course, lasting greater than or equal to four weeks. This formative narrative must be submitted to the office of medical education within 6 weeks of the conclusion of the course/clerkship. Students will receive a summative narrative assessment at the end of Phase 1. In Phase 2, students will receive a summative narrative assessment after all M3 clerkships, and after the required clerkships in M4. This narrative assessment of each student’s performance must be submitted to the Office of Medical Education within 6 weeks of the end of the clerkship. These narrative comments will become part of the academic record and all summative narrative assessments will be included in the medical student performance evaluation (MSPE). In Phase 1, narrative assessments are written by the active learning group (ALG) and Scholar’s Workshop (SW) facilitators and by the course faculty for the Foundations of Medical Practice Course and Ambulatory clerkship. M3 and M4 clerkship directors provide the narrative assessment in phase 2.

Errors in Statements of Fact in Narratives

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

Mid-course and Mid-Clerkship Feedback

Interim feedback from the ALG, SW, and FMP facilitators, clinical preceptors, and/or clerkship directors made directly to the student are required during all courses and clerkships. Such interim feedback must be given at approximately the mid-point of each course or clerkship when faculty communicate to each student information concerning the student's performance to date and, as appropriate, recommendations for improvement.

B. Standing of Students

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

1. In good standing

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

2. Not in good standing

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

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

IV. THE PROMOTIONAL SYSTEM

A. Phase 1

Students are required to achieve final grades of Pass (P) or Remediated Pass (RP) in all prerequisite courses in order to progress to the subsequent courses. Students must pass all Phase 1 courses/clerkships and take the USMLE Step 1 examination prior to beginning Phase 2.

- The passing grade for all courses in Phase 1 is 70.00 and minimal competency for all summative written and practical examinations in a course is set at a score of 60.00. Any score on a summative written or practical examination below 60.00 will result in an unsatisfactory grade (U or UR) in the course, regardless of the overall course score.
- In M1 and M2 Foundations of Medical Practice, students must pass each end-of-year OSCE domain with a score of greater than or equal to 60.00. A score below 60.00 will result in an unsatisfactory grade (U or UR), regardless of the overall course score.
- A student who receives an unsatisfactory/remediable grade in 1 or 2 courses in an academic year will be permitted the opportunity to remediate the course(s)/clerkship(s) during the remediation period.
- A student who receives an unsatisfactory grade in 3 courses in an academic year in Phase I will be reviewed by the Academic Standing Committee for probation, removal from the curriculum, repeat of the academic year, or dismissal notwithstanding their remediation. A third remediation can take place only after the Academic Standing Committee grants the student the ability to continue in the program.
- A student who chooses to repeat a year without having successfully completed all the academic requirements for that year will be placed on academic probation since he/she has not successfully remediated the courses and is choosing to repeat them.
- A student who fails to remediate an unsatisfactory grade in 1 or 2 courses/clerkships will be placed on academic probation and must repeat the course/clerkship in the subsequent year. A student may not advance to any course that requires the uncompleted courses/clerkships as a prerequisite. If the student is unsuccessful in their repeated course/clerkship, they will not be permitted to remediate the repeated course/clerkship and they will be reviewed for dismissal by the Academic Standing Committee.
- A student who receives a final grade of unsatisfactory remediable (UR) grade in 3 or more courses/clerkships within the same academic year will be reviewed by the Academic Standing Committee for dismissal. This is notwithstanding any successful remediation of the courses or clerkships in which a UR grade was awarded.
- If a student is found to have been absent from a mandatory session and did not log/report the absence, was not approved for an absence and/or did not inform OSA and OME about their needed absence, their grade in their enrolled course or clerkship will result in an Unsuccessful Remediable (UR). A course or clerkship director cannot overturn this grade. The student will need to meet with the Assistant Dean of Phase 1 to discuss remediation plans. In addition, a Professionalism Form will also be submitted for an unexcused absence.
- A student with an identified area of concern about their professionalism in their course narratives may be referred to the director of professionalism for review and action, which may include non-academic or academic probation and/or review for dismissal.

Phase 1	
Event	Outcome
UR in 1 or 2 courses/clerkships	Remediate the failures, if unsuccessful, placed on academic probation and repeat the non-remediated courses. If unsuccessful in any of the repeated courses/clerkships, remediation is not permitted. The student is reviewed for dismissal by the academic standing committee.
UR in 3 courses/clerkships	All students with UR in 3 courses/clerkships are reviewed by the Academic Standing Committee for consideration of remediation, removal from the curriculum, probation and/or

	dismissal, notwithstanding remediation. Remediation of a third course failure can take place only after the Academic Standing Committee grants the student the ability to continue in the program. Students receiving subsequent failing grades, will be reviewed for dismissal after grades are finalized and any applicable grade appeals have been completed.
UR in 3 or more exams in Molecular Basis for Medicine and Microbiology/Immunology/Infectious Disease	The student may not progress in the basic science block curriculum until the courses are remediated. They are placed on academic probation pending a successful outcome. If the student is unsuccessful in their remediation, they must repeat the course(s). If unsuccessful in their repeated course(s), they will be reviewed for dismissal.

B. Phase 2

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

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

C. USMLE Examinations:

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

1. Complete the first block of the M3 year. The student will then enter a temporary Step 1 Prolonged Absence for up to 6 weeks in Block 2 of the M3 year and develop a Step 1 remediation plan approved by the Assistant Dean for Curriculum - Phase 2 which must be completed during block 2 of the M3 year.
 - Take Step 1 again within 40 days after completing the first block of the M3 year.
 - Resume the third-year program following the remediation time by entering the next block in the M3 curriculum.
 - Completion of the M3 year will require an extension of time (a minimum of four weeks) to complete all requirements, thus delaying the start of the fourth year.
2. At their request, students may choose to take an Independent Study or a leave of absence for the remainder of the M3 year and begin the M3 year with the subsequent class. Step 1 must be taken by March 1st prior to the return to the M3 curriculum.
 - A student who fails to pass Step 1 on his/her second attempt shall:
 - Stop all activities in the M3 year and be placed on academic probation by the Academic Standing Committee.
 - Be automatically registered in an independent study program or take a leave of absence. The independent study program will be monitored by the Office of Medical Education.
 - Take Step 1 for the third time no later than May 1st of the original third academic year.
 - If the student successfully completes the Step 1 examination, the student may reenter the medical education program.
 - A student whose M3 year may have been extended for the above reasons and has met all requirements of the Year 3 program may begin his/ her Year 4 program. The student will have the option of starting the M4 curriculum late, or choosing a leave of absence or independent study and re-entering the Year 4 program with the subsequent class. The amount of time extended into the M4 year may have an impact on a student's ability to graduate on-time.

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

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

D. Promotional Decisions

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

For issues related to professionalism within the curriculum, a student's case is referred to the director of professionalism by the associate dean for professional development. The student is entitled to a meeting with the director of professionalism

prior to his/her rendering a decision about the case. The director of professionalism determines if the case should be referred to the Academic Standing Committee for review and possible promotional decision.

Remediation of a Failing Performance

Phase 1 Remediation:

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

Phase 2 Remediation:

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

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

Remediation Process:

Students will follow a plan developed for course/clerkship/elective remediation by the course director(s)/clerkship director(s). The plan will be developed, regardless of the student's intent to appeal the final grade, within fourteen (14) days of student notification of unsuccessful performance in a course/clerkship/elective, except in the last course, elective, or block in an academic year when the plan is developed within 3 days. The course/clerkship/elective director(s) will:

1. Within seven (7) days of notification of unsuccessful performance, meet with the student to help identify obstacles to achieving satisfactory performance
2. Meet with course/clerkship/elective faculty, as necessary, to discuss the student's learning needs and plan remedial experiences
3. Work with the Phase 1 or Phase 2 assistant dean to create a written plan for remediation, including:

- a. goals
 - b. method(s) of study/practice
 - c. duration of the program
 - d. frequency of meetings between the student and designated faculty or course/clerkship director
 - e. planned assessments
4. Share the proposed program with the assistant dean for assessment and CQI for review and written approval. In the event the student is in Year 3, the M3 director will be required to review and approve the plan. For students in Year 4, the M4 director will be required to review and approve the plan.
 5. Review the plan with the student within one week of the original meeting.
 6. Present the student with the written plan, which will be signed by the student.
 7. If the student successfully remediates, the grade is changed from a UR to an RP.
 8. If the student fails to remediate, the grade is converted to a U and the student is referred to the Academic Standing Committee for promotional review.

V. PROBATION

A. Academic

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

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

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

- when the student has successfully completed a repeated course/clerkship due to unsatisfactory academic performance;
- when a student has successfully completed all courses and clerkships in a repeated academic year; or
- when a student passes a USMLE Step 1 or Step 2 CK examination on the third attempt.

All decisions made by the Academic Standing Committee regarding the academic status of students are final.

A student who is on probation in either Phase 1 or Phase 2 of the curriculum and fails a course or clerkship for the second time shall be reviewed by the Academic Standing Committee for dismissal.

B. Non-Academic

Professionalism is a core competency of the CMSRU curriculum. All matters related to professionalism within the curriculum are reviewed by the director of professionalism. When, in narrative comments evaluating a student, or any other formal communication such as a Professionalism Intervention Report, faculty members express concern about a student's professionalism, the director of professionalism may, after discussion with the faculty, and/or course/clerkship director, and/or the associate dean for professional development, the senior associate dean for medical education, and/or the assistant dean for student affairs, refer the student to the Academic Standing Committee for review. If the Academic Standing Committee places a student on non-academic probation, the chair of the Academic Standing Committee will forward the decision to the director of professionalism. The Executive Cabinet of Deans at CMSRU will provide the conditions for removal from non-academic probation. The director of professionalism will notify the student of their status and will state in writing the specific duration and conditions of the probationary status. The director of professionalism is responsible for monitoring the student's adherence to the conditions of the probation. The director of professionalism will inform the Academic Standing Committee of the student's progress. If a student completes the requirements of their probation, they will be removed from probationary status and informed in writing by the Academic Standing Committee.

If a student does not complete the requirements of their probation, they will be reviewed for dismissal by the Academic Standing Committee. All decisions made by the Academic Standing Committee regarding the academic status of students are final.

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

VI. GRADE APPEALS*

A grade appeal may be made only on the basis of a **Procedural Irregularity**: a documented error in, or divergence from, the prescribed or customary process of evaluating and grading students. Appeals will be acted upon favorably only when real, clear and convincing evidence of a procedural irregularity. Testing conditions that are not identical to prior testing conditions are not necessarily a procedural irregularity. The student should include all relevant information in the first level of the appeal, as this will constitute the basis for the appeal from the course or clerkship director through the Academic Standing Committee. The basis of the appeal cannot be modified once the appeal is submitted.

Extenuating circumstances will not be accepted as the basis for a grade appeal. Extenuating circumstances may represent the basis for a postponement of an assessment event. Students must present evidence for extenuating circumstances related to course or clerkship assessments to the Assistant Dean for Student Affairs before an assessment event. Excuses will not be accepted after the assessment event and are not considered procedural irregularities associated with the course or clerkship requirements or assessment activities.

Students may begin remediation during a grade appeals process for courses or clerkships with unsatisfactory grades and not involved in the appeal. A student who receives a final grade of UR in three courses or clerkships in an academic year in Phase 1 will be reviewed by the Academic Standing Committee for dismissal. A student who receives a final grade of UR in four M3 courses or clerkships or three M4 courses or clerkships in an academic year will be reviewed by the Academic Standing Committee for dismissal. This is notwithstanding any successful remediation of the courses or clerkships in which a UR grade was awarded.

Appealing a Course or Clerkship Assessment Score or Grade

1. Appeal to the Course/Clerkship Director

A student who believes that there is a procedural irregularity with his/her course/clerkship grade including course and clerkship data (e.g., examination performance or narrative assessments) must first appeal the grade to the course/clerkship directors within three (3) working days of having been notified of the grade. The student submits the Grade Appeal Form to the course/clerkship directors with a copy to the Office of Medical Education administrative assistant. The Office of Medical Education administrative assistant monitors and documents the process so that all steps in the appeal process are followed correctly. The course/clerkship directors, in consultation with the course/clerkship teaching faculty, will review the grade appeal and notify the Office of Medical Education administrative assistant of the decision within five (5) working days of the appeal. The Office of Medical Education will then notify the student of the appeal outcome.

2. Appeal to the Office of Medical Education

If the student believes that the decision reached by the course/clerkship directors is unjustified, s/he may appeal that decision, in writing, to the director of medical education in the Office of Medical Education. The written appeal must be made within three (3) working days of receiving notice upholding the original grade from the course/clerkship directors. The administrative assistant in the Office of Medical Education monitors and documents this process. The director of medical education in the Office of Medical Education reviews the appeal and offers a decision within five (5) working days. If the director of medical education in the Office of Medical Education upholds the grade as recorded by the faculty, 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 director of medical education in the Office of Medical Education, they may appeal that decision, in writing, to the Academic Standing Committee. The written appeal must be made within three (3) working days of receiving notice upholding the original grade and is monitored and documented by the Office of Medical Education administrative assistant. The Academic Standing Committee reviews the appeal and offers a decision within seven (7) working days. The decision of the Academic Standing Committee is final. The decision is communicated to the student, the course/clerkship directors, and the Office of Medical Education by the Academic Standing Committee. The course/clerkship directors implement the decision of the Academic Standing Committee.

4. Actions: An action in favor of a student does not imply wrongdoing by the course or clerkship directors, faculty, or the administration.

VII. PROMOTIONAL APPEALS

Appealing Promotional Decisions

All information pertaining to a student's academic promotion and professional attributes, including that contained in departmental files, may be utilized in the appeals processes described below. Appeals may be based upon procedural irregularity or extenuating circumstances.

Extenuating Circumstances are severe and documented situations which were beyond the student's control and which prevented the student from performing in a manner truly reflective of his/her knowledge and skills.

Students may begin remediation during a promotional appeals process for up to two courses/clerkships. A student who receives a final grade of UR in three courses or clerkships in Phase 1, or UR in four courses or clerkships in M3, or three courses or clerkships in M4 during an academic year will be reviewed by the Academic Standing Committee for dismissal. This is notwithstanding any successful remediation of the courses or clerkships in which a UR grade was awarded.

1. Academic Performance Appeals to the Ad Hoc Committee for Student Appeals

Process of Appeal

- A student may appeal the promotional decision of the Academic Standing Committee by requesting that the senior associate dean for medical education or his/her designee convene an Ad Hoc Committee for Student Appeals within 10 working days of the notice from the Academic Standing Committee decision. The appeal is made through the senior associate dean for medical education in the Office of Medical Education. The process is monitored and documented by the administrative assistant in the Office of Medical Education.
- The senior associate dean for medical education or designee convenes an Ad Hoc Committee for Student Appeals that shall be composed of five members of the faculty who are not advisory college directors, members of the Academic Standing Committee, or the Curriculum Committee. Potential members are queried by the senior associate dean for medical education regarding conflicts of interest. The chair will be elected from among the Ad Hoc Committee for Student Appeals committee members.
- The Ad Hoc Committee for Student Appeals shall hear the appeal and provide a decision within fifteen (15) working days of receiving written notice of intent to appeal.
- The student shall be given at least 72 hours' notice of the time and place of the committee's hearing. The student may provide a written and/or an oral statement to the committee at the hearing.
- At the discretion of the student making the appeal, one individual may accompany him/her to the hearing in the capacity of advisor and/or advocate. The advisor/advocate has no voice in the appeal process. All other advocacy efforts must be in the form of written communications to the committee, and must be received by the committee no later than 48 hours preceding the time scheduled for the start of the appeals hearing.

- The decision of the ad hoc committee shall be communicated orally and in writing to the dean or designee and will be final. The dean shall communicate this final decision to the student.
- If the appeal is successful, an Academic Improvement Plan to address the student's academic deficiencies will be developed by the Executive Cabinet of Deans. This academic plan is not appealable and may include a repeat of all courses/clerkships in the academic year including courses/clerkships where foundational knowledge is deemed poor even if there was a passing grade.
- An action in favor of a student does not imply wrongdoing by the faculty or the administration.

2. Non-academic Performance Appeals to the Ad Hoc Committee for Student Appeals

Promotional decisions based solely on non-academic issues related to professionalism, when other competencies within the curriculum are not an issue, are made by the Academic Standing Committee. A student may appeal the decision of the Academic Standing Committee for reasons of procedural irregularity or extenuating circumstances.

Process of Appeal

- A student may appeal the non-academic performance promotional decision of the Academic Standing Committee by requesting that the senior associate dean for medical education or designee convene an Ad Hoc Committee for Student Appeals within 10 working days of the notice from the Academic Standing Committee decision. The appeal is made through the senior associate dean for medical education in the Office of Medical Education. The process is monitored and documented by the Office of Medical Education administrative assistant.
- The senior associate dean for medical education or designee convenes an Ad Hoc Committee for Student Appeals that shall be comprised of five members of the faculty who are not advisory college directors, members of the Academic Standing Committee, or the Curriculum Committee. Potential members are queried by the senior associate dean for medical education regarding conflicts of interest. The chair will be elected from among the Ad Hoc Committee for Student Appeals committee members.
- The Ad Hoc Committee for Student Appeals shall hear the appeal and provide a decision within fifteen (15) working days of receiving written notice of intent to appeal.
- The student shall be given at least 72 hours' notice of the time and place of the committee's hearing. The student may provide a written and/or an oral statement to the committee at the hearing.
- At the discretion of the student making the appeal, one individual may accompany him/her to the hearing in the capacity of advisor and/or advocate. The advisor/advocate has no voice in the appeal process. All other advocacy efforts must be in the form of written communications to the committee, and must be received by the committee not later than 48 hours preceding the time scheduled for the start of the appeals hearing.
- The decision of the ad hoc committee shall be communicated orally and in writing to the dean or designee and will be final. The dean shall communicate this final decision to the student. If the appeal is successful, a Performance Improvement Plan to address the student's professionalism deficiencies will be developed by the Executive Cabinet of Deans. The performance plan is not subject to appeal.
- An action in favor of a student does not imply wrongdoing by the faculty or the administration.

ACCELERATED THREE YEAR CURRICULUM

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

COURSE REQUIREMENTS AND SEQUENCING

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

ASSESSMENT AND STANDING OF STUDENTS

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

- **THE PROMOTIONAL SYSTEM**

- Phase 1

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

- a. A student who receives an unsatisfactory grade in 2 courses in an academic year in Phase 1, regardless of successful remediation.
- b. A student who fails to remediate an unsatisfactory grade in one course/ clerkship
- c. A student who chooses to repeat a year without having successfully completed all the academic requirements for that year
- d. A student who decides not to pursue their specialty track in PC3

- Phase 2

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

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

- USMLE Examinations

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

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

- **PROMOTIONAL DECISIONS**

- Identical to Section IV.D. Promotional Decisions, except

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

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

Academic Workload Policy for Pre-Clinical Years

POLICY:

Academic Workload Policy for Pre-Clinical Years

PURPOSE:

A primary goal of CMSRU is to provide a quality education for medical students. In doing so, CMSRU recognizes the importance of creating an atmosphere that encourages students to maintain a healthy balance between required academic activity and a lifestyle focused on wellness. Therefore, it is important to develop policies that define limitations of scheduled educational sessions within the curriculum, so as to simultaneously maximize educational benefits and limit fatigue which may impair the student's ability to learn. A current duty hour policy exists for the educational program during the clinical years at CMSRU (M3 and M4). This policy will specifically address academic workload during the pre-clinical years (M1 and M2) and will also provide for allotment of time on a weekly basis for students to engage in self-directed, independent learning. The method of oversight and monitoring of the effectiveness of this policy by the Curriculum Committee and Office of Medical education is also discussed.

SCOPE:

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

DEFINITIONS:

In-class activity: An in-class activity refers to an educational session that appears on the weekly academic schedule and involves presentation of curricular content through direct interaction between medical students and faculty. Although these sessions appear on the weekly academic calendar, not all sessions are considered mandatory (e.g. attendance is required).

Required out-of-class activity: A required out-of-class activity refers to an educational activity that is required to be completed outside of scheduled class time, generally in preparation for a scheduled in-class activity. Examples of required out-of-class activities include, but are not limited to, case preparation for Active Learning Group, reading of assigned literature for Scholars' Workshop sessions, and review of material (e.g. a recorded lecture) prior to an in-class flipped lecture. Required out-of-class activities do not include time to study material presented in in-class activities.

Self-directed learning time: Self-directed learning time refers to blocks of time built into the weekly academic calendar to allow students to identify, analyze, and synthesize information relevant to their own learning needs. Self-directed learning time also allows students the time required to complete required out-of-class activities or to prepare for in-class activities. The actual activities that occur during self-directed learning time are at the discretion of the student.

Mandatory educational session: A mandatory educational session refers to an educational session that appears on the weekly academic calendar, at which student attendance is required. Some educational sessions, because of their interactive nature (e.g. Active Learning Groups, Scholars' Workshop, Foundations of Medical Practice, Ambulatory Clerkship), are always considered mandatory. Other sessions, such as lectures, are not mandatory. Specific descriptions of which educational sessions are designated as mandatory are contained within the syllabus for each course and are at the discretion of the course directors.

PROCEDURE:

The structure of each course within the Phase 1 (pre-clinical) curriculum is developed by the faculty course directors and then approved and subsequently monitored by the Curriculum Committee. The average weekly total academic workload, which includes in-class educational sessions and required out-of-class activities, shall not exceed 40 hours. In the pre-clinical (Phase 1) curriculum at CMSRU, the weekly academic calendar consists of total of 40 hours. These 40 hours are divided between scheduled in-class sessions and self-directed learning time.

The weekly schedule includes no more than 30 hours of scheduled in-class sessions and for most weeks this ranges from 27.5 to 29.5 hours (Note: this excludes attendance to Week-On-the-Wards activities). The format for scheduled in-class sessions includes lectures, small group or team-based learning activities, laboratory or practical sessions, simulation activities and clinical experiences. These scheduled educational sessions generally occur Monday through Friday between the hours of 8AM and 5PM, although occasionally an Ambulatory Clinic session may extend beyond this time frame, and Week-On-the-Wards activities may include night "floats". No more than nine hours of scheduled in-class sessions will occur in a single day.

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

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

PRIME Policy

POLICY:

Preparing Residents as Instructors in Medical Education (PRIME) Program

PURPOSE:

The PRIME program is a mandatory, centrally-monitored program designed to ensure that all residents and fellows (GME trainees) who interact with medical students in educational settings are adequately prepared as

educators. Specifically, the PRIME program provides GME trainees the following: 1) knowledge and understanding of the learning objectives of the course or clerkship; 2) understanding of key school policies pertinent to their role as educators; 3) preparation for their roles in teaching and assessment; and 4) resources to enhance teaching and assessment skills as provided by CMSRU. The PRIME program is monitored by the Office of Medical Education (OME), both UME and GME divisions; participation by all trainees is mandatory and is monitored by OME (GME division), by the designated institutional official (DIO), and the Associate Dean of Medical Education. Departments and divisions may have supplementary programs. This program replaces the previous Resident as Teacher program.

BACKGROUND:

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

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

DEFINITIONS:

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

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

GME trainee: A resident or a fellow.

PROCEDURE:

All GME trainees receive the CMSRU institutional medical education objectives during orientation and on an annual basis. All GME trainees are required to attest to receiving and reviewing and agreeing to abide by the Compendium of Student Policies for Faculty, Residents and Staff on an annual basis.

All GME trainees receive the course or clerkship syllabus from the course/clerkship director and the course/clerkship director reviews the syllabus with the GME trainees to ensure understanding and an opportunity to ask questions.

It is the responsibility of the course/clerkship director to ensure that the trainees receive the syllabus and they work with the residency or fellowship program director (PD) to ensure that a review session is organized. The course/clerkship director sends a copy of the attendance record to the Associate Dean for Medical Education.

All GME trainees must complete basic education from the PRIME curriculum (2 on-line modules on teaching and assessment), review of the institutional and course/clerkship objectives, and review of the Compendium of Student Policies for Faculty, Residents and Staff before engaging in teaching. It is the responsibility of the PD to ensure that the GME trainees have completed the education. This is monitored centrally by the OME and the DIO for GME.

The DIO prepares a report of compliance and non-compliance for the Associate Dean for Medical Education.

PD and the DIO address issues of non-compliance. If non-compliance persists, the Associate Dean for Medical Education addresses it with the departmental chair.

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

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

The PD review teaching performance with their trainees. If necessary, a remediation plan is prepared by the PD and approved and monitored by the DIO.

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

Compliance with review of the Compendium of Student Policies for Faculty, Residents and Staff is monitored by the Associate Dean for Faculty Affairs.

GME trainees who are non-compliant with the PRIME program and /or compendium review will be removed from teaching and may face disciplinary action from the PD, the departmental chair, or the DIO.

Student Clinical Assignment Policy

POLICY:

Student Clinical Assignment

PURPOSE:

The faculty and academic administrators of CMSRU recognize their responsibility to maximize the fair and equitable assignment of CMSRU students during their clinical clerkship education. This policy guides the assignment and as needed, the reassignment, of clinical supervisors to third and fourth year medical students.

SCOPE:

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

DEFINITIONS:

Clinical assignment: Students are assigned preceptors and supervising physicians who are responsible for teaching and assessing students in the clinical clerkship education program.

PROCEDURE:

I. RESPONSIBILITY

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

1. M3 Block courses

The Office of Medical Education assigns each student to a block schedule for the M3 year based upon a lottery held

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

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

Similarly, M3 students are randomly assigned to Cooper Longitudinal Outpatient Clerkship (CLOC) outpatient based clinical offices in the M3 year. A student may request a change in preceptor or clinical learning site with the Cooper Health System for extenuating circumstances. The clerkship director, in conjunction with the M3 director and the Assistant Dean for Phase 2, reviews the request and makes the change, if appropriate, within 48 hours. If the request for change is denied, the Assistant Dean for Phase 2 meets with the student to explain the rationale for not making the change. The student may appeal the decision to the senior associate dean for medical education, who reviews the request and makes the final decision within 48 hours.

2. M4 Clinical education placements

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

Medical Student Supervision During Required Clinical Activities Policy

POLICY:

Medical student supervision during required clinical activities

PURPOSE:

In its efforts to ensure excellent medical education and to guard patient and student safety, CMSRU has developed the following policy with the goal of providing guidance for faculty physicians when supervising medical students during clinical activities. The following policy defines the supervision of medical students during clinical activities.

SCOPE:

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

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

RESPONSIBILITY:

It is the responsibility of the supervising faculty member to ensure policy standards are followed for all students participating in clinical activities.

Medical students participating in patient care must be supervised at all times. The primary supervising physician is an attending physician employed by Cooper University Health Care, or a volunteer physician with a CMSRU faculty appointment, practicing within the scope of his/her discipline as delineated by the credentialing body of the health system.

When resident physicians, clinical post-doctoral fellows or other healthcare professionals are actively involved in medical student supervision during clinical activities, it is the responsibility of the supervising faculty physician to ensure all those personnel are appropriately prepared for their roles for supervision of medical students and are acting within the scope of their practice.

When the attending physician is not physically present in the clinical area, the responsibility for supervising CMSRU medical students will be delegated to the appropriately prepared resident physician or clinical post-doctoral fellow at the discretion of the primary attending physician. Students are provided with rapid, reliable systems for communicating with faculty and resident physicians.

Clinical supervision is designed to foster progressive responsibility as students' progress through the curriculum. The intensity of medical student supervision in any given situation will depend on the medical student's level of education and experience, demonstrated competence, and the learning objectives of the clinical experience. Course/clerkship directors will provide specific faculty members and other preceptors with guidance for each clinical experience, including the students' level of responsibility and scope of approved activities and procedures during the rotation. Clinical faculty preceptors will be knowledgeable about CMSRU Institutional Educational Objectives, clerkship-specific objectives, supervisory recommendations, and access to educational resources, including assessment instruments. Relevant resources will be emailed to faculty prior to the start of the medical student's clinical experience and reviewed with them by the clerkship director. They will also be available remotely on the CMSRU Blackboard® and one45®.

First- and second-year medical students will be directly supervised, with the supervising physician present or immediately available, and prepared to take over the care of the patient if needed. Under the direct supervision of the supervising physician, first- and second-year students may participate in history taking, physical examinations and critical data analysis, performing procedures, and may have access to the medical record.

Third- and fourth-year medical students will be directly supervised, with the supervising physician available to provide direct supervision. Students may participate in the care and management of patients, including performing procedures, under the direct supervision of the supervising physician at all times, with patient permission. Clinical interventions are never to be executed by medical students without a supervising physician's awareness and permission.

Medical student participation in invasive procedures requires direct supervision by the supervising attending physician or credentialed resident physician at all times during the procedure. The supervising physician must have the credentials to perform the procedure being supervised. A student may assist in procedures only when the supervising attending physician agrees that the student has achieved the required level of competence, maturity and responsibility to perform the procedure.

Supervising physicians and other preceptors are expected to provide opportunities for students to demonstrate responsibility for patient care. These opportunities may be in the form of history-taking; physical examination; reporting and entering findings in the patient's medical record with the explicit approval of the patient's supervising attending physician. In all patient care contacts the patient shall be made aware that the individual providing the care and/or performing the procedure is a student. Patients have the right to decline to have a student participate in their care.

The supervising physician will be responsible for reviewing student chart documentation and providing constructive feedback. Medical student findings entered in the medical record of the patient will be for educational and student evaluation purposes only and cannot be used *in lieu* of any required attending staff or house staff documentation. Students must clearly sign all entries in the medical record, along with the designation that they are medical students. Supervising attending physicians or graduate medical trainees must review student notes. Fourth-year students may enter orders in the electronic medical record but those orders cannot, by virtue of an electronic "hard stop," be executed until they are countersigned by the supervising attending physician or senior resident.

Note: For billing purposes, the teaching physician must personally verify and redocument the history of present illness (HPI) and personally perform and redocument the physical examination and medical decision-making activities of the service. The teaching physician may refer to the student's documentation only with respect to Review of Systems and Fast/Family/Social History. (See Cooper Health System Policy 1.220 Teaching Physician Billing Policy.)

Supervising faculty physicians or residents must provide medical students with regular, timely and specific feedback based on their supervision. Supervising faculty will notify the clerkship or course director if there is concern for any potential academic and/or professional gaps in student performance. Should students have any concern regarding clinical, administrative, professional, educational or safety issues during their rotation, they will be encouraged to immediately contact the supervising physician, clerkship/course director or the Associate Dean for Student Affairs.

A CMSRU faculty physician who provides medical and/or psychiatric care, psychological counseling, or other sensitive health services to a medical student, or who has a close personal relationship with a medical student, must recuse himself/herself from the supervisory role. In such cases, the faculty physician must have no involvement in assessing or evaluating the medical student's academic performance or participating in decisions regarding his/her promotion and/or graduation. The faculty physician and the medical student are advised to immediately contact the appropriate clerkship/course director and/or Associate Dean for Student Affairs should the potential for these conflicts of interest arise.

Teacher-Learner Interaction Policy

POLICY:

Teacher-Learner Interaction

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

PURPOSE:

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

SCOPE:

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

DEFINITIONS:

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

PROCEDURE:

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

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

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

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

COMMITMENTS OF FACULTY

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

COMMITMENTS OF STUDENTS AND RESIDENTS

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

Policies Related to Health and Safety

Alcohol and Other Drugs Policy

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

POLICY:

Alcohol and Other Drugs Policy

PURPOSE:

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

ACCOUNTABILITY:

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

SCOPE:

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

REFERENCES

[Rowan University Student Code of Conduct](#)

POLICY:

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

(CMSRU) community. Additional personnel involved in the administration, support, and/or enforcement of the policy include, but are not limited to, Greek Affairs, Community Standards, Athletics, Student Affairs, Residential Learning and University Housing, Public Safety, Dining Services, Faculty, Staff, Human Resources and Counseling and Psychological Services. The Associate Vice President for Student Affairs and Dean of Students may convene an ad hoc board to review policy details of process and educational approach.

5. Illegal Drugs

- a. The intent of, actual distribution of, sale of or manufacturing of drugs, narcotics, barbiturates, hallucinogens, marijuana, steroids, amphetamines or any other controlled substance is prohibited.
- b. The possession or use of controlled dangerous substances, marijuana, steroids or narcotics, including, but not limited to: opium (morphine, codeine, heroin), prescription drugs in possession of someone other than the prescribed individual, misuse of prescribed drugs and every other substance not chemically distinguishable from them (i.e. imitation products, such as bath salts and/or K2) as well as any drug paraphernalia, on campus or in any University (CMSRU)-related premises is prohibited.

6. Medical Marijuana

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

7. Alcohol at Campus Events

- a. Rowan University (CMSRU) students, faculty, staff, guests, and facilities users, who are 21 years and older, may only possess, purchase, and consume alcoholic beverages at locations which are licensed to sell alcohol or where consuming it is legal and authorized.
- b. The University (CMSRU) and/or management of the facility in use have the right to request identification and proof of age from all persons seeking admission to an event on campus at which alcohol will be served.
- c. Intoxication is prohibited, regardless of age. Behavioral symptoms frequently associated with intoxication will be considered in determining intoxication. These symptoms may include, but are not limited to, the following: impaired motor skill coordination, difficulty communicating, vomiting, glazed/red eyes, the smell of alcohol on one's breath, verbal and/or physical aggressiveness, destructive and/or disruptive behavior, and engaging in any behavior which may endanger oneself or others.
- d. Carrying open containers of alcohol is strictly forbidden in public areas of the University (CMSRU), i.e. academic buildings, the Chamberlain Student Center, parking lots and common grounds, regardless of age.
- e. Any marketing, advertising and promotion of alcoholic beverages on campus is prohibited. All advertisements for social events at which alcohol is served will not make reference to the amount of alcohol available. There will be no publicity distributed or posted indicating the availability of alcoholic beverages, except to indicate legal age requirements for admission.
- f. Non-alcoholic beverages must also be served whenever alcohol is served/sold and must be displayed as openly as the alcohol. Food must be served in adequate amounts when alcoholic beverages are served or sold.

- g. Except in authorized designated areas, alcohol is strictly prohibited in athletic facilities, at athletic events and at any "tailgating."
- h. No event will include any kind of a "drinking contest" or "drinking game," or feature any inducements to consume excessive amounts of alcohol.
 - i. For a listing of consequences for noncompliance, please refer to Sections VI. – "Consequences for Non-Compliance" and VII. – "Parental Notification for Student Violations of the Alcohol and Other Drugs Policy."

8. Alcohol in University Housing (Living Units)

a. Designated "Dry" Living Units

- i. Alcohol is not permitted within undergraduate living units serving predominately underage students (Chestnut, Evergreen, Holly Pointe Commons, Magnolia, Mimosa, Mullica, or Willow halls- excluding graduate and professional staff living units). These areas are designated "dry" living units. No one, regardless of age, is permitted to possess, consume or be in the presence of alcohol in these areas.
- ii. All other living areas (Edgewood Park, International House, Nexus Apartments, Rowan Blvd., Triad, Townhouses, Whitney Center or any temporary University housing such as a hotel) in which any assigned resident is under the age of twenty-one is a designated "dry" living unit. No one, regardless of age, is permitted to possess, consume or be in the presence of alcohol in these areas. It is the responsibility of each resident to know if alcohol is permitted within their living unit.

b. "Wet" Living Units

- i. Alcohol is permitted only in living units in which all assigned residents are of legal drinking age. These are considered "wet" living units. It is the responsibility of each resident to know if alcohol is permitted within their living unit.

c. Presence in any living unit (room, apartment or townhouse) where an alcohol policy violation is taking place, even if not actually in possession of or consuming alcoholic beverages may result in disciplinary action.

d. Residents holding a gathering in their living unit where an alcohol violation is taking place will be considered the hosts. Hosts may be held responsible for injury or damage occurring to any person or property in which the consumption of alcohol was a contributing factor. Hosts will be subject to disciplinary action and may receive harsher sanctions.

e. At the time of an alcohol violation, all alcohol and containers will be confiscated and properly disposed of regardless of the age of the occupant(s) or the designation of the living unit as "wet" or "dry."

f. Kegs and beer balls are prohibited in all living units at all times.

g. Possession of grain alcohol is prohibited at all times.

h. Students of legal drinking age may transport an alcoholic beverage as long as it is in its original closed container.

i. Consumption of any form of alcohol in an open container, including but not limited to cups, cans, plastic containers or bottles, is prohibited outside a student's living unit and/or any outside campus area.

j. Games or activities that encourage excessive drinking of alcohol (e.g. beer pong, flip cup, beer funnels, etc.) or the serving of alcohol that leads to the endangerment of an individual's well-being or property damage will not be tolerated.

k. Consumption of alcohol to the point of intoxication, regardless of age, is prohibited. Behavioral symptoms frequently associated with intoxication will be considered in determining intoxication. These symptoms may include, but are not limited to, the following: impaired motor skill coordination, difficulty communicating, vomiting, glazed/red eyes, the smell of alcohol on one's breath, verbal and/or physical aggressiveness, destructive and/or disruptive behavior and engaging in any behavior which may endanger oneself or others. A person in this condition may be asked to leave the campus. If the person is a student, the student's family or emergency contact may be called to assist. Other guests may have a taxi/ride called (at the intoxicated person's expense) to take them to their permanent residence.

l. Alcoholic beverage containers and paraphernalia, including but not limited to empty cans and bottles, are not permitted as room decorations in any living unit.

9. Alcohol in University Housing Regulations state:

a. Persons under the age of twenty-one **MAY NOT**:

- i. Be in possession of or in the presence of alcohol in any living unit.
- ii. Permit persons to bring in or consume alcohol in their living unit.
- iii. Carry opened or unopened alcoholic beverage containers any place on campus.
- iv. Provide alcohol to any persons on campus.
- v. Possess alcohol displays made up of empty alcoholic beverage containers.

b. Persons twenty-one and older **MAY NOT**:

- i. Consume alcohol outside of a living unit (lobby, hallways, stairwells, grounds, etc.).
- ii. Possess/Consume alcohol in a "dry" living unit.
- iii. Permit underage persons to possess or be in the presence of alcohol in their living unit.
- iv. Provide alcohol to others under the age of twenty-one.
- v. Charge in any way for alcohol consumption by others.
- vi. Possess kegs, beer balls, or paraphernalia that promotes excessive consumption of alcohol.
- vii. Possess alcohol displays made up of empty alcoholic beverage containers.

c. Persons twenty-one and older **MAY**:

- i. Possess/Consume alcohol in their living unit if it is designated "wet" and all those present are of legal drinking age.
- ii. Possess/Consume alcohol in another living unit if it is designated "wet" and all those present are of legal drinking age.
- iii. Transport unopened alcoholic beverage containers within University housing areas that are packaged and out of plain view.
- iv. Provide alcohol in their living unit to others of legal drinking age.

d. Persons who are present, within University housing, where alcohol is being consumed by those over or under the legal drinking age will be presumed to have been drinking or in possession of alcohol if Public Safety, RAs, RDs, or other University officials are called to the scene. This is because it is not possible to distinguish who is actually consuming or possessing alcohol on an individual basis where a number of persons are present.

e. Off-Campus Events

- i. University-affiliated events are covered by this policy, even though they may take place off campus. A University affiliated event is defined as an off-campus gathering of members of the Rowan University (CMSRU) community (and/or their guests) which is sponsored or funded in whole or in part by Rowan University (CMSRU). This includes Study Abroad, field trips and professional meetings attended by employees. Private off-campus events which are not sponsored or funded by Rowan University (CMSRU) will also be subject to the University discipline system if the conduct violates University regulations or local, state, or federal law, or when the University determines that the conduct has a direct impact on the educational mission and interests of the University and/or the safety and welfare of the University community. Please be aware that the University reserves the right to hold a student responsible for actions at their residence even if they were not present at the time of the incident. In such a case, the student would be required to produce confirming evidence that s/he was not involved.
- ii. Sponsors, coaches and/or organization advisers are expected to ensure that their respective student organizations/groups take reasonable precautions in their activities in order that policies and laws governing alcohol/illegal drugs are not violated and that the welfare of their members is not endangered. The Associate Vice President for Student Affairs and Dean of Students in conjunction with the sponsors, advisers or coaches may designate an event as non-alcoholic and/or determine the conditions under which the consumption of alcohol may be permitted by students of legal drinking age. Therefore, a sponsor, adviser or coach may prohibit the service, possession, or consumption of alcohol by any person, regardless of age, at University-affiliated or University-funded activities (e.g., retreats, conferences, intercollegiate athletic events, etc.). Sponsors, advisers or coaches will inform the student organizations of their decision(s) regarding the nature of the event prior to the scheduled date of the activity.

- iii. The University expects that the existing state, local or premises regulations which prohibit illegal drugs or regulate the service, sale, possession, or consumption of alcohol will be supported and enforced at University-sponsored events.
- iv. Under New Jersey Statute, it is unlawful for any operator or passenger in a motor vehicle to possess an open container of an alcoholic beverage, regardless of age. In addition, the University prohibits the service, sale, or consumption of alcoholic beverages while in transit in any motor vehicle, to or from any University-affiliated event. This applies to all students, faculty, staff, alumni and their guests, regardless of legal drinking age.
- v. Alcoholic beverages will not be permitted at intercollegiate athletic events.

CONSEQUENCES FOR NON-COMPLIANCE

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

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

Rowan University (CMSRU)'s Alcohol and Other Drugs Policy outlines the University's (CMSRU's) position regarding the unauthorized possession, use or distribution of alcohol and controlled substances on campus. A 1998 amendment to

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

ATTACHMENTS

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

Anti-Violence Policy

POLICY:

Anti-Violence Policy

PURPOSE:

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

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. Under New Jersey statutes, “Weapons” are defined as “Anything readily capable of lethal use or of inflicting serious bodily injury.” The term includes, but is not limited to air guns, spring guns or

pistols or weapons of a similar nature in which the propelling force is from an elastic band, carbon dioxide, compressed or other gas or vapor, air or compressed air or ignited by compressed air and ejecting a bullet or missile, knives, clubs, night sticks, metal knuckles, firearm silencers, armor piercing ammunition, zip guns, chemical substances, i.e. pepper spray over ¾ oz and Tasers. (See N.J.S.A.2C:39-6 setting out permissible conditions for carrying chemical substances for personal self-defense.)

PROCEDURE:

Cooper Medical School of Rowan University (CMSRU) does not tolerate threatening or violent behavior of any kind. Identification of early indicators of a potentially violent behavior as well as other behaviors that are clearly violent will be acted on as necessary.

Any individual, who believes they have been subjected to, has observed or has knowledge of actual or potential violence should immediately notify Public Safety, the Associate Dean for Student Affairs or designee and/or local police. Incident reports should be completed with CMSRU Security or local police as required. If any imminent physical threat or danger exists, students should contact CMSRU Security (856-361-2880), or dial the emergency number 911. CMSRU 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. Qualifying events will be reported as required by Clery Act compliance. For more information on the Clery Act, please refer to: <https://sites.rowan.edu/publicsafety/clery/>

Rowan 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. For more information, please refer to Rowan University's Weapons and Prohibition. on Campus Policy. (<https://confluence.rowan.edu/display/POLICY/Weapons+Prohibition+on+Campus>)

For more information, please refer to Rowan University's General and Safety and Security Policy. (<https://confluence.rowan.edu/display/POLICY/General+Safety+and+Security>)

COVID-19 Exposures and Testing Policy

POLICY:

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

PURPOSE:

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

SCOPE:

This policy applies to all CMSRU students.

DEFINITIONS:

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

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

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

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

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

Vaccinated: Student is ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine.

Unvaccinated: Student does not fit the definition of vaccinated, include those whose vaccination status is unknown.

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

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

VACCINATION:

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

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

PROCEDURE:

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

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

OR at least two of these symptoms

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

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

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

EXPOSURES:**Symptomatic Exposures:**

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

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

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

The student should monitor for symptoms using the CMSRU log, wear a surgical mask indoors and eat alone for the next 10 days.

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

Asymptomatic Exposures:

For a student who has been exposed to someone with COVID-19 AND who:

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

TESTING:

Students with symptoms consistent with COVID-19-like illness should have PCR testing.

All testing should be by PCR. If not available or the student chooses to use rapid at home testing and it is positive, this test is considered positive and does not need follow up PCR testing. If the test is negative and the student is symptomatic, PCR testing is required.

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

COVID-19 Negative:

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

COVID-19 Positive:

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

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

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

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

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

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

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

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

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

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

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

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

Refusal of Testing:

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

POST-VACCINATION SYMPTOMS:

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

CALLING STUDENT HEALTH:

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

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

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

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

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

Weekends and After Hours:

A CUHC PCP is on-call to speak with any student 24 hours a day and seven days a week. The student should identify themselves as a CMSRU student and ask the message be routed to the appropriate PCP if within CUHC as well as the Student Health provider. The on-call physician may be reached by calling the CMSRU Student Health office number at 856-968-8695 for Dr. Rozengarten's office (Camden) or 856-536-1515 for Dr. Flaherty's office (Cherry Hill). Students who contact the on-call physician should contact their PCP the next business day to ensure proper evaluation. Students should contact Student Health the next business day if the student has not received a call from the physician.

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

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

HOUSING FOR ISOLATION OR QUARANTINE:

Housing may be available to students who are unable to fully self-isolate when symptomatic or COVID-19 positive or if quarantine is necessary and they cannot quarantine in their own accommodations. They should contact the Office of Student Affairs to arrange housing.

VISITNG STUDENTS:

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

COVID-19 RETURN TO SCHOOL/CLINICAL ENVIRONMENT CLEARANCE

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



Cooper Medical School of Rowan University

COVID-19 Return to School/Clinical Environment Clearance by Primary Care Provider

Student/Patient's Name: _____

Student/Patient's DOB: _____

Student/Patient's Phone Number: _____

In accordance with Cooper Medical School of Rowan University's Policy on COVID-19, please complete the following form for your patient's return to school/clinical environment. This form may only be completed by the students' Primary Care Provider and will not be accepted without signature.

Attach the students COVID-19 PCR Test Results (with their name and DOB if applicable).

Please return this form by faxing it to 856-968-8697 (attention to Dr. Rozengarten) or 856-536-1983 (attention to Dr. Flaherty).

Call Dr. Kimberly Rozengarten with questions at 856-968-8695 or Dr. Flaherty at 856-536-1515.

PCP Signature: _____

PCP Printed Name: _____

PCP Phone Number: _____ Date: _____

Tested COVID-19 Positive, Asymptomatic: Student may return to school/clinical environment as they tested positive for COVID-19 on _____ (MM/DD/YYYY), have had no symptoms AND it has been 5 days since their positive test date.

Tested COVID-19 Positive, Symptomatic: Student may return to school/clinical environment as it has been 5 days since the student can identify the exact date symptoms started _____ (MM/DD/YYYY). If the student cannot identify the exact date symptoms started, it has been 5 days from the date of their positive test date on _____ (MM/DD/YYYY).

Additionally, the student has gone at least 24 hours without a fever (without the use of fever-reducing medications) AND has had a significant improvement in symptoms.

Tested COVID-19 Negative, Symptomatic: Student may return to school/clinical environment as they tested negative for COVID-19 on _____ (MM/DD/YYYY) AND have an alternate diagnosis for their symptoms. Based on such diagnosis, they may return to school/clinical environment at this time as the symptoms have resolved or there is a significant reduction in symptoms for at least 24 hours (including fever, if applicable) and are afebrile for 24 hours without the use of antipyretic medication.

Revision Date 08/01/2023

Inclement Weather Policy

POLICY:

Inclement Weather Policy

PURPOSE:

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

SCOPE:

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

PROCEDURE: CMSRU will remain open, and classes will be held during inclement weather whenever possible, safety permitting. The decision to close Rowan University (including CMSRU) is reserved to the President of Rowan University or their designee. The CMSRU dean or individual supervisors are not permitted to make this decision.

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

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

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

Instructions for M1 and M2 students:

1. Follow the Rowan Alert Message System for information on closures and/or delays.
2. Log into your Learning Management System (Canvas) and closely monitor your Rowan email for information on adjustments to the daily/weekly schedule and other information from your course directors and the Office of Medical Education.
3. Virtual teaching sessions will be held as scheduled.
4. Whenever possible, in-person classes will automatically convert to virtual sessions, including active learning group, Scholars Workshop sessions, lectures in any course, and non-dissection afternoon application sessions (whenever possible). Students should check their email or Canvas LMS for all relevant messages and specific session instructions or cancellations.
5. Announcements related to assessment delivery (i.e., examinations, OSCEs, etc.) that coincide with inclement weather days will be made in advance of the assessment's scheduled delivery. Be sure to monitor your Rowan email accounts for important scheduling information.

Instructions for M3 and M4 students:

1. Follow the Rowan Alert Message System for information on closures and/or delays. If you see a Rowan Advisory email or text message that states the following - Rowan Advisory: Due to the weather conditions throughout the region, the majority of Rowan University's campuses and facilities are closed TODAY, that indicates that students do not have to report to inpatient / outpatient clinical activities at Cooper University Healthcare. As a courtesy, please contact your preceptors or clerkship directors.
2. If there is a delay, contact your outpatient preceptors to determine if their offices will be open and if you can travel safely.

3. If you determine that you cannot travel safely (even if CMSRU is open), alert your preceptor and request an excused absence from the CMSRU attendance system. If you are on an inpatient service, contact your clerkship director and departmental education coordinator to inform them of your inability to travel to your clerkship site and request an excused absence from the CMSRU attendance system. Missed clinical time will be made-up at the discretion of the preceptor or clerkship director as appropriate.
4. Log into your Learning Management System (Canvas) for information on adjustments to the M3 transdisciplinary schedule and other information from your course and clerkship directors and the Office of Medical Education.
5. Virtual teaching sessions and orientations will be held as scheduled.
6. Announcements related to assessment delivery (i.e., examinations, OSCEs, etc.) that coincide with inclement weather days will be made in advance of the assessment's scheduled delivery. Be sure to monitor your Rowan email accounts for important scheduling information.

Infectious and Environmental Hazards, Needlesticks and Bloodborne Pathogens Exposure Policy

POLICY:

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

PURPOSE:

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

SCOPE:

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

DEFINITIONS:

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

PROCEDURE:

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

1. Each student is responsible for their own safety throughout their education at CMSRU.
 - a. CMSRU will provide students with education and information regarding appropriate policies and procedures to follow to protect themselves during their educational experience and when they are potentially exposed to blood-borne pathogens, communicable diseases, and other environmental hazards. CMSRU students are expected to comply with all infection prevention policies and procedures.

2. Education and Training
 - a. All students receive annual online training surrounding infection prevention and procedures to follow in the event of an exposure.
 - b. All students receive annual Occupational Safety and Health Administration online training and education regarding needle sticks, sharps, and body fluid procedures and the prevention of blood-borne pathogen transmission.
 - c. All students receive annual hazard communication online training with respect to environmental hazards and appropriate protective measures.
 - d. All students receive annual online safety instruction to better protect patients, members of the healthcare team and themselves in the clinical environment.
 - e. Prior to their first clinical experience, students receive online and in-person instruction regarding the prevention and understanding of all infectious diseases they may encounter in a clinical setting.
 - f. An exposures checklist (laminated card) detailing the steps to follow in the event of an exposure is provided to all CMSRU students.

3. Standard Precautions
 - a. Consider blood, body fluids and tissue from ALL PATIENTS to be potentially infectious.
 - b. Perform hand hygiene before/after all patient contacts.
 - c. Wear gloves when exposure to blood and body fluids may occur, e.g., during phlebotomy. Change your gloves and perform hand hygiene after each procedure and before contact with another patient.
 - d. Wear a gown, mask and goggles when blood or body fluids splashes may occur (e.g. during surgery, placing nasogastric tubes, etc.).
 - e. Report immediately all incidents of blood and body fluid exposure of the following types:
 - f. Parenteral: needle stick, puncture or cut.
 - g. Mucous membrane: splash to eyes, nose, mouth.
 - h. Cutaneous: contact with blood and body fluids on ungloved hands or other skin surfaces that may be cut, chapped, abraded, or affected by active dermatitis.

4. Immediate Response-Time Matters!
 - a. Clean wounds or punctures with soap and water.
 - b. Flush mucous membranes or skin copiously with water or saline.
 - c. DO NOT “force bleed” the wound.
 - d. DO NOT apply caustics (e.g. bleach, organic solvents, hard surface disinfectants, etc.).
 - e. When HIV post–exposure prophylaxis (PEP) is indicated, early treatment (within hours) is recommended.
 - f. Proceed Directly to Concentra Occupational Health Services or the Cooper University Health Care Emergency Department (CUHC ED).
 - g. Please proceed directly to Concentra Occupational Health Services (856-338-0350) as soon as possible and identify yourself as a CMSRU student. Concentra is located at 300 Broadway, Suite #101, Camden, NJ, located across the street from the MEB. Concentra hours of operation are Monday-Friday, 7:30 AM to 5:00 PM. If the exposure occurs outside of Concentra’s hours of operation, please go directly to the Emergency Department at CUHC.

5. After First Aid
 - a. Notify the staff and supervising resident and/attending physician and the Office of Student Affairs.
 - b. Carefully note the type of exposure, type of fluid/tissue involved and appropriate information about the source patient. (risk factors, lab data)
 - c. Blood tests will be performed as appropriate.
 - d. Concentra will provide a schedule for follow up counseling and treatment, as necessary.
 - e. All initial costs of laboratory tests for properly reported occupational exposures or injuries are covered by CUHC.
 - f. Treatment required post-exposure or for a clinical condition that develops as a result of an exposure or injury should be covered by the student’s health insurance policy, and in addition by CUHC’s accidental

medical expense insurance, as stipulated in the Rowan University/Cooper University Health Care Affiliation Agreement (March 8, 2016). The Office of the Dean at CMSRU will cover any residual expenses for acute exposure or injury not covered by the medical student's health or disability insurance. The student will not be responsible for costs incurred as part of the treatment of an acute occupational exposure or injury.

- g. If a student is unsure whether they should participate in patient care, the student should contact the Student Health Center or their treating PCP or specialist.

6. Learning Environment

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

7. Visiting Students

- a. All students completing an away elective at CMSRU are required to complete OSHA training or comparable environmental hazard training from their home institution.
- b. In the event of an exposure, Visiting Students follow the same protocol as outlined in this policy and should be directed to the Office of Student Affairs at studentaffairs@coopermed.rowan.edu
- c. Visiting students are informed of this policy by email prior to commencing their rotations at CMSRU. In addition, the policy is included the CMSRU Visiting Student Webpage and uploaded to the VSAS/VSLO website. As part of the VSLO application process for visiting students who request rotations at Cooper University Health Care, (CUHC) students must sign and attest they have read, understood and will abide by the Infectious and Environmental Hazards, Needlesticks and Bloodborne Pathogens Exposure Policy.
- d. An exposures checklist (laminated card) detailing the steps to follow in the event of an exposure is provided to all visiting students.

Please also refer to the Student Healthcare Services Policy

REFERENCES:

29 CFR 1910 Occupational Exposure to Bloodborne Pathogens; Needlestick and Other Sharps Injuries
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=FEDERAL_REGISTER&p_id=16265

29 CFR 1910.1200 Hazard Communication

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10099

Impaired Student Process

POLICY:

Impaired Student Process

PURPOSE:

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

SCOPE:

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

DEFINITIONS:

The term “drug” means a controlled dangerous substance, analog, or immediate precursor as listed in Schedules I through V in the New Jersey Controlled Dangerous Substances Act, N.J.S.A. 24:21-1 and as modified in any regulation issued by the Commissioner of the Department of Health. It also includes controlled substances in Schedules I through V of Section 202 of the Federal Controlled Substance Act of 21 U.S.C. 812. This policy applies to the use, possession or distribution of such items which is unlawful under the Controlled Substances Act. Such term does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provisions of Federal law.

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

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

- Examples of acute impairment can include, but are not limited to, the following: hallucinations, increased agitation, paranoia, decreased level of consciousness, disorientation, loss of coordination, reduced capacity to communicate, combative without provocation, unusual flare-ups or outbreaks of temper, verbal threats, use of excessive profanity and odor of alcohol on the breath.
- Examples of chronic impairment can include, but are not limited to: absenteeism, tardiness, an increase in errors made in the academic or clinical environment, a significant decrease in productivity, significant peer problems, poor personal hygiene, sleepiness and poor judgment.

PROCEDURES:

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

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

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

Acutely Impaired Student

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

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

Chronically Impaired Student

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

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

Returning the Student to Academic Responsibilities

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

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

Drug Testing

- CMSRU reserves the right to require screening students for inappropriate drug and alcohol use as defined in this policy if reasonable suspicion is established.
- Reasonable cause is defined by inappropriate behavior, appearance, or academic performance as determined by those teaching or mentoring students, or any representative of the school.
- A standard reasonable suspicion record will be established for uniform and objective assessment necessitating the need for drug and alcohol testing.
- CMSRU reserves the right to require random and follow-up drug screenings for students who have participated in a Drug and Alcohol Treatment program while matriculating at CMSRU.
- All drug testing will be reviewed by Concentra prior to a student's participation in direct patient contact. Concentra reserves the right to review and determine whether alternative medical explanations could account for positive findings.
- CMSRU adheres to the provisions of the Alcohol and Other Drugs Policy. A student's participation in prohibited conduct constitutes grounds for disciplinary proceedings and such conduct may be brought to the attention of the appropriate criminal authorities.
- Students will have access to providers who are not faculty members of the medical school, thus assuring the provision of services with privacy and confidentiality. In case of an emergency, students will have 24-hour a-day access to crisis counseling.
- Each student agrees, as a condition of CMSRU enrollment, to notify the Associate Dean of Student Affairs within five (5) days of any conviction of DUI or under a criminal drug statute for a violation that occurs during their tenure at the CMSRU.

Student Health Provider Policy

POLICY:

Student Health Provider Policy

PURPOSE:

This policy mandates a mechanism whereby anyone who provides medical or psychological care to a student of CMSRU will not be in a position to assess or grade that student, nor will they be involved in decisions about the promotion of that student.

SCOPE:

Candidates for the Doctor of Medicine degree

DEFINITIONS:

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

PROCEDURE:

These rules must be followed at all times by all who provide health care to our students.

- A physician treating a CMSRU student as a patient in any health care setting will have no role in the assessment of that student or make decisions about the promotion of that student.
- All mental health service providers will not have CMSRU faculty appointments and thereby will have no role in student assessment.
- An advisory college director is not permitted to be a health care provider to an assigned student advisee.
- Should a faculty member serve on the Academic Standing Committee or the Hearing Body for Student Rights, and a student they have provided care for at any time during the student's matriculation be reviewed by the respective group, the faculty member will recuse themselves from the meeting.
- Those who provide care for students in the Student Health Center may lecture in a large group setting at CMSRU, but will not have a role in the assessment of any student. They cannot be appointed as a small group facilitator, an advisory college director, a course director, or a clerkship director.
- Inpatient psychiatric care for CMSRU students will be delivered at a facility removed from the CMSRU campus and the providers will not be faculty of CMSRU.
- Reports of care regarding CMSRU students via the Student Wellness Program, Student Health Center, or other contracted services will be provided to the Office of Student Affairs in aggregate by numbers and events and not include student names or other protected health information.
- Required reporting to the Office of Student Affairs in cases of immunizations and exposure related events will be provided in accordance with HIPAA regulations.

Student Healthcare Services Policy

POLICY:

Student Healthcare Services Policy

PURPOSE:

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

SCOPE:

This policy applies to all CMSRU medical students.

PROCEDURE:

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

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

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

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

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

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

- 1) Co-pays, deductibles, labs, and diagnostic studies are the responsibility of the student. Students are also responsible for laboratory, radiology and specialty referrals and treatments.
- 2) Each student will pay a yearly student fee that will be used to cover the annual PPD, and other immunizations as required by CMSRU and facilitated by contracted service provider, Concentra, Occupational Health Services. The Concentra facility is located adjacent to Cooper University Hospital, 300 Broadway, Suite #101, Camden, New Jersey.

The following services are available for CMSRU students through Concentra:

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

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

Proof of Immunity for all CMSRU students will be required and reviewed by Concentra prior to matriculation. Failure to comply with immunization requirements prior to matriculation may delay entry into the CMSRU curriculum and cases will be reviewed individually by the Associate Dean for Student Affairs or designee. Concentra will contact students as necessary to ensure proper immunization. Any student having absent or low titers will receive the appropriate vaccine. Record keeping and periodic reports to the Office of Student Affairs regarding immunizations will be provided by Concentra, in accordance with HIPAA regulations.

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

*[See policy on Immunization Requirements](#)

*[See policy on Infectious Disease, Environmental Hazards, Needlestick and Bloodborne Pathogens policy.](#)

Policies Related to Matriculation

Family Educational Rights and Privacy Act (FERPA)

POLICY:

The Family Educational Rights and Privacy Act (FERPA)

PURPOSE:

FERPA protects the privacy of student education records.

SCOPE:

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

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

DEFINITIONS:

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

School Officials: persons employed by the institution in an administrative, supervisory, academic research or support position including law enforcement, health staff personnel, a trustee, outside contractors and persons servicing as a student representative on an official committee (such as disciplinary or grievances committee) or assisting another school official in performing his or her tasks. School officials may obtain information from a student education record without prior written consent for legitimate educational interest. Legitimate educational interests must demonstrate: need to know by those officials of the institution who act in the student's educational interest (faculty, administrators, clerical and professional employees and other persons who manage student information). A school official has a legitimate educational interest if the official need to review is to fulfill his or her professional responsibility.

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

POLICY:

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

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

STUDENT RIGHTS AND PROCEDURES:

- A. In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974 and its subsequent amendments, current and former CMSRU students have the right to review and inspect their education records within forty-five (45) days of the date that CMSRU receives the request for access. CMSRU will respond to requests within five (5) business days of the date that CMSRU receives the request for education records review.
- B. CMSRU is required by FERPA regulations to provide students with annual notification of their FERPA rights. CMSRU may promulgate, electronically or in a hard copy format, an annual notification in such publications as school bulletins or student handbooks, in separate statements in registration or orientation packets or on a web site.
- C. Access to Education Records

1. Procedure to Inspect Education Records

- a. Students may inspect and review their educational records upon request to CMSRU. Students shall submit to CMSRU a written request to the registrar that identifies as precisely as possible the record or records she or he wishes to inspect.
- b. CMSRU will make the needed arrangements for timely access and notify the student of the time and place where the records may be inspected. Per Rowan University policy, access must be given within forty-five (45) days from the receipt of the request. CMSRU will provide a response to a request for educational records review within five (5) business days following receipt of the request.
- c. When a record contains information about more than one student, the student may inspect and review only the records that relate to the respective student making the request. Review of records may take place only under the supervision of the CMSRU registrar and/or a CMSRU school official with a legitimate educational interest.

2. Right of CMSRU to Refuse Access. CMSRU reserves the right to refuse to permit a student to inspect the following records:

- a. The financial statement of the student's parents;
- b. Letters and statements of recommendation for which the student has waived his or her right of access, or which were placed in a student file before January 1, 1975;
- c. Records which are part of a previous application to CMSRU if that application was unsuccessful and the student subsequently applies and is admitted;
- d. Records that are excluded from the FERPA definition of education records.

3. Right to Obtain Copies of Education Records

- a. With the exceptions listed below, a student may obtain copies of their education records from the CMSRU registrar upon submission of a written request and payment of a standard fee to cover duplication, reasonable labor costs and postage, if applicable.
- b. CMSRU reserves the right to deny copies of transcripts or education records in the following situations:

- i. The student has an unpaid financial obligation to CMSRU; or
- ii. There is an unresolved disciplinary action against the student.

D. Disclosure of Education Records

CMSRU may disclose information from a student's educational record only with the original, written and signed consent of the student, except:

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

13. To a court when relevant for CMSRU to proceed with legal action which involves CMSRU and the student as parties.

E. Record of Requests for Disclosure of Education Records

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

F. Corrections/Challenges to Content of Education Records

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

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

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

Email: cmsruregistrar@rowan.edu

Phone: 856-361-2886

Fax: 856-361-2828

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

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

- I. Crisis situations/Emergencies

If non-directory information is needed to resolve a crisis or emergency situation, CMSRU may release that information if CMSRU determines the information is "necessary to protect the health or safety of the student or other individuals." Factors to be considered or questions to be asked in determining the release of such information in these situations include the following:

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

Policies Related to Communications; and Information Technology and Resources

Acceptable Use Policy

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

POLICY:

Acceptable Use Policy

PURPOSE:

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

SCOPE:

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

DEFINITIONS:

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

PROCEDURE:

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

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

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

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

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

being violated or if such access is necessary to comply with applicable law or conduct university (CMSRU) business operations.

8. Information created, stored, or accessed using Rowan (CMSRU) information systems may be accessed and reviewed by Rowan (CMSRU) personnel for legitimate systems purposes, including but not limited to the following:

a. Emergency Problem Resolution

b. To measure, monitor and address the use, performance or health of the University's (CMSRU's) information systems, or to respond to information security issues. Internet usage may also be monitored when using the University's (CMSRU's) network, including when using Rowan's (CMSRU's) remote access services.

c. To create data backups of electronic information stored on Rowan's (CMSRU's) information systems.

d. To respond to User Requests approved by the Office of General Counsel.

9. Information may be accessed, reviewed, and provided to an external party at the University's (CMSRU's) discretion without prior notification with adequate cause and subject to review of the Office of General Counsel to comply with applicable law and to conduct normal university (CMSRU) operations. Examples include, but are not limited to the following:

a. Compliance with the New Jersey Open Public Records Act ("OPRA") which requires disclosure of electronic records and other data on the Rowan system subject to exemptions under OPRA. Requests will be reviewed by the Records Custodian/OPRA officer in conjunction with the Office of General Counsel.

b. Compliance with a valid subpoena, court order or discovery request. Requests will be reviewed by the Office of General Counsel.

c. Audits, investigations or inquiries undertaken by governmental entities or appropriate internal investigators or units. Requests will be reviewed by the Office of General Counsel.

d. To conduct necessary business operations.

10. All electronic information created, stored or transmitted by use of Rowan's (CMSRU's) information systems is the property of the University (CMSRU), unless otherwise explicitly noted.

11. Technicians and System Administrators have greater ability to access information stored on and transmitted through Rowan's information systems. As such, Technicians, Systems Administrators and others with privileged access shall not access such information unless such access is necessary for the purposes outlined above, for systems purposes or unless such access is supported by adequate cause and reviewed by the Office of General Counsel.

12. Prohibited Actions

a. The list of prohibited actions is not intended to be comprehensive. The evolution of technology precludes the University (CMSRU) from anticipating all potential means of capturing and transmitting information. Therefore, users must take care when handling sensitive information. Refer to Rowan's [Information Classification](#) and [Data Governance](#) policies for types of information that are considered sensitive and/or contact Rowan's (CMSRU) Information Security Office for guidance.

b. Users, at minimum, will ensure that they do not:

i. Distribute information classified as Confidential or Private, or otherwise considered or treated as privileged or sensitive information, unless they are an authoritative University (CMSRU) source for, and an authorized University (CMSRU) distributor of that information, and the recipient is authorized to receive that information.

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

13. Restricted Services

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

- a. To discuss patient cases in a manner that compromises patient identity or privacy, or otherwise represents a violation of HIPAA's Privacy or Security rules, state or local privacy laws or University (CMSRU) policies.
 - b. To communicate or post information that could potentially reveal information classified as Confidential or Private or otherwise considered privileged or sensitive by Rowan, or which compromises the privacy of a member of the University (CMSRU) community or its clients.
 - c. For additional requirements on the use of social media, see the [Social Media Policy](#).
- iii. Cloud Services, Collaboration and Storage
 - 1. Third-party cloud storage services cannot be used to store University (CMSRU) information classified as Confidential.
 - 2. Google Drive is approved for Private, Internal and Public data. For additional information on the use of Google Drive, see [Google Apps: Appropriate Data Use](#).
 - 3. The use of non-approved third-party cloud storage services cannot be used to store University (CMSRU) information classified as Confidential or Private or otherwise considered privileged or sensitive by Rowan. Cloud storage tools include, but are not limited to: iCloud, Carbonite, OneDrive, Box, Dropbox, Evernote, OpenDrive and SugarSync.
- iv. Third Party Email Services
 - 1. Third party email services cannot be used to communicate or store University (CMSRU) information classified as Confidential or Private or otherwise considered privileged or sensitive.
- v. Email Auto-Forwarding
 - 1. With the exception of current undergraduate and other non-medical students, members of the Rowan (CMSRU) Community are not permitted to automatically forward or redirect messages from a Rowan email address to a non-Rowan email address.
- vi. Texting
 - 1. Texting cannot be used to communicate or store University (CMSRU) information classified as Confidential.
- vii. Video Conferencing
 - 1. Video conferencing services are limited to Rowan business-use only and must be conducted using Rowan equipment. They are to be used strictly for business collaboration between members of the Rowan Community or outside entities, or for educational purposes. Users must ensure that video communications are done in a setting or configured to restrict the possibility of non-authorized individuals from viewing or listening to sensitive information.
- viii. Chat
 - 1. The use of non-approved chat services cannot be used to communicate or store University (CMSRU) information classified as Confidential or Private or otherwise considered privileged or sensitive by Rowan. Chat tools include, but are not limited to: Slack and HipChat.
 - 2. Jabber is approved for Private, Internal and Public data.

ix. BitTorrent Software

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

POLICY COMPLIANCE:

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

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

ADDITIONAL INFORMATION

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

Copyright Infringement Policy

POLICY:

Copyright Infringement

PURPOSE:

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

SCOPE:

All CMSRU medical students, faculty and staff.

DEFINITIONS:

Essential definitions and key terms are outlined within the policy.

PROCEDURE:

Important Information about Copyright

What is Copyright?

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

What is Protected by Copyright?

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

What is NOT Protected by Copyright?

Not everything is protected by copyright. This includes works published by the federal government and works for which copyright protection has expired. This also includes: works that are not fixed; titles, names, slogans; ideas, facts and data; listings of ingredients or contents; natural or self-evident facts; and public domain works (more on that below). Some of these things may, however, be protected under other areas of law, such as patent or trademark

law, or by contract. It is important to be sure that no other form of protection restricts the use of such materials before using them.

How Long Does Copyright Protection Last?

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

Fair Use

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

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

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

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

Copyright and Digital Works

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

Fact Finding Questions

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

Requesting Permission

Permission to use copyright-protected materials should be obtained prior to using those materials. It is best to obtain permission in writing, which may be by email. The time needed to obtain permission may vary. When possible, it is

recommended to start the permission procedure well in advance of the time that you wish to use the materials. If you need a fast turnaround on a permission request, let the copyright owner know this and they may get back to you faster. The information you will need:

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

Guidelines for the Appropriate Use of Copyrighted Materials

CMSRU Faculty, Student and Staff Obligations Under Copyright Law

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

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

Social Media Policy

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

POLICY:

Social Media Policy

PURPOSE:

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

SCOPE:

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

DEFINITIONS:

See [Attachment 1 - Definitions](#)

REFERENCES:

See [Attachment 2 - References](#)

PROCEDURE:

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

c. If, for any reason, a social media account is presently linked to an individual person's email account, that person relinquishes all rights to the account.

2. Social media contacts shall acknowledge all of the following:

a. They have obtained permission from their supervisor/management to use social media in an official capacity for their unit;

b. They must maintain access to and security of all social media usernames and passwords;

c. They must monitor and maintain the account(s) on a weekly basis. Inactive accounts may be subject to deactivation or deletion;

d. Resources will be made available for their reference at www.rowan.edu/socialmedia;

e. Other social media users may have different interests, attitudes, and opinions than those of the University (CMSRU). Social media contacts reserve the right to remove content, block users, or refrain from interacting with anyone for content deemed to be unlawful. Social media contacts do not reserve the right to remove content deemed to be a difference of opinion; and

f. Social media contacts' administrative access to social media accounts will be terminated upon exit from the University (CMSRU) or assignment to another job.

3. All University (CMSRU)-affiliated social media should be explicit regarding the relationship of the platform to the University (CMSRU).

4. All social media graphics and naming conventions must abide by the University's (CMSRU's) Graphic Standards policy.

a. University (CMSRU) trademarks and logos, including but not limited to the University (CMSRU) seal, torch and athletics logo, may not be used without approval.

b. 'Rowan University (CMSRU)' or 'Rowan' should be used within the social media username and prepend any qualifiers. 'RU' and other acronyms should not be used within the username unless the expanded versions do not adhere to unique platform restrictions.

c. Units that have multiple social media accounts should use the same photo and name across all platforms.

B. Personal Use of Social Media

1. Members of the University (CMSRU) community may not use the University (CMSRU) name, email addresses or University (CMSRU) logos/trademarks on social media to post information in a manner that may be interpreted as representing an official position of the University (CMSRU), or which may misrepresent the University's viewpoint. All accounts and posts in which a user identifies him/herself as a member of the University (CMSRU) community should clearly communicate: "The views and opinions expressed are strictly those of the author. The contents have not been reviewed or approved by Rowan University (CMSRU)" or "Views/opinions are my own."

2. Members of the University (CMSRU) community may not access social media in a manner that interferes with or delays completion of their professional responsibilities.

3. The University (CMSRU) name and University (CMSRU) email addresses may not be used on social media sites and online forums for personal communication.

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

6. Crisis Management

- A. The catch-phrase, "If you see something, say something" should be a standard rule in social media monitoring. In the event that information surfaces on social media sites that is deemed as harassing or threatening in nature, or helpful in a crisis or investigation, it must be immediately reported to 911 and/or Public Safety at 856-256-4911 with the following if available:
 1. Screenshot(s) of and link to the communication.
 2. Username(s) of the person(s) involved in the communication.
 3. As much information about the incident as possible.
- B. In the event of a crisis on campus, emergency messaging will be issued through the Department of Public Safety, the Office of Emergency Management and/or the Office of the President, and distributed according to the University's Emergency Response Team Communication Protocol. These messages will also be distributed on official University (CMSRU) social media accounts as needed.
 1. Rowan University:
 - a. Facebook: <https://www.facebook.com/RowanUniversity/>
 - b. Instagram: <https://www.instagram.com/rowanuniversity/>
 - c. Twitter: <https://twitter.com/rowanuniversity>

2. CMSRU:
 - a. Facebook: <https://www.facebook.com/coopermedschool>
 - b. Instagram: <https://www.instagram.com/cmsru/>
 - c. Twitter: <https://twitter.com/coopermedschool>

3. RowanSOM:
 - a. Facebook: <https://www.facebook.com/RowanSOM/>
 - b. Instagram: https://www.instagram.com/rowan_som/
 - c. Twitter: <https://twitter.com/rowansom>

4. Share verbatim only the messaging provided by the aforementioned accounts to ensure only the correct information is disseminated. Do not share any information that does not come from any of the aforementioned University (CMSRU) sources.

5. Postpone/delete any previously scheduled social media content and refrain from posting unrelated information on social media until after the crisis.

6. If any social media messages could be used to help in a crisis, alert 911 or the Department of Public Safety immediately.

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

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

 - b. Removal of an individual's name does not constitute proper de-identification of PHI. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, type of treatment or the use of a highly specific medical photograph (such as a before/after photograph of a patient having surgery or a photograph of a patient from medical outreach trips) may still allow the reader to recognize the identity of a specific individual.

 - c. Never post derogatory or defamatory remarks about any patient (either current or past) to any social media, including any social media deemed to be "private."

 2. Posting of any student records on social media by any individual within the CMSRU or RowanSOM community is strictly prohibited under the FERPA regulations.

- a. FERPA-protected academic information of another medical student or trainee might include, but is not limited to, course or clerkship grades, narrative evaluations, examination scores or adverse academic actions.
3. All individuals within the CMSRU and RowanSOM communities must take steps to ensure compliance with all federal and state laws and regulations, including HIPAA and FERPA, by ensuring that their social media has the appropriate privacy settings to avoid the inadvertent dissemination of confidential information, with the understanding that even if they limit the number of people who can see their personal information, others who have access to this information may share it more broadly.
4. Medical students may not “friend/follow,” engage or connect on social media with any patients they come in contact with in a clinical context, unless a friendship pre-dates the clinical encounter. If a student has a friendship that predates the clinical encounter or thinks they may know the patient socially, they must recuse themselves from patient care. At all times, the disclosure of protected health information about patients on social media is strictly prohibited, including posts in the secure section of social media accounts that are accessible by approved friends, only.
5. The public disclosure or negative information about CMSRU, RowanSOM or affiliated clinical rotation sites on social media increases the risk of liability to the University (CMSRU) and is clearly unprofessional. There are legitimate and confidential mechanisms for improving quality at a medical facility.
6. The specific sanctions to be imposed for non-compliance with HIPAA or FERPA laws and regulations, illegal activities, or violation of University/CMSRU/RowanSOM policies and procedures, will depend upon the severity and legal implications of the activity under review. Action will be initiated as appropriate in accordance with the classification of an individual (i.e., faculty, staff, medical student, resident, house staff, etc.) and, if necessary, the requirements of the individual’s licensing boards, as set forth in the applicable disciplinary procedures within the medical schools’ student handbooks. Discipline may range from simple counseling/guidance up to the risk of civil and/or criminal liability under applicable federal and state laws and regulations.
8. Non-Compliance and Sanctions
 - A. Violations of this policy may result in the revocation of social media contact and account privileges.
 - B. A disciplinary or other review may be initiated if any member of the University (CMSRU) community’s social media activity violates law or University (CMSRU) policy or otherwise subjects the University (CMSRU) to potential liability for such acts.
 - C. The purpose of this section is not intended to provide for the investigation of, or disciplinary action against, members of the University (CMSRU) community for the legal exercise of

Attachment 1 - Definitions

1. *Accessibility* refers to hardware and software technologies that help visually or physically impaired people to use the computer.
2. *CMSRU* means Cooper Medical School of Rowan University (CMSRU).
3. *Confidentiality* is the expectation that only authorized individuals, processes and systems will have access to the University’s (CMSRU’s) information.

4. *Confidential Information* refers to the most sensitive information, which requires the strongest safeguards to reduce the risk of unauthorized access or loss. Unauthorized disclosure or access may: 1) subject University (CMSRU) to the risk of liability (for example, for violation of HIPAA and FERPA laws); 2) adversely affect its reputation; and 3) jeopardize its mission. See the Information Classification policy for additional information.
5. *Crisis* refers broadly to any real or perceived emergency, imminent threat or timely warning which: 1) can negatively impact or seriously endanger members of the University (CMSRU) community; 2) requires immediate attention to minimize impact; 3) has significant impact on the operation or reputation of the University (CMSRU); and 4) results in extensive news coverage and public scrutiny. Examples include but are not limited to serious threats to life/property, hostage situations, weather, disease or health threat, natural disaster, assault and civil unrest.
6. *HIPAA* refers to the Health Insurance Portability and Accountability Act, the federal law passed by Congress in 1996 that requires the protection and confidential handling of Protected Health Information (“PHI”).
7. *Faculty Member* means any person hired by the University (CMSRU) to conduct classroom or teaching activities or who is otherwise considered by the University (CMSRU) to be a full- or part-time or adjunct member of its faculty.
8. *FERPA* refers to the Family Education Rights and Privacy Act, a federal law that protects students' privacy by prohibiting disclosure of students' personally identifiable information (“PII”) within their education records, without the student’s consent.
9. *Integrity* is the expectation that the University’s (CMSRU’s) information will be protected from improper, unauthorized, destructive or accidental changes.
10. *Medical Schools* means CMSRU and RowanSOM
11. *Medical Student* includes all persons pursuing medical studies at CMSRU or RowanSOM. Medical students who are not officially enrolled for a particular term but who have a continuing relationship with CMSRU or RowanSOM, such as medical students who were previously enrolled, withdraw/take a leave of absence, medical students participating in CMSRU or RowanSOM sponsored academic programs and medical students who are serving a period of suspension, are considered “medical students.”
12. *Member of the University (CMSRU) Community* includes any person who is a student, faculty member, organization, alumni, volunteer, trustee, University (CMSRU) official or any other person employed by the University (CMSRU).
13. *Organization* means any number of persons who have complied with the formal requirements for University (CMSRU) recognition. This term also applies to persons involved in petitioning for recognition. (Greek Letter Organizations are also subject to the disciplinary procedures outlined in the Greek Handbook).
14. *Personally Identifiable Information (“PII”)* means data or information which includes, but is not limited to: 1) the name of the medical student, the medical student’s parent or other family members; 2) the address of the medical student or the medical student’s family; 3) a personal identifier such as a social security number or student number; or 4) a list of personal characteristics or other information which would make the medical student’s identity easily traceable.
15. *Private Information* refers to sensitive information that is restricted to authorized personnel and requires safeguards, but which does not require the same level of safeguards as confidential information protected from disclosure under federal and state laws such as FERPA and HIPAA. Unauthorized disclosure or access may

present legal and reputational risks to the University (CMSRU). See the University's Information Classification policy for additional clarification.

16. *Professionalism* is a formal requirement for the education and training of both undergraduate and graduate medical students. CMSRU and RowanSOM expect individuals within the CMSRU and RowanSOM communities to strive to uphold the highest standards and personal behaviors, consistent with a respect for the medical profession, commencing with the first day of medical school. The Accreditation Council for Graduate Medical Education (“ACGME”) defines and outlines professionalism as one of the six ACGME Core Competencies as follows: commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population. “Professionalism is the enactment of the values and ideals of individuals who are called, as physicians, to serve individuals and populations whose care is entrusted to them, prioritizing the interests of those they service above their own.” *AAMC Professionalism Task Force*.
17. *Protected Health Information (“PHI”)* means information that: 1) is created or received by a health care provider; 2) relates to the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and (i) that identifies the individual; or (ii) with respect to which there is a reasonable basis to believe the information can be used to identify the individual. This guideline applies even if the patient’s information has been de-identified, so that the only person who may be able to identify the individual is the patient himself/herself.
18. RowanSOM means Rowan University School of Osteopathic Medicine.
19. *Social Media* refers to any online tools and services that allow Internet users to create and publish content, or any facility for web- and mobile-based publication and commentary, including but not limited to blogs, wikis, RSS feeds, content-sharing services, interactive geo-location platforms and networking sites including but not limited to Facebook, Twitter, YouTube, Instagram, LinkedIn, Snapchat, Pinterest, Google+, Periscope, Flickr and Wordpress..
20. *Social Media Contact* refers to any member of the University (CMSRU) community whose responsibilities include managing and/or maintaining a social media presence on behalf of the University (CMSRU) and/or who uses social media to engage in University (CMSRU)-affiliated communications.
21. *Social Media Officials* refer to people at the University (CMSRU) who delegate responsibilities to Social Media Contacts.
22. *Student* includes all persons enrolled in courses at Rowan University (CMSRU), both full-time and part-time, pursuing undergraduate or graduate studies and/or those who live in campus living units. Persons who are not officially enrolled for a particular term but who have a continuing relationship with the University (CMSRU), such as students who were previously enrolled, withdraw/take a leave of absence, persons participating in University (CMSRU) sponsored academic programs and students who are serving a period of suspension, are considered "students."
23. *University* means Rowan University and its Medical Schools.
24. *University-affiliated Social Media* refers to any social media presence intended to represent Rowan University (CMSRU) in any official or unofficial capacity.
25. *University Official* includes any person employed by Rowan University (CMSRU) to perform assigned administrative or professional responsibilities.

Attachment 2 - References

1. Department of Public Safety
 - [Free Speech](#)
 - [General Safety and Security](#)
2. [Graphic Standards](#)
3. Human Resources
 - [Statement of Principles](#)
 - [Workplace Violence Policy](#)
4. Information Resources & Technology
 - [Acceptable Use](#)
 - [Data Governance](#)
 - [General User Password](#)
 - [Information Classification](#)
 - [Information Security](#)
 - [Transmission Sensitive Information](#)
 - [University Mass Notification Systems](#)
5. Medical Schools
 - [Cooper Medical School of Rowan University \(CMSRU\)](#)
 - [Rowan University \(CMSRU\) School of Osteopathic Medicine](#)
 - The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), Privacy and Security Rules, 45 CFR Part 160, 45 CFR Part 162 and 45 CFR Part 164.
 - The Family Educational Rights and Privacy Act (“FERPA”), 20 U.S.C. 1232g, 34 CFR Part 99
 - AMA Policy: Professionalism in the Use of Social Media
 - AMA Guidelines for Physicians in Social Media
 - Model Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice: Adopted as policy by the House of Delegates of the Federation of State Medical Boards
6. [Office of Emergency Management](#)
 - [Emergency Preparedness](#)
7. Social Media Sites
 - *Facebook* – an online social utility that connects people and organizations with friends and others who work, study, live and engage around them.
 - *Flickr* – a photo sharing website on which users can view, upload and share photos.
 - *Google+* – integrated social platform that merges with other Google services including YouTube, Gmail and Google Search.
 - *Instagram* – a photo- and video-sharing network owned by Facebook that allows users to upload photos taken with a mobile device, apply special filters and share with their friends.
 - *LinkedIn* – a business-oriented online social utility that allows users to strengthen and extend their existing network of trusted professional contacts.
 - *Periscope* – a streaming service that lets users broadcast and explore the world through live video.
 - *Pinterest* – a website that allows users to “pin,” or bookmark, content they find interesting from around the web to categorized “boards” on their profiles.
 - *Snapchat* – a mobile app that allows users to capture videos and pictures and send messages that self-destruct.
 - *Twitter* – a real-time, micro-blogging and social utility service that allows users to send and read messages known as “tweets,” which are text-based posts containing no more than 140 characters.
 - *Wordpress* – an online, open source content management system, blogging platform, and website creation tool.

- *YouTube* – a video-sharing website that makes it easy to search for and watch online videos.
8. Social Media Terms
 - [Facebook](#)
 - [Flickr](#)
 - [Google+](#)
 - [Instagram](#)
 - [LinkedIn](#)
 - [Periscope](#)
 - [Pinterest](#)
 - [Snapchat](#)
 - [Twitter](#)
 - [Wordpress](#)
 - [YouTube](#)
 9. [Student Life/Student Affairs](#)
[Student Code of Conduct](#)
 10. [Web Content Accessibility Guidelines](#)

Policies Related to Diversity, Equity, and Inclusion

Anti-Discrimination Policy

CMSRU Adheres to the Rowan University Policy for Anti-Discrimination

I. Purpose

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

II. Accountability

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

III. Applicability

As a New Jersey state institution, Rowan University (CMSRU) is subject to state legislation prohibiting discrimination, described more fully at [N.J.A.C. 4A:7-3](#). This Policy, modeled after the New Jersey State Policy Prohibiting Discrimination in the Workplace, is applicable to all Rowan University (CMSRU) employees, prospective employees and students bringing forth complaints against university employees for alleged discrimination.

As a recipient of Federal financial assistance, Rowan University (CMSRU) is also subject to Title IX of the Education Amendments of 1972. Title IX is a federal law that prohibits sex discrimination in the University's (CMSRU's) programs and activities. It reads: "No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance." Student complaints of sexual misconduct against

students and University (CMSRU) employees raise Title IX concerns and are therefore governed by the University's (CMSRU's) Policy Prohibiting Sexual Misconduct and Harassment.

(<https://confluence.rowan.edu/display/POLICY/Student+Sexual+Misconduct+and+Harassment+Policy>).

Student Discrimination Complaints Against Other Students: Complaints by students against other students for all forms of discrimination based on protected classifications should be reported to the Associate Vice President of Diversity, Equity and Inclusion, who retains discretion to determine the most appropriate avenue of response, including but not limited to, coordination with other University (CMSRU) resources such as Residential Learning, the Office of Community Standards or the Dean of Students/CMSRU Office of Student Affairs. (See: [Office of Student Equity and Compliance](#), Complaint

Form: https://cm.maxient.com/reportingform.php?RowanUniv&layout_id=16). Not all such allegations will warrant a full investigation, but the University (CMSRU) reserves the right to investigate any matter in which discrimination based on a protected class is asserted.

IV. Definitions

1. *Discrimination/Harassment in the Workplace or Educational Environment* means any employment or educational practice or procedure that treats an individual less favorably based upon any of the protected categories referred to below or as provided under applicable law. It is also a violation of this policy to use derogatory or demeaning references regarding the protected categories listed below or as provided under applicable law.
2. *Sexual Harassment in the Workplace* means unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when, for example:
 - a. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
 - b. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
 - c. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.
3. *Sexual Misconduct in the Educational Environment* means the forms of sexual misconduct set forth in the Policy Prohibiting Sexual Misconduct and Harassment. (<https://confluence.rowan.edu/display/POLICY/Student+Sexual+Misconduct+and+Harassment+Policy>). All of the definitions and procedures set forth in that policy apply to such complaints. Prohibited conduct includes Non-Consensual Sexual Intercourse or Penetration (Rape), Non-Consensual Sexual Contact (Fondling), Sexual Exploitation, Intimate Partner Violence, Stalking and Sexual/Gender-Based Harassment.
4. *Third Party Harassment* means unwelcome behavior involving any of the protected categories referred to in the policy below that is not directed at an individual but exists in the workplace and interferes with an individual's ability to do his or her job.
5. *Retaliation* means adverse employment or educational consequences based upon that employee or student bringing forth a complaint, providing information for an investigation, testifying in any proceeding under this policy or engaging in any other protected activity under this policy or under applicable law.

V. Standard of Evidence

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

VI. Policy Statement

1. Protected Categories

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

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

2. Applicability

Prohibited discrimination/harassment undermines the integrity of the employment relationship, compromises equal employment opportunity, debilitates morale and interferes with work productivity. Thus, this policy applies to all employees and applicants for employment at Rowan University (CMSRU). Similarly, discrimination/harassment undermines the integrity of the educational relationship and compromises a student's ability to participate in and enjoy the benefits of the University's (CMSRU's) education program. Thus, this policy applies to student complaints alleging discrimination against University (CMSRU) employees, with the exception of sexual misconduct allegations, which are governed by the Policy Prohibiting Sexual Misconduct and Harassment.

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

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

3. Prohibited Conduct

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

It is also a violation of this policy to use derogatory or demeaning references regarding a person's race, gender, age, religion, disability, affectional or sexual orientation, ethnic background or any other protected category set forth above. A violation of this policy can occur even if there was no intent on the part of an individual to harass or demean another.

- a. Examples of behaviors that may constitute a violation of this policy include, but are not limited to:
 - i. Discriminating against an individual with regard to terms and conditions of employment or education because of being in one or more of the protected categories referred to above;
 - ii. Treating an individual differently because of the individual's race, color, national origin or other protected category or because an individual has the physical, cultural or linguistic characteristics of a racial, religious or other protected category;
 - iii. Treating an individual differently because of marriage to, civil union to, domestic partnership with or association with persons of a racial, religious or other protected category; or due to the individual's membership in or association with an organization identified with the interests of a certain racial, religious or other protected category; or because an individual's name, domestic partner's name or spouse's name is associated with a certain racial, religious or other protected category;
 - iv. Calling an individual by an unwanted nickname that refers to one or more of the above protected categories or telling jokes pertaining to one or more protected categories;
 - v. Using derogatory references with regard to any of the protected categories in any communication;
 - vi. Engaging in threatening, intimidating, or hostile acts toward another individual in the workplace or educational environment because that individual belongs to, or is associated with, any of the protected categories; or
 - vii. Displaying or distributing material (including electronic communications) in the workplace or educational environment that contains derogatory or demeaning language or images pertaining to any of the protected categories.

4. Romantic Relationships with University (CMSRU) Employees

- a. Romantic/sexual relationships that occur in the context of employment supervision or evaluation present special problems. These types of romantic/sexual relationships are especially vulnerable to exploitation due to the difference in power and the respect and trust that are often present between a supervisor and a subordinate, or a senior and junior colleague in the same unit. Therefore, the University (CMSRU) strongly discourages romantic/sexual relationships between individuals where there is an imbalance of power where one individual is in a position to make decisions, which may affect the standing or employment or career of the other. A subordinate's "voluntary" participation in a romantic/sexual relationship with an individual in a position of power or authority does not alone demonstrate that the conduct was welcome. A supervisor's display of a romantic interest in a subordinate may constitute sexual harassment. Employees in romantic/sexual relationships must recuse themselves from decision making when the decisions at issue may have an impact, either direct or indirect, on the employee with whom they are romantically involved. Those in a position of power who engage in a romantic or sexual relationship deemed unwelcome at any time by the other party may be in violation of this Policy and subject to investigation and possible disciplinary action.

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

5. Sexual Harassment in the Workplace

- a. It is a violation of this policy to engage in sexual (or gender-based) harassment of any kind, including hostile work environment harassment, quid pro quo harassment or same-sex harassment. For the purposes of this policy, sexual harassment is defined, as in the Equal Employment Opportunity Commission Guidelines, as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when, for example:
 - i. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
 - ii. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
 - iii. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.
- b. Examples of prohibited behaviors that may constitute sexual harassment and are therefore a violation of this policy include, but are not limited to
 - i. Generalized gender-based remarks and comments;
 - ii. Unwanted physical contact such as intentional touching, grabbing, pinching, brushing against another's body or impeding or blocking movement;
 - iii. Verbal, written or electronic sexually suggestive or obscene comments, jokes or propositions including letters, notes, e-mail, text messages, invitations, gestures or inappropriate comments about a person's clothing;

- iv. Visual contact, such as leering or staring at another's body; gesturing; displaying sexually suggestive objects, cartoons, posters, magazines or pictures of scantily-clad individuals; or displaying sexually suggestive material on a bulletin board, on a locker room wall, or on a screen saver;
- v. Explicit or implicit suggestions of sex by a supervisor or manager in return for a favorable employment action such as hiring, compensation, promotion or retention;
- vi. Suggesting or implying that failure to accept a request for a date or sex would result in an adverse employment consequence with respect to any employment practice such as performance evaluation or promotional opportunity; or
- vii. Continuing to engage in certain behaviors of a sexual nature after an objection has been raised by the target of such inappropriate behavior.

6. Student Responsibilities

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

7. Employee Responsibilities

Any employee who believes that she or he has been subjected to any form of prohibited discrimination/harassment, or who witnesses others being subjected to such discrimination/harassment, is encouraged to promptly report the incident(s) to a supervisor or directly to the Office of Employee Equity in Human Resources. (Complaint Form: Civil Service Employees – https://sites.rowan.edu/equity/docs/discrimination_complaint_form.pdf; non-Civil Service Employees – <https://sites.rowan.edu/equity/docs/policies/non-discrimination-complaint-form.pdf>).

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

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

8. Supervisor Responsibilities

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

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

9. Dissemination

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

10. Complaint Process

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

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

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

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

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

Rowan University (CMSRU) shall maintain a written record of the discrimination/harassment complaints received. Written records shall be maintained as confidential records to the extent practicable and appropriate.

11. Prohibition Against Retaliation

- a. Retaliation against any employee or student who alleges that she or he was the victim of discrimination/harassment, provides information in the course of an investigation into claims of discrimination/harassment in the workplace or educational environment, or opposes a discriminatory practice, is prohibited by this policy. No employee or student bringing a complaint, providing information for an investigation or testifying in any proceeding under this policy shall be subjected to adverse employment or other consequences based upon such involvement or be the subject of other retaliation.
- b. Following are examples of prohibited actions taken against an employee or student because the employee or student has engaged in activity protected by this subsection:
 - i. Termination of an employee;

- ii. Failing to promote an employee;
- iii. Altering an employee's work or a student's course assignment for reasons other than legitimate business or educational reasons;
- iv. Imposing or threatening to impose disciplinary action on an employee or student for reasons other than legitimate business or educational reasons;
- v. Ostracizing an employee or student (for example, excluding an employee or student from an activity or privilege offered or provided to all other employees or students); or
- vi. Imposing a poor grade or evaluation of a student for other than legitimate educational reasons.

12. False Accusations and Information:

An employee who knowingly makes a false accusation of prohibited discrimination/harassment or knowingly provides false information in the course of an investigation of a complaint, may be subjected to administrative and/or disciplinary action, up to and including termination of employment. Similarly, a student who knowingly makes a false accusation of prohibited discrimination/harassment or knowingly provides false information in the course of an investigation of a complaint, may be subjected to discipline under the Student Code of Conduct. Complaints made in good faith, however, even if found to be unsubstantiated, shall not be considered a false accusation.

13. Confidentiality:

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

14. Administrative and/or Disciplinary Action:

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

15. Training:

Rowan University (CMSRU) shall provide all new employees with training on the policy and procedures set forth in this section within a reasonable period of time after each new employee's appointment date. Refresher training shall be provided to all employees, including supervisors, within a reasonable period of time. The University (CMSRU) shall also provide supervisors with training on a regular basis regarding their obligations and duties under the policy and regarding procedures set forth in this section.

VII. Procedures for Internal Discrimination/Harassment Complaints

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

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

- h. During the initial intake of a complaint, the representative of the Office of Employee Equity or representative from the Office of Student Equity & Compliance, or an authorized designee, will obtain information regarding the complaint, and determine if interim corrective measures are necessary to prevent continued violations of the Rowan University (CMSRU) Policy Prohibiting Discrimination in the Workplace and Educational Environment.
- i. At the discretion of the Assistant Vice President of Employee Equity & Labor Relations or Associate Vice President of Diversity, Equity, and Inclusion, whichever is applicable, a prompt, thorough and impartial investigation into the alleged harassment or discrimination will take place.
- j. An investigatory report will be prepared by the Assistant Vice President of Employee Equity & Labor Relations or the Associate Vice President of Diversity, Equity, and Inclusion, whichever is applicable, or his or her designee, when the investigation is completed. The report will include, at a minimum:
 - i. A summary of the complaint;
 - ii. A summary of the parties' positions;
 - iii. A summary of the facts developed through the investigation; and
 - iv. An analysis of the allegations and the facts.

The investigatory report will be submitted to the President's designee, the Vice President of Human Resources (or his/her authorized designee), who will issue a final letter of determination to the parties.
- k. The President's designee (or his/her authorized designee) will review the investigatory report issued by the Assistant Vice President of Employee Equity & Labor Relations or the Associate Vice President of Diversity, Equity and Inclusion, whichever is applicable, or his or her authorized designee, and make a determination as to whether the allegation of a violation of the Rowan University (CMSRU) Policy Prohibiting Discrimination in the Workplace and Educational Environment has been substantiated. If a violation has occurred, the President's designee (or his/her authorized designee) will refer the matter to the Assistant Vice President of Employee Equity & Labor Relations to determine the appropriate corrective measures necessary to immediately remedy the violation.
- l. The President's designee (or his/her authorized designee) will issue a final letter of determination to both the complainant(s) and the person(s) against whom the complaint was filed, setting forth the results of the investigation and the right of appeal as set forth in the Paragraphs below. To the extent possible, the privacy of all parties involved in the process shall be maintained in the final letter of determination. The Civil Service Commission, Division of EEO/AA shall be furnished with a copy of the final letter of determination.
 - i. The letter shall include, at a minimum:
 - 1. A brief summary of the parties' positions;
 - 2. A brief summary of the facts developed during the investigation; and
 - 3. An explanation of the determination, which shall include whether:
 - a. The allegations were either substantiated or not substantiated; and
 - b. A violation of the Rowan University (CMSRU) Policy Prohibiting Discrimination in the Workplace and Educational Environment did or did not occur.
 - ii. The investigation of a complaint shall be completed and a final letter of determination shall be issued no later than 120 days after the initial intake of the complaint is completed.

- iii. The time for completion of the investigation and issuance of the final letter of determination may be extended by Rowan University (CMSRU) for up to 60 additional days in cases involving exceptional circumstances. When applicable, the Office of Employee Equity shall provide the Division of EEO/AA and all parties with written notice of any extension and shall include in the notice an explanation of the exceptional circumstances supporting the extension.
- m. A complainant who is in the career, unclassified or senior executive service, or who is an applicant for employment, who disagrees with the determination of the President's designee (or his/her authorized designee), may submit a written appeal to the New Jersey Civil Service Commission ("NJCS"), Division of Merit System Practices and Labor Relations, Written Record Appeals Unit, P.O. Box 312, Trenton, NJ 08625-0312, postmarked or delivered within 20 days of the receipt of the determination from the President's designee (or his/her authorized designee). The appeal shall be in writing and include all materials presented by the complainant at the University (CMSRU) level, the final letter of determination, the reason for the appeal and the specific relief requested. Please be advised that there is a fee for appeals. Please include a check or money order along with the appeal, payable to NJCSC. Persons receiving public assistance and those qualifying for NJCSC Veterans Preference are exempt from this fee.
 - i. Civil Service employees filing appeals which raise issues for which there is another specific appeal procedure must utilize those procedures. The Civil Service Commission may require any appeal, which raises issues of alleged discrimination and other issues, such as examination appeals, to be processed using the procedures set forth in this section or a combination of procedures as the Commission deems appropriate. See N.J.A.C. 4A:2-1.7.
 - ii. If an appeal under this policy raises issues concerning the employee not receiving an advancement appointment, the Commission shall decide those issues in the course of its determination.
 - iii. The Civil Service Commission shall decide the appeal on a review of the written record or such other proceeding as it deems appropriate. See N.J.A.C. 4A:2-1.1(d).
 - iv. The appellant shall have the burden of proof in all discrimination appeals brought before the Civil Service Commission.
- n. In a case where a violation has been substantiated, and no disciplinary action recommended, the party(ies) against whom the complaint was filed, and who are in the career, unclassified or senior executive service, may appeal the determination to the Civil Service Commission at the address indicated above, within 20 days of receipt of the final letter of determination by the President's designee (or his/her authorized designee).
 - i. The burden of proof shall be on the appellant.
 - ii. The appeal shall be in writing and include the final letter of determination, the reason for the appeal, and the specific relief requested.
 - iii. If disciplinary action has been recommended in the final letter of determination, the party/parties charged, who are in the career, unclassified or senior executive service may appeal using the procedures set forth in N.J.A.C. 4A:2-2 (Major Discipline) and 3 (Minor Discipline and Grievances).
- o. A complainant or respondent (an individual against whom the complaint was filed) who is NOT in the career, unclassified or senior executive service, or who is NOT an applicant for employment, or who is a student of Rowan University (CMSRU), who disagrees with the determination of the President's designee (or his/her authorized designee), may submit a written appeal to the Chief of Staff, postmarked or delivered

within 20 days of the receipt of the determination from the President's designee (or his/her authorized designee). The appeal shall be in writing, presented by the complainant or respondent to the Chief of Staff, with a copy to the Assistant Vice President of Employee Equity & Labor Relations in Human Resources, as set forth below. The Chief of Staff (or his/her authorized designee) may or may not elect to review a decision. The Chief of Staff (or his/her authorized designee) shall respond to a request for review within 15 days.

- i. The complainant or respondent may request an appeal of the determination only if the complainant or respondent is able to produce new information not previously submitted or can produce information demonstrating that the determination was arbitrary and capricious. This means that the determination will be considered for review only if new information exists or if information exists demonstrating that the determination was invalid because it was made on unreasonable grounds or without consideration of the circumstances.
 - ii. The complainant or respondent should send either the new information or a brief explanation of why they believe the finding is arbitrary and capricious based upon the facts presented to the Chief of Staff (with a copy to the Assistant Vice President of Employee Equity & Labor Relations in Human Resources) within 20 days of receipt of the determination letter. The appeal shall be in writing and shall include only those materials supporting the request for review and the specific relief requested. You need not include the original materials submitted with the complaint or in response to the complaint as these documents will be provided by the original office to whom the complaint was submitted. The Chief of Staff (or his/her authorized designee) may elect to review the materials only if it is believed the determination is arbitrary and capricious, or if the new materials were not previously considered in the original determination.
 - iii. The appellant shall have the burden of proof in all discrimination appeals brought before the Chief of Staff (or his/her authorized designee).
- p. When required, the Division of EEO/AA shall be placed on notice of, and given the opportunity to submit comments on, appeals filed with the Civil Service Commission of decisions on discrimination complaints, regardless of whether or not the complaint was initially filed directly with the Division of EEO/AA.

VIII. External Agencies

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

Division on Civil Rights

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

Trenton Regional Office
140 East Front Street
6th Floor, P.O. Box 090
Trenton NJ 08625-0090
(609) 292-4605

Newark Regional Office
31 Clinton Street, 3rd floor

P.O. Box 46001
Newark, NJ 07102
(973) 648-2700

Atlantic City Office
26 Pennsylvania Avenue
3rd Floor
Atlantic City, NJ 08401
(609) 441-3100

Camden Regional Office
One Port Center, 4th Floor
2 Riverside Drive, Suite 402
Camden, NJ 08103
(856) 614-2550

Paterson Regional Office
100 Hamilton Plaza, Suite 800
Paterson, NJ 07505-2109
(973) 977-4500

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

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

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

Philadelphia District Office
801 Market Street, Suite 1300
Philadelphia, PA 19107-3127
1-800-669-4000 / 267-589-9700 / or email PDOContact@eeoc.gov.

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

IX. References

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

5. [Civil Service Employee Discrimination Complaint Processing Form](#)
6. [Student Discrimination Complaint Processing Form](#)

Student Mistreatment Policy

POLICY:

Cooper Medical School of Rowan University (“CMSRU”) is committed to promoting student success in an atmosphere dependent upon mutual respect, collegiality, fairness, trust, and accountability within its respective community. Student mistreatment, abuse, harassment, intimidation or bullying will not be tolerated. If a student alleges mistreatment or becomes aware of an incident of mistreatment by a member of the CMSRU community, they are encouraged to follow this policy. CMSRU adheres to the standards described in the Association of American Medical Colleges (“AAMC”) Teacher-Learner Compact (see Teacher-Learner Interaction Policy located in the Student Handbook, the Faculty Handbook, and the CMSRU Compendium of Policies for Faculty, Residents and Staff). Students are expected to abide by the tenets of the CMSRU Professional Conduct Policy.

PURPOSE:

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

SCOPE:

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

DEFINITIONS:

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

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

Never Behaviors:

- Never make disparaging comments to or about other professionals.
- Never make disrespectful comments to or about patients, their friends, or family members.
- Never belittle, humiliate, harass, or bully a learner.
- Never subject anyone to physical harm or threat of physical harm.
- Never require learners to perform non-team-centric, non-patient-centric personal services.
- Never require learners to perform tasks intended to punish, belittle, humiliate or control the learner.
- Never subject learners to discriminatory exclusion from learning opportunities, a hostile learning/working environment, or intentional neglect.

- Never subject learners to offensive, sexist remarks or subject them to unwanted sexual advances (physical or verbal).
- Never ask anyone to exchange sexual favors for rewards.
- Never engage in an intimate relationship with a learner one is responsible for supervising, evaluating, mentoring, or coaching.
- Never deny learners opportunities for training or rewards because of gender, age, race, disability, ethnicity, sexual orientation, or religion.
- Never subject anyone to negative or offensive comments or behaviors because of gender, age, race, disability, ethnicity, sexual orientation, or religion.
- Never pressure a learner to perform a medical procedure for which they are insufficiently trained or insufficiently supervised.
- Never subject anyone to inappropriate comments about their appearance.
- Never subject learners to retaliation or threats of retaliation for making a good-faith report of mistreatment or unprofessional behavior.

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

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

- Office of Student Affairs
 - Erin Pukenas, MD; Associate Dean for Student Affairs, pukenas@rowan.edu
 - Marion Lombardi, EdD; Assistant Dean for Student Affairs, lombardim@rowan.edu
 - Stephanie Smith, MD; Director of Student Affairs, wilsey@rowan.edu
- Office of Diversity and Community Affairs
 - Guy Hewlett, MD; Associate Dean for Diversity and Community Affairs, hewlett@rowan.edu
 - Sue Liu, MA, MPA, Asst. Director of Community Affairs, liu@rowan.edu
 - Taruna Chugeria, MEd, Asst. Director of Special Programs, chugeria@rowan.edu
- CMSRU Ombuds Office
 - Debrah Meislich, MD; Ombudsperson, <http://cmsru.rowan.edu/students/ombuds/>
- Title IX Coordinator
 - Marion Lombardi, EdD; Asst. Dean for Student Affairs, lombardim@rowan.edu
- Disabilities/Accommodations
 - Marion Lombardi, EdD; Asst. Dean for Student Affairs, lombardim@rowan.edu
- Via Course and Clerkship Evaluations
 - Issues of mistreatment can be voiced through the course and clerkship evaluations distributed at the end of the course/clerkship
- Deans and Directors

- To provide easier access to reporting, students may report an incident to any Dean or Director they feel comfortable approaching
- The Dean or Director will then convey the complaint to the Associate Dean for Student Affairs or designee

CONFIDENTIALITY OF REPORTING MECHANISMS

- As set forth above, CMSRU provides a number of mechanisms for both informally discussing and/or reporting allegations of mistreatment. These mechanisms, whenever possible, are designed to respect the student's wishes in deciding how to report and respond to the incident. However, CMSRU cannot guarantee confidentiality when there is a concern for the immediate safety of the student or the community. Students are strongly encouraged to ask any questions about confidentiality before revealing details they prefer to keep private.
- While there are several anonymous and confidential ways to report inappropriate treatment of students, full disclosure of the persons involved and the behaviors witnessed can lead to more effective action to correct the problem. Therefore, CMSRU encourages full reporting of incidents of inappropriate treatment of students and people involved in them. However, anonymous reports will also be investigated to the extent that specific information is provided. A student can report anonymously by utilizing the CMSRU Student Mistreatment Form. https://cmsruapps.rowan.edu/surveys/report_mistreatment
- If a student chooses not to remain anonymous, CMSRU will discuss with the reporting student whether they want their name shared with the mistreatment source and the timing of contact (e.g., delay until relevant course/clerkship has been completed). However, if the report concerns the safety of the student or the community, it will need to be addressed immediately. Retaliation is prohibited at CMSRU and can result in significant consequences for faculty members.
- CMSRU will keep confidential all records of complaints and investigations to the extent permitted by law. However, behaviors that violate Title IX of the 1972 Education Amendments to the Higher Education Act, which include discrimination or harassment based on sex or gender, must be reported by a CMSRU official so that they can be promptly acted upon in order to be compliant with Federal Law.
- Behaviors that pose an immediate danger to others (e.g., violence or threats of physical violence, illegal drug use by caregivers in a clinical setting, deliberate violation of patient safety procedures) or are illegal (e.g., stealing narcotics, falsifying patient records) must also result in immediate reporting so that action can be taken. These behaviors will be investigated, via Rowan University/CMSRU (RU/CMSRU) and Cooper University Health Care (CUHC) policies and protocols (e.g. RU/CMSRU Anti-Violence, Impaired Student Process, Professional Conduct, Student Code of Conduct, (CUHC) Prevention and Suspected Drug Diversion, Theft, Loss, and Reporting Policy and Violence Prevention Plan).
- The Office of Student Affairs and the Office of Medical Education are responsible for the oversight of mistreatment of students. After a mistreatment report is filed, the appropriate parties will review the complaint and determine the course of action based on the severity and circumstances of the incident. If the event is reported via a course or clerkship evaluation, it will be addressed with the respective departments and faculty. In the event of an electronic mistreatment submission, the student, where identified, will be contacted within three (3) business days confirming receipt of the complaint. The student, where self-identified, will participate in the investigatory process. An action plan will be formulated within fourteen (14) days from the filing. The Standard Operating Procedures for the Office of Student Affairs and Office of Medical Education are listed as appendices.

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

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

ADDITIONAL NOTES:

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

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

OTHER APPLICABLE POLICIES

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

- Complaints of Sexual Harassment/Sexual Assault are referred to the Office of Student Equity and Compliance, Division of Diversity, Equity and Inclusion, at Rowan University to be reviewed in accordance with:
 - (i) Title IX Sexual Harassment/Sexual Assault Policy at: <https://confluence.rowan.edu/pages/viewpage.action?pageId=132646706> (addresses allegations of sexual misconduct that meet the definition of Title IX sexual harassment/sexual assault occurring within a University program or activity); or
 - (ii) Student Sexual Misconduct and Harassment Policy at: <https://confluence.rowan.edu/display/POLICY/Student+Sexual+Misconduct+and+Harassment+Policy> (applies to forms of sexual misconduct against a student that do not fall within the scope of the Title IX Sexual Harassment/Sexual Assault policy).
- Complaints of Discrimination are referred to the Office of Student Equity & Compliance in the Division of Diversity, Equity and Inclusion to be reviewed in accordance with:
 - (i) Policy Prohibiting Discrimination in the Workplace and Educational Environment <https://confluence.rowan.edu/display/POLICY/Policy+Prohibiting+Discrimination+in+the+Workplace+and+Educational+Environment>

(reaffirms the principles that students have the right to an educational environment free from prohibited discrimination or harassment and provides recourse for those individuals whose rights have been violated); or

- (ii) Procedure for Resolving Student v. Student Discrimination Complaints
https://sites.rowan.edu/diversity-equity-inclusion/_docs/procedure-for-t6.pdf

Appendices

STANDARD OPERATING PROCEDURES MISTREATMENT INVESTIGATION PROCESS FOR OFFICE OF STUDENT AFFAIRS

SOP name/title: Mistreatment Review Process for Office of Student Affairs		
SOP originator: Assistant Dean for Student Affairs	SOP Approval: Associate Dean for Student Affairs Dean, CMSRU	Effective Date: August 8, 2020

1. Reports of student mistreatment can initiate from a variety of reporting options including the anonymous mistreatment system provided via the Office of Student Affairs (OSA), the direct reporting of the incident to any member of the leadership team at CMSRU or a course/clerkship director, and via the course evaluation system established by the Office of Medical Education (OME). **The OSA addresses mistreatment events outside of activities pertaining to the curriculum and other allegations of mistreatment deemed as appropriate to investigate.** When student mistreatment is reported, the following steps are taken to ensure proper review and resolution:

- Allegations of student mistreatment occurring outside of the educational program are communicated to the Asst. Dean for Student Affairs (ADSA)) and/or the Director of Student Affairs for review and investigation. If the allegation of student mistreatment is a Title IX issue, the issue is directed to the Rowan University Office of Student Equity and Compliance. If an allegation of student mistreatment is a Title IX issue and involves a Cooper University Health Care (CUHC) employee, the issue is co-investigated by the Rowan University Office of Student Equity and Compliance and the Cooper University Health Care Office of Human Resources.
- Findings of the student mistreatment investigation are reported to the Associate Dean for Student Affairs.
- The ADSA reports all incidents of mistreatment to the CMSRU Dean. If an allegation of mistreatment involves a CUHC employee or occurred at CUHC or a CUHC ambulatory site, the Dean notifies CUHC leadership personnel.
- After discussion with the Dean and after presentation and discussion at the executive cabinet, a plan is developed concerning the actions that need to be taken relative to the mistreatment incident. This plan is formulated as soon as possible and within ten (10) days of completion of the investigational report. Immediate action is taken if there is a threat to student safety or well-being.
- The student (if they supplied their name and were not anonymous) can participate in the investigatory process and is made aware of the findings of the investigation and actions taken. If the student disagrees with the final determination of the investigatory findings, the issue is directed to, and investigated by, the Rowan University Office of Student Equity and Compliance. No further investigation is undertaken once the

Rowan University Office of Student Equity and Compliance finalizes its investigation and conclusions, unless new information is brought forward. The OSA carries out any required actions/recommendations.

- The Executive Cabinet of Deans reviews the mistreatment event and the investigational report, including actions leading to resolution or appeal.
2. Information regarding the case (de-identified) is provided to the Committee for a Positive Learning Environment in the standing Mistreatment Report that they receive on an ongoing basis.
 3. All mistreatment information is kept confidential and maintained in a locked, firesafe cabinet in the Office of Student Affairs.

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

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

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

1. The appropriate Assistant Dean of Phase I or Phase 2 courses or clerkships receives reports of student mistreatment and conducts the review and investigation, supported by the Senior Associate Dean for Medical Education (SADME). Reports of mistreatment can initiate from a variety of reporting options including the anonymous mistreatment system provided by the Office of Student Affairs (OSA), the direct reporting of the incident to any member of the leadership team at CMSRU or to a course/clerkship director, and via the course evaluation system established by the Office of Medical Education (OME). (The OSA addresses mistreatment events outside of the curriculum according to their policies.) The OME addresses all incidents of student mistreatment related to the educational program.
2. If an allegation of mistreatment involves a CUHC employee or occurred at Cooper University Hospital or a CUHC ambulatory site, the Dean notifies CUHC leadership, including the Senior Vice President of Human Resources and the Chief Physician Executive. If a faculty member is involved, the Departmental Chair is notified; if a resident or fellow is involved, the Program Director and the Designated Institutional Official (DIO) are notified; and if a nurse is involved, the Chief Nursing Officer is notified.
3. If the allegation of student mistreatment is a Title IX issue, it is directed immediately to the Rowan University Office of Student Equity and Compliance. If an allegation of student mistreatment is a Title IX issue and involves a Cooper University Health Care (CUHC) employee, the issue is co-investigated by the Rowan University Office of Student Equity and Compliance and the CUHC Office of Human Resources.

4. For incidents within the educational program, the appropriate Assistant Dean, Phase 1 or Phase 2, notifies the SADME.
5. The SADME reports all incidents of student mistreatment to the CMSRU Dean. After discussion, a preliminary investigational and action plan is developed. Immediate action is taken if there is a threat to student safety or well-being.
6. The Assistant Dean of Phase 1 or Phase 2, investigates the mistreatment event, and reports their findings to the SADME and to the Dean.
7. After discussion with the Dean, and after presentation and discussion at the executive cabinet, the plan may be revised concerning the actions that need to be taken relative to the mistreatment incident. This plan is formulated as soon as possible and within ten (10) days of completion of the investigational report.
8. The student (if they supplied their name and were not anonymous) can participate in the investigatory process and is made aware of the findings of the investigation and actions taken. If the student disagrees with the final determination of the investigation, the issue is directed to, and investigated by, the Rowan University Office of Student Equity and Compliance. Unless new information is brought forward, no further investigation is undertaken once the Rowan University Office of Student Equity and Compliance finalizes its investigation and conclusions. The OME carries out any required actions/recommendations.
9. Information regarding the case (de-identified) is provided to the Committee for a Positive Learning Environment in the standing Mistreatment Report that they receive on an ongoing basis.
10. The mistreatment event and actions taken are recorded in the appropriate dashboard.

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

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

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

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

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

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

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

- Encourage all team members to ask thought-provoking questions, of anyone, at any time.
- Let learners know you will ask thought-provoking questions to encourage learning.

- Embrace the messengers: thank those who ask useful questions or bring useful information.

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

Never Behaviors

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

POLICY AND PROCEDURES FOR REPORTING MISTREATMENT
Cooper Medical School of Rowan University

Cooper Medical School of Rowan University will establish and sustain an atmosphere that promotes:

- Integrity
- Trust
- Fairness
- Collegiality
- Mutual Respect
- Accountability
- Positive Learning Environment



Click QR Code to Access Mistreatment Reporting Form

Mistreatment "Never Behaviors" deemed unacceptable include:

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

Avenues to Report Mistreatment:

Online/Anonymous Student Mistreatment Reporting Form

Office of Student Affairs
Erin Pukenas, MD
E: pukenas@rowan.edu
Marion Lombardi, EdD
E: lombardim@rowan.edu
Stephanie Smith, MD
E: wilsey@rowan.edu

Associate Dean for Diversity and Community Affairs
Guy Hewlett, MD
E: hewlett@rowan.edu

Asst. Director of Community Affairs
Sue Liu, MA, MPA
E: liu@rowan.edu

Asst. Director of Special Programs
Taruna Chugeria, MEd
E: chugeria@rowan.edu

Ombudsperson
Debrah Meislich, MD
E: meislich-debrah@cooperhealth.edu

Disabilities/Accommodations and Title IX
Marion Lombardi, EdD
E: lombardim@rowan.edu

Course and Clerkship Evaluations
Issues of mistreatment can be voiced through course and clerkship evaluations at the end of the course

Deans and Directors
To provide easier access for reporting, students may choose to report incidents to any dean or director who will then disseminate the complaint to the assistant dean for student affairs or designee

Religious Observance Policy

POLICY:

Religious Observance Policy

PURPOSE:

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

SCOPE:

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

DEFINITIONS:

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

PROCEDURE:

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

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

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

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

Student Sexual Misconduct and Harassment Policy

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

PURPOSE

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

APPLICABILITY

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

INTRODUCTION: This Student Sexual Misconduct and Harassment Policy applies to forms of Sexual Misconduct as defined herein, when alleged against a student Respondent. Specifically, this policy applies to forms of Sexual Misconduct that do not fall under the scope of the [Title IX Sexual Harassment/Sexual Assault Policy](#), including Sexual Exploitation. This policy also applies to complaints against student Respondents alleging certain conduct that would otherwise be prohibited under the [Title IX Sexual Harassment/Sexual Assault Policy](#) (e.g., Dating Violence,

Domestic Violence, Sexual Assault and Stalking), but which must be dismissed under the [Title IX Sexual Harassment/Sexual Assault Policy](#) because they do not meet the jurisdictional requirements.

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

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

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

STANDARD OF EVIDENCE

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

DEFINITIONS/TERMINOLOGY

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

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

- **Formal complaint** – A document filed and signed by a Complainant, or signed by the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance, alleging Sexual Misconduct against a Respondent, and requesting that the University investigate the allegations of Sexual Misconduct. The Formal Complaint should include in detail the nature of the complaint, dates and locations of particular events, names/contact information of witnesses (if any), the name of the individual(s) against whom the complaint is being made and any other relevant information. A Report of Sexual Misconduct may be filed with the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance in person, by mail, by electronic mail or by filling out the report form found [HERE](#). Upon receipt of a Report of possible Sexual Misconduct, the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance, or Designee, will reach out the Complainant to discuss the Complainant’s options, including the ability to file a Formal Complaint.
- **Incapacitation** – The physical and/or mental inability to make informed, rational judgements and decisions. States of incapacitation include sleep, unconsciousness and blackouts.
 - Where alcohol or drugs are involved, incapacitation is determined by how the substance impacts a person’s decision-making capacity, awareness of consequences and ability to make informed judgements. In evaluating whether a person was incapacitated for purposes of evaluating effective Consent, the University considers two questions:
 - Did the person initiating sexual activity know that their partner was incapacitated?
 - Should a sober, reasonable person in the same situation have known that their partner was incapacitated?
 If the answer to either of these questions is “yes,” effective Consent was absent.
 - For purposes of this policy, incapacitation is a state beyond drunkenness or intoxication. A person is not incapacitated merely because they have been drinking or using drugs. The standard for incapacitation does not turn on technical or medical definitions, but instead focuses on whether a person has the physical and/or mental ability to make informed, rational judgments and decisions.
 - A person who initiates sexual activity must look for the common and obvious warning signs that show that a person may be incapacitated or approaching incapacitation. Although every individual may manifest signs of incapacitation differently, typical signs include slurred or incomprehensible speech, unsteady gait, combativeness, emotional volatility, vomiting or incontinence. A person who is incapacitated may not be able to understand some or all of the following questions: “Do you know where you are?” “Do you know how you got here?,” “Do you know what is happening?” or “Do you know whom you are with?”
 - Because the impact of alcohol and other drugs varies from person to person, one should be cautious before engaging in sexual contact or intercourse when either party has been drinking alcohol or using drugs. The introduction of alcohol or other drugs may create ambiguity for either party as to whether effective Consent has been sought or given. If one has doubt about either party’s level of intoxication, the safe thing to do is to forgo all sexual activity.
- **Remedies** - Remedies may be provided to a Complainant where a determination of responsibility for Sexual Misconduct has been made against the Respondent. Remedies are designed to restore or preserve the Complainant’s equal access to the University’s education program or activity. Remedies may include the same individualized services described in the Supportive/Interim Measures section below; however, unlike Supportive/Interim Measures, Remedies need not be non-disciplinary or non-punitive, and need not avoid

burdening the Respondent. Remedies provided may include, but not be limited to, a one-way no contact directive; changes to housing/work arrangements; or a leave of absence.

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

PROHIBITED CONDUCT

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

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

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

- **Sexual harassment** – Unwelcome sexual or gender based verbal or physical behavior, through any medium, determined by a reasonable person to be so severe, pervasive and objectively offensive that it effectively denies a person of equal access to the University’s education program or activity.

- **Sexual assault** – Any sexual act directed against another person, without their consent or where they are incapable of giving consent. An offense that meets the definition of rape, fondling, incest or statutory rape:
 - *Rape*: The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.
 - *Fondling*: The touching of the private body parts of another person for the purpose of sexual gratification, without the consent of the victim, including instances where the victim is incapable of giving consent because of his/her age or because of his/her temporary or permanent mental incapacity.
 - *Incest*: Sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law.
 - *Statutory Rape*: Sexual intercourse with a person who is under the statutory age of consent.
- **Stalking** – Engaging in a course of conduct, through any medium, directed at a specific person that would cause a reasonable person to: (a) fear for the person's own safety or the safety of others; or (b) suffer substantial emotional distress. For the purposes of this definition:
 - Course of conduct means two or more acts, including, but not limited to, acts in which the stalker directly, indirectly or through third parties, by any action, method, device or means, follows, monitors, observes, surveils, threatens or communicates to or about a person, or interferes with a person's property;
 - Reasonable person means a reasonable person under similar circumstances and with similar identities to the Complainant;
 - Substantial emotional distress means significant mental suffering or anguish that may, but does not necessarily, require medical or other professional treatment or counseling.
- **Dating violence** – Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with another person. The existence of such a relationship shall be determined based on a consideration of the following factors: (a) the length of the relationship; (b) the type of relationship; and (c) the frequency of interaction between the persons involved in the relationship.
- **Domestic violence** – A felony or misdemeanor crime of violence committed by: (a) a current or former spouse or intimate partner; (b) a person with whom an individual shares a child in common; (c) a person who is cohabitating with, or has cohabitated with, the other person as a spouse or intimate partner; (d) a person similarly situated to a spouse of the other person under the domestic or family violence laws in which the crime of violence occurred; or (e) any other person against an adult or youth who is protected from that person's acts under the domestic or family violence laws of the jurisdiction in which the crime of violence occurred.

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

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

location (e.g., closet) or through electronic means (e.g., Skype or live-streaming of images); or knowingly transmitting a sexually transmitted infection to another person without the other's knowledge.

REPORTING OPTIONS – HOW TO FILE A REPORT/COMPLAINT

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

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

REPORTING TO LAW ENFORCEMENT

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

REPORTING TO THE UNIVERSITY

- A student may choose to report an incident of Sexual Misconduct to the University before they have made a decision about whether or not to report to law enforcement. A student has the right to file a criminal complaint and a Formal Complaint simultaneously.
- Once a Report of Sexual Misconduct has been received, whether or not a Formal Complaint has been filed, the University will provide written notification to the Complainant about existing counseling, health, mental health, student advocacy, legal assistance, visa and immigration assistance, student financial aid and other services that are available at Rowan and in the surrounding communities. For more information on these services please visit [OSEC's website](#).

- Reports of incidents alleging to involve Sexual Misconduct or sex discrimination in a University program or activity should be made to the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance in person, by mail, by electronic mail or by filling out the report found [HERE](#).

AVP of the Division of Diversity, Equity and Inclusion
Office of Student Equity and Compliance

Monise Princilus, Ed.S.

Associate Vice President and Title IX Coordinator of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance

203 Savitz Hall

856-256-5440

princilus@rowan.edu

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

Athletics / LGBTQIA+

Penny Kempf, Associate Athletic Director

Athletics Office, Esby Gym

856-256-4679, kempf@rowan.edu

Cooper Medical School of Rowan University

Dr. Marion Lombardi, Assistant Dean for Student Affairs

Room 409B, CMSRU Medical Education Building, Camden, NJ

856-361-2805, lombardim@rowan.edu

Rowan University School of Osteopathic Medicine

Dr. Paula Watkins, Director of Enrollment Services

Suite 210 Academic Center, One Medical Center Drive, Stratford, NJ

856-566-7050, fennerpa@rowan.edu

Graduate School of Biomedical Sciences

Dr. Diane Worrad, Director

42 East Laurel Road, UDP, Suite 2200, Stratford, NJ

856-566-6282, worrad@rowan.edu

Graduate Medical Education

Sheila Seddon, Assistant Director

Academic Center Stratford, NJ

856-566-2742, seddonsm@rowan.edu

POLICY OF IMMUNITY

The University will grant immunity for using alcohol and drugs to both a Complainant and/or Respondent, unless the alcohol or drug was used knowingly to perpetrate violence. No one should be fearful of obtaining resources or remedies from a violent crime because they were intoxicated. In addition, the University will not pursue disciplinary

action for drug or alcohol violations, or most other violations of the Student Code of Conduct, against a party or witness who comes forward in good faith to Report Sexual Misconduct. See [Rowan University Good Samaritan Policy](#)

OTHER REPORTING OPTIONS

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

[Office of Civil Rights, U.S. Department of Education](#)

New Jersey, New York, Puerto Rico, Virgin Islands OCR

New York Office, U. S. Department of Education

32 Old Slip, 26th Floor

New York, NY 10005-2500

Telephone: (646) 428-3800

Facsimile: (646) 428-3843

Email: OCR.NewYork@ed.gov

CONFIDENTIALITY

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

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

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

- **Confidential Resources:** Students who desire that details of an incident be kept confidential can receive confidential services through the Counseling & Psychological Services Center (856-256-4333), which is located in the Wellness Center at Winans Hall. Counselors with specialized training are available to support students who report Sexual Misconduct. Counselors are available to help you free of charge, and can be seen on an emergency basis. The Student Health Center (856-256-4222) can also provide confidential consultation with students and may offer treatment to prevent sexually transmitted infections or pregnancy. In circumstances where the Health Center is unable to offer these services, they will provide a referral to an appropriate medical resource. In addition, you may speak with members of the clergy, who will also keep reports made to them confidential. LGBTQIA+ students who would like to speak with a confidential resource should know that every counselor at the Wellness Center is committed to supporting students of all gender

identities, gender expressions, and sexual orientations. When speaking with these resources, a student's right to confidentiality is legally protected. However, there are limits to this protection in specific situations. For example, if a student discloses that the incident involved the use of a weapon or other contraband as defined by New Jersey law, or there is an ongoing threat or danger to the safety of another person (particularly children or the elderly), these resources may be required to report the incident to police.

- **Federal Statistical Reporting and Federal Timely Warning Obligations:** Certain campus officials have a duty to report Sexual Misconduct for federal statistical reporting purposes. All personally identifiable information is kept confidential, but statistical information must be passed along to campus law enforcement regarding the type of incident and its general location (on or off-campus, in the surrounding area, etc. – with addresses withheld), for publication in the annual Campus Security Report. This report helps to provide the community with a clear picture of the extent and nature of campus crime to ensure greater community safety.

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

SUPPORTIVE/INTERIM MEASURES

Non-disciplinary, non-punitive individualized services will be offered to the Complainant and/or Respondent, as appropriate and as reasonably available, without fee or charge, where no Formal Complaint has been filed, or before or after the filing of a Formal Complaint. Such measures are designed to restore or preserve equal access to the University's education program or activity without unreasonably burdening the other party, including measures designed to protect the safety of all parties, the University's educational environment and/or to deter Sexual Misconduct.

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

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

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

ADVISORS

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

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

The Advisor has the right to accompany the Complainant or Respondent to any meetings with the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance, DEI Investigator (or their

Designee) or University administrators, and the party has the right to communicate with their Advisor during any meeting. The Advisor may also assist the Complainant or Respondent during the investigation, preparing/submitting a response to the investigation report, attend the live hearing or assist with the filing of an appeal.

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

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

Regardless of whether a party has an Advisor, the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance, DEI Investigator or Designee will correspond and communicate directly with the parties. If a party wishes for their Advisor to be copied on any correspondence or communications, the party should advise the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance or DEI Investigator.

GRIEVANCE PROCESS/PROCEDURES

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

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

The University will treat Complainants and Respondents equitably by providing Remedies to a Complainant where a determination of responsibility for Sexual Misconduct has been made against the Respondent, and by following the Grievance Process before the imposition of any Disciplinary Sanctions or other actions, that are not Supportive/Interim Measures, are taken against a Respondent.

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

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

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

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

- **Dismissal of a Formal Complaint**

- The AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance must dismiss the Formal Complaint, or allegations therein, at any time, if it is determined that the conduct alleged would not constitute Sexual Misconduct, even if proved. **Such a dismissal does not preclude the University from taking action under another provision of the University’s policies.**
- The AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance, in his/her discretion, may also dismiss the Formal Complaint, or allegations therein, if at any time during the Grievance Process, the following occurs: (i) the Complainant notifies the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance, in writing that the Complainant would like to withdraw the Formal Complaint, or any allegations therein; (ii) the Respondent is no longer enrolled by the University; or (iii) specific circumstances prevent the University from gathering evidence sufficient to reach a determination as to the Formal Complaint or allegations therein.
- Written notice of any required or permitted dismissal, including any reason(s) therefore, shall be promptly sent to the parties simultaneously. This notice will also advise the parties of their appeal rights in accordance with this policy.
- **Consolidation of Formal Complaints** – Formal Complaints as to allegations of Sexual Misconduct against more than one Respondent, or by more than one Complainant against one or more Respondents, or by one party against the other party, may be consolidated where the allegations of Sexual Misconduct arise out of the same facts or circumstances.
- **Notice of Allegations** – Upon receipt of a Formal Complaint, the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance, or Designee, will provide written notice to the known parties, which includes:
 - A link to the University’s Student Sexual Misconduct and Harassment Policy, so the parties can review the University’s Grievance Process, including the Informal Resolution Process;
 - Sufficient detail, of what is known at the time, related to the allegations of Sexual Misconduct, including details such as the identities of the parties involved, the conduct allegedly constituting Sexual Misconduct, and the date(s) and location(s) of the alleged incident(s);
 - A statement that the Respondent is presumed not responsible for the alleged conduct, and that a determination regarding responsibility will be made at the conclusion of the Grievance Process;
 - Information that the parties may have an Advisor of their choice, who may be, but is not required to be, an attorney;
 - A statement that the parties and their Advisors will have the right to inspect and review evidence during the investigation of a Formal Complaint; and
 - Reference to the provisions within the Student Sexual Misconduct and Harassment Policy that prohibits knowingly making False Reports or False Statements.

Such notice will be provided to the parties within a reasonable period of time prior to conducting any investigatory interview, so that the parties have time to prepare and meaningfully respond.

If, in the course of an investigation, the University decides to investigate allegations about the Complainant or Respondent that were not included in the initial notice, the University will provide notice of the additional allegations to be investigated, to the known parties.

FORMAL RESOLUTION PROCESS

- **Written Notice of Meetings, Interviews, Hearings** – Written notice of the date, time, location, participants and purpose of all investigative interviews, hearings, or any other meetings, will be provided to any party whose participation is invited or expected, with sufficient time for the party to prepare to participate.
- **Investigation of a Formal Complaint** – After notification of the allegations in the Formal Complaint has been sent, the DEI Investigator, or Designee, will promptly initiate an investigation within seven (7) calendar days. The investigation shall be completed in a reasonably prompt manner and should be completed within ninety (90) calendar days from the time the Formal Complaint is filed.
 - The investigation will include interviews of the Complainant(s), Respondent(s) and any witnesses/individuals believed to have information relevant to the allegations, as well as the collection of any relevant evidence.
 - Each party is permitted to have their Advisor present during any investigatory interview, or other meeting. However, while the party has the right to communicate with their Advisor during any meeting, the Advisor does not have speaking privileges during the investigation/investigatory interviews.
 - The investigator will not access, consider, disclose, or otherwise use a party's records that are made or maintained by a physician, psychiatrist, psychologist or other recognized professional/paraprofessional acting in the professional/paraprofessional's capacity, or assisting in that capacity, and which are made and maintained in connection with the provision of treatment to the party, unless the investigator obtains that party's voluntary, written consent to do so for a Grievance Process.
 - The parties and their Advisors are not restricted from discussing the allegations under investigation for the purpose of gathering and presenting evidence to the investigator.
 - During the investigation, the parties will be provided the opportunity to present witnesses, including fact and expert witnesses, and other inculpatory (evidence implying or imputing responsibility) and exculpatory (evidence exonerating responsibility) evidence.
- **Investigation Report** – The DEI Investigator or Designee will prepare an Investigation Report that fairly summarizes relevant evidence and preliminary findings of fact.
 - An initial Investigation Report, along with all of the evidence gathered by the investigator (any evidence obtained as part of the investigation, that is related to the allegations in the Formal Complaint, including information that will not be relied upon in reaching a determination and without regard to the source of the information), will be shared with the parties and their Advisors (if any) simultaneously. Names and other identifying information of individuals in the report/evidence may be redacted if required by the Family Educational Rights and Privacy Act ("FERPA"). The parties and their Advisors must keep the evidence confidential and not share it with anyone, except for the purpose of gathering and presenting relevant evidence to provide to the investigator within the 10-day period. Failure to abide by this confidentiality obligation may subject a party or Advisor to disciplinary action by the University.
 - Each party may respond to the investigator in writing, within ten (10) calendar days of receipt of the initial report/evidence.
 - After reviewing any timely submitted responses by the parties, within fourteen (14) calendar days, the investigator will prepare a final Investigation Report. The final Investigation Report will fairly summarize the relevant evidence and findings of fact.

- The parties and their Advisors (if any) will be simultaneously provided with an electronic or hard copy of the final Investigation Report. A copy of the final Investigation Report will also be forwarded at the same time to the Office of Community Standards, for the scheduling of a Hearing.
- **Hearing** – A Hearing should be scheduled by the Office of Community Standards no later than thirty (30) calendar days after receipt of the final Investigation Report.
 - Each party may have one Advisor attend the Hearing. While a party may communicate with their Advisor, the Advisor may not actively participate in the Hearing. Prior to the scheduled Hearing, each party will be asked to identify their Advisor, if any, who will be present for the Hearing.
 - Prior to the scheduled Hearing, the parties will be provided an opportunity to make a request for witnesses to participate in the Hearing on their behalf. The parties must notify the AVP of Civic Involvement, or Designee, of any witnesses at least seven (7) calendar days prior to the Hearing. The parties will also be advised of potential Hearing panelists and be provided the opportunity to object to a panelist based on a conflict of interest.
 - If the matter to be heard had originally attempted, but was unsuccessful at, the Informal Resolution Process, any information related to the Informal Resolution Process will not be admissible during the Hearing. In addition, the individual who facilitated the Informal Resolution Process may not be called as a witness at the Hearing.
 - A matter will be heard by a Hearing Panel consisting of three (3) voting members, one of whom will be the Hearing Chair. The Hearing Chair will exercise control over the manner in which the Hearing is conducted, including being responsible for managing the questioning process. The decisions regarding responsibility and any Disciplinary Sanctions, if applicable, will be determined by a majority vote.
 - Hearings may be conducted with all parties physically present in the same geographic location or, at the University's discretion, any or all parties, witnesses and other participants may appear at the Hearing virtually, with technology enabling participants simultaneously to see and hear each other. For Hearings occurring in-person, at the request of a party, the University will provide for the Hearing to occur with the parties located in separate rooms with technology enabling the Hearing Panel, parties and their Advisors to simultaneously see and hear the party or the witness answering questions.
 - Both/all parties shall be permitted to be present during testimony of all witnesses and presentation of the evidence throughout the Hearing.
 - Hearing Panel members will be provided access to the final Investigation Report and evidence at least twenty-four (24) hours prior to the Hearing. However, while the Hearing Panel members may consider the final Investigation Report as evidence, the Hearing Panel will function as an independent adjudicating body and will not be bound by any findings made by the investigator.
 - At the beginning of the Hearing, the Hearing Chair, along with the other members of the Hearing Panel, will enter their names into the recording. The parties and their Advisors (if applicable) will also enter their names into the recording.
 - The Hearing Chair will ask if the Respondent has received the original notice of allegation(s) letter and understands the nature of the charges.
 - The Hearing Chair will then confirm that the Hearing Panel members and the parties have received copies of the Formal Complaint, notice of allegation(s) letter, list of witnesses, along with the final Investigation Report.

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

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

INFORMAL RESOLUTION PROCESS

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

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

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

The Informal Resolution Process will be facilitated by the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance or Designee. The Informal Resolution Process will be initiated within ten (10) calendar days of the receipt of the written consent of both/all parties. The AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance, or Designee, will work with the parties to complete the Informal Resolution Process within thirty (30) days.

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

Resolution Process and resume the Formal Resolution Process; and (iv) the consequences resulting from participating in the Informal Resolution Process, including the records that will be maintained or could be shared.

If the parties reach an Informal Resolution of a Formal Complaint, an agreement that outlines the terms agreed upon by the parties will be prepared and signed by all parties. Each/all parties will be provided with a copy of the signed agreement, and the University will retain a copy in accordance with applicable law and its recordkeeping requirements. Agreements reached via the Informal Resolution Process shall be final and cannot be appealed. Any agreement reached through the Informal Resolution Process will provide that a student's failure to comply with the terms of the signed agreement may result in disciplinary action in accordance with the Student Code of Conduct.

If the Informal Resolution Process is unsuccessful, or a party requests to end the process before a resolution is reached, or if at any time the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance, or Designee, determines an Informal Resolution is no longer appropriate, the matter will be addressed through the Formal Resolution Process.

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

APPEALS PROCESS

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

- **Time to File an Appeal** – An appeal must be in writing and filed within seven (7) calendar days of the date of the letter informing the parties of the dismissal decision; or the determination regarding responsibility, including any imposition of Disciplinary Sanctions, if applicable. If an appeal is not filed within seven (7) calendar days, the dismissal decision or determination regarding responsibility (including Disciplinary Sanctions, if applicable) will be deemed final.
- **Bases for Appeal** – Review of an appeal will be limited to the following bases:
 - Procedural irregularity or substantive error that affected the outcome of the matter. Deviations from the University's policy/procedures will not be a basis for sustaining an appeal unless significant prejudice resulted;
 - New evidence that was not reasonably available at the time the determination regarding responsibility or dismissal was made, that could affect the outcome of the matter;
 - The AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance, investigator(s), or decision-maker(s) had a conflict of interest or bias for or against complainants or respondents generally or the individual Complainant or Respondent that affected the outcome of the matter; or
 - The Disciplinary Sanction(s) imposed were substantially disproportionate or not appropriate in light of the violation(s).
- **Procedure for Appeal of Dismissal of Formal Complaint or Allegations** – A party who wishes to appeal the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance's decision to dismiss the Formal Complaint or an allegation therein, must submit the appeal in writing to the Vice President for Student Affairs and Dean of Students ("VP for Student Affairs"), explaining in detail the basis of the request, and including any supporting documentation. The VP for Student Affairs, or Designee, will review the appeal, any submission from the other party, Formal Complaint and the AVP of the Division

of Diversity, Equity and Inclusion, Office of Student Equity and Compliance’s decision to dismiss, and then issue a written decision resolving the appeal, that includes the rationale for the decision, within fourteen (14) calendar days of receipt of the appeal. The appeal decision will be issued simultaneously to both/all parties. An assigned Designee shall not be the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance, DEI Investigator (or Designee) or anyone who would be involved in the determination regarding responsibility.

- **Procedure for Appeal of Determination Regarding Responsibility/Sanctions** – A party who wishes to appeal a determination of responsibility, including any Disciplinary Sanction(s) imposed, if applicable, must submit the appeal in writing to the Vice President for Student Affairs and Dean of Students (“VP for Student Affairs”), explaining in detail the basis of the request, and including any supporting documentation. The VP for Student Affairs, or Designee, will review the written appeal, any submission from the other party, and all documentation contained in the case file. The VP for Student Affairs, or Designee, will issue a written decision resolving the appeal, that includes the rationale for the decision, within twenty-one (21) calendar days of receipt of the appeal. The written appeal decision will be issued simultaneously to both/all parties. An assigned Designee shall not be the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance, DEI Investigator (or Designee), or anyone who would be involved in the determination regarding responsibility.
- **Notification of Appeal** – If a party files an appeal, the other party(ies) will be notified and may make their own written submission in support of or challenging the decision of dismissal/determination of responsibility, to the VP for Student Affairs/Designee, no later than seven (7) calendar days after receipt of such notice.
- **Effect of Appeal** – If there is an appeal of a determination regarding responsibility, including any Disciplinary Sanction(s) imposed, the imposition of the Disciplinary Sanction(s), if applicable, will be deferred pending the decision of the appeal. However, any Interim Suspension, no contact directive or other appropriate Supportive/Interim Measure will remain in effect during the appeal process.
- **Final Decision** – An appeal may be resolved in the following manner:
 - A dismissal or determination regarding responsibility, including any Disciplinary Sanctions (if applicable), is affirmed;
 - A determination regarding responsibility is affirmed, but the Disciplinary Sanction(s)/Remedies is/are modified;
 - A dismissal is reversed, and the matter is returned to the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance to address in accordance with the policy; or
 - A determination of responsibility is reversed, and a new outcome is determined, which may include imposition of Disciplinary Sanctions/Remedies or dismissal of the charges.

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

TIMELINES

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

RETALIATION

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

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

RECORDKEEPING

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

TRAINING

The University will provide appropriate training to University officials with responsibilities under this policy, including the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance, investigator(s), decision-makers and any person who will facilitate an informal resolution process.

REASONABLE ACCOMMODATIONS

Any student with a disability who needs a reasonable accommodation to assist with reporting Sexual Misconduct, responding to claims made against them, participating in the investigation and/or adjudication process, and/or determining Supportive/Interim Measures, should advise the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance as soon as possible.

REFERENCES

- [File a Report](#)
- [File a Formal Complaint](#)
- [Office of Student Equity and Compliance](#)
- [Title IX of the Education Amendments of 1972](#)
- [Title IX Sexual Harassment/Sexual Assault Policy](#)
- [Policy Prohibiting Discrimination in the Workplace and Educational Environment](#)
- [Student Code of Conduct](#)
- [Disruptive Behavior and Workplace Violence Policy](#)
- [Good Samaritan Policy](#)

Title IX Student Sexual Harassment /Sexual Assault Policy

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

PURPOSE

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

APPLICABILITY

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

INTRODUCTION

[Title IX of the Education Amendments of 1972](#) is a federal law that prohibits sex discrimination in the University's programs and activities. It reads: "No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance." As a recipient of Federal financial assistance, Rowan University has jurisdiction over complaints alleging sex discrimination, including Sexual Harassment/Sexual Assault.

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

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

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

STANDARD OF EVIDENCE

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

DEFINITIONS/TERMINOLOGY

- **Actual knowledge** – Notice of Sexual Harassment/Sexual Assault or allegations of Sexual Harassment/Sexual Assault made to the University's Title IX Coordinator or any official of the University who has authority to institute corrective measures on behalf of the University (such as the DEI Investigator, or Dean of Students). This standard is not met when the only official of the University with Actual

Knowledge is also the Respondent. In addition, the mere fact that a third party who works for the University (such as a Responsible Employee) may become aware of allegations of Sexual Harassment/Sexual Assault, or that such individuals have the ability or obligation to report Sexual Harassment/Sexual Assault, or to inform another about how to report Sexual Harassment/Sexual Assault, or having been trained to do so, does not qualify an individual as one who has authority to institute corrective measures on behalf of the University.

- **Complainant** – An individual who is alleged to be the victim of conduct that could constitute Sexual Harassment/Sexual Assault, or on whose behalf the Title IX Coordinator has filed a Formal Complaint.
- **Consent** – Consent is informed, knowing, voluntarily and freely given permission to engage in mutually agreed upon sexual activity. The University will apply a reasonable person standard in determining whether or not consent was given, unless otherwise required by law.
 - The person giving consent must be capable of doing so freely, with the ability to understand what they are doing and the specific details (who, what, when, where and how) of the sexual contact to which they are consenting.
 - Consent may be given by words or actions, as long as those words or actions create mutually understandable permission regarding the conditions of sexual activity.
 - It is the obligation of the person initiating sexual contact to obtain clear consent for the specific type of sexual contact sought. A person’s use of alcohol and/or drugs shall not diminish such person’s responsibility to obtain consent.
 - Lack of protest does not constitute consent. Silence or passivity without words or actions that communicate mutually understandable permission cannot be assumed to convey consent.
 - Use of violence, threats, coercion or intimidation invalidates any consent given.
 - A verbal “no” even if it may sound indecisive or insincere, constitutes lack of consent.
 - Consent for one form of sexual contact does not imply consent to other forms. For example, consent to oral sex does not imply consent to vaginal/anal sex.
 - It is expected that once consent has been established, a person who changes their mind during the sexual act or sexual contact will communicate through words or overt actions their decision to no longer proceed.
 - Past consent does not constitute consent for future sexual contact/activity.
 - Persons who are unable to give valid consent under New Jersey law, (i.e. minors, individuals with mental health disabilities, etc.) are considered unable to give consent under NJ State Policy N.J.S.A.2C:4-2.
 - Consent cannot be given by a person who is unconscious or sleeping. If consent has been given while a person is conscious or awake, and then that person becomes unconscious or falls asleep, consent terminates at that point.
 - Persons who are incapacitated due to the use of drugs or alcohol cannot give consent.
- **Disciplinary sanctions** – Disciplinary Sanction(s) shall be imposed upon a Respondent where a determination of responsibility for Sexual Harassment/Sexual Assault has been made against the Respondent. Disciplinary Sanctions for student Respondents may range from a warning to expulsion. Disciplinary

Sanctions for employee Respondents may range from an oral reprimand to initiation of detenuring proceedings and termination of employment, subject to applicable laws and collective bargaining agreements. Student/employee Respondents will also be referred to appropriate authorities for criminal prosecution when appropriate, regardless of any Disciplinary Sanctions under this policy.

- **Education program or activity** – Includes any location, event, or circumstance over which the University exercises substantial control over both the Respondent and the context in which the alleged Sexual Harassment/Sexual Assault occurs. This includes all of the University’s education programs or activities, whether occurring on or off-campus, and any building owned or controlled by a student organization that is officially recognized by the University (i.e., a house owned or controlled by a University-recognized fraternity or sorority).
- **False report** – Intentionally making a report of Sexual Harassment/Sexual Assault, to a University official knowing, at the time the report was made, that the prohibited conduct did not occur and the report was false. A determination regarding responsibility, alone, will not be sufficient to conclude that any party made a materially false report in bad faith.
- **False statement** – Intentionally making a statement during the Grievance Process or Appeals Process to a University official knowing, at the time the statement was made, that it was false. A determination regarding responsibility, alone, will not be sufficient to conclude that any party or witness made a materially false statement in bad faith.
- **Formal complaint** – A document filed and signed by a Complainant, or signed by the Title IX Coordinator, alleging Sexual Harassment/Sexual Assault against a Respondent, and requesting that the University investigate the allegations of Sexual Harassment/Sexual Assault. The Formal Complaint should include in detail the nature of the complaint, dates and locations of particular events, names/contact information of witnesses (if any), the name of the individual(s) against whom the complaint is being made, and any other relevant information. At the time of filing a Formal Complaint, a Complainant must be either participating in or attempting to participate in the Education Program or Activity of the University. A Report of Sexual Harassment/Sexual Assault may be filed with the Title IX Coordinator in person, by mail, by electronic mail, or by filling out the report form found [HERE](#). Upon receipt of a Report of possible Sexual Harassment/Sexual Assault, the Title IX Coordinator, or Designee, will reach out the Complainant to discuss the Complainant’s options, including the ability to file a Formal Complaint.
- **Incapacitation** – The physical and/or mental inability to make informed, rational judgements and decisions. States of incapacitation include sleep, unconsciousness and blackouts.
 - Where alcohol or drugs are involved, incapacitation is determined by how the substance impacts a person’s decision-making capacity, awareness of consequences, and ability to make informed judgements. In evaluating whether a person was incapacitated for purposes of evaluating effective Consent, the University considers two questions:
 - Did the person initiating sexual activity know that their partner was incapacitated?
 - Should a sober, reasonable person in the same situation have known that their partner was incapacitated?If the answer to either of these questions is “yes” effective Consent was absent.
 - For purposes of this policy, incapacitation is a state beyond drunkenness or intoxication. A person is not incapacitated merely because they have been drinking or using drugs. The standard for incapacitation does not turn on technical or medical definitions, but instead focuses on whether a person has the physical and/or mental ability to make informed, rational judgments and decisions.

- A person who initiates sexual activity must look for the common and obvious warning signs that show that a person may be incapacitated or approaching incapacitation. Although every individual may manifest signs of incapacitation differently, typical signs include slurred or incomprehensible speech, unsteady gait, combativeness, emotional volatility, vomiting, or incontinence. A person who is incapacitated may not be able to understand some or all of the following questions: “Do you know where you are?” “Do you know how you got here?” “Do you know what is happening?” or “Do you know whom you are with?”
- Because the impact of alcohol and other drugs varies from person to person, one should be cautious before engaging in sexual contact or intercourse when either party has been drinking alcohol or using drugs. The introduction of alcohol or other drugs may create ambiguity for either party as to whether effective Consent has been sought or given. If one has doubt about either party’s level of intoxication, the safe thing to do is to forgo all sexual activity.
- **Remedies** – Remedies may be provided to a Complainant where a determination of responsibility for Sexual Harassment/Sexual Assault has been made against the Respondent. Remedies are designed to restore or preserve the Complainant’s equal access to the University’s Education Program or Activity. Remedies may include the same individualized services described in the Supportive/Interim Measures section below; however, unlike Supportive/Interim Measures, Remedies need not be non-disciplinary or non-punitive, and need not avoid burdening the Respondent. Remedies provided may include, but not be limited to, a one-way no contact directive; changes to housing/work arrangements; or a leave of absence.
- **Report** – Anyone may file a Report alleging an incident of Sexual Harassment/Sexual Assault of which they become aware. The Report should include as much information possible, such as details (if known) of the nature of the incident, dates of particular events, names/contact information of any Complainant, Respondent, witnesses (if any) and any other relevant information. A Report may be filed with the Title IX Coordinator in person, by mail, by electronic mail or by filling out the report form found [HERE](#).
- **Respondent** – An individual who has been reported to be the perpetrator of conduct that could constitute Sexual Harassment/Sexual Assault.
- **Responsible employees** – Certain employees, who under this policy, are required, after receiving information regarding Sexual Harassment/Sexual Assault, to report it to the Title IX Coordinator. These employees include, but are not limited to, Public Safety Police and Security Officers, managers and supervisors, coaches, club and organization advisors, faculty, Deans and Residential Learning staff (Resident Assistants, Community Safety Assistants, Resident Directors, and Residential Learning Coordinators). Notwithstanding, knowledge of an incident of Sexual Harassment/Sexual Assault by a Responsible Employee (other than those who also have authority to institute corrective measures on behalf of the University) does not constitute Actual Knowledge by the University.
- **Sanctions** – See Disciplinary Sanctions.
- **Supportive/interim measures** – See Section X below.

PROHIBITED CONDUCT

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

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

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

- **Sexual harassment** – Conduct on the basis of sex, through any medium, that satisfies one or more of the following:
 - An employee of the University conditions the provision of aid, benefit or service of the University on an individual’s participation in unwelcome sexual conduct; or
 - Unwelcome conduct determined by a reasonable person to be so severe, pervasive and objectively offensive that it effectively denies a person of equal access to the University’s Education Program or Activity.
- **Sexual assault** – Any sexual act directed against another person, without their consent or where they are incapable of giving consent. An offense that meets the definition of rape, fondling, incest or statutory rape:
 - *Rape*: The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.
 - *Fondling*: The touching of the private body parts of another person for the purpose of sexual gratification, without the consent of the victim, including instances where the victim is incapable of giving consent because of his/her age or because of his/her temporary or permanent mental incapacity.
 - *Incest*: Sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law.
 - *Statutory Rape*: Sexual intercourse with a person who is under the statutory age of consent.
- **Stalking** – Engaging in a course of conduct, through any medium, directed at a specific person that would cause a reasonable person to: (a) fear for the person's own safety or the safety of others; or (b) suffer substantial emotional distress. For the purposes of this definition:
 - Course of conduct means two or more acts, including, but not limited to, acts in which the stalker directly, indirectly or through third parties, by any action, method, device or means, follows, monitors, observes, surveils, threatens or communicates to or about a person, or interferes with a person's property;
 - Reasonable person means a reasonable person under similar circumstances and with similar identities to the Complainant;
 - Substantial emotional distress means significant mental suffering or anguish that may, but does not necessarily, require medical or other professional treatment or counseling.
- **Dating violence** – Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with another person. The existence of such a relationship shall be determined based on a consideration of the following factors: (a) the length of the relationship; (b) the type of relationship; and (c) the frequency of interaction between the persons involved in the relationship.

- **Domestic violence** – A felony or misdemeanor crime of violence committed by: (a) a current or former spouse or intimate partner; (b) a person with whom an individual shares a child in common; (c) a person who is cohabitating with, or has cohabitated with, the other person as a spouse or intimate partner; (d) a person similarly situated to a spouse of the other person under the domestic or family violence laws in which the crime of violence occurred; or (e) any other person against an adult or youth who is protected from that person's acts under the domestic or family violence laws of the jurisdiction in which the crime of violence occurred.

REPORTING OPTIONS – HOW TO FILE A REPORT/COMPLAINT

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

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

REPORTING TO LAW ENFORCEMENT

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

REPORTING TO THE UNIVERSITY

- A student/employee may choose to report an incident of Sexual Harassment/Sexual Assault to the University before they have made a decision about whether or not to report to law enforcement. A student/employee has the right to file a criminal complaint and a Title IX Formal Complaint simultaneously.

- Once a Report of Sexual Harassment/Sexual Assault has been received, whether or not a Formal Complaint has been filed, the University will provide written notification to the Complainant about existing counseling, health, mental health, student advocacy, employee advocacy, legal assistance, visa and immigration assistance, student financial aid and other services that are available at Rowan and in the surrounding communities. For more information on these services please visit [OSEC's website](#).
- Reports of incidents alleging to involve Sexual Harassment/Sexual Assault or sex discrimination in a University program or activity should be made to the Title IX Coordinator in person, by mail, by electronic mail or by filling out the report found [HERE](#).

Title IX Coordinator

Monise Princilus, Ed.S.

Associate Vice President and Title IX Coordinator of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance
 203 Savitz Hall
 856-256-5440
princilus@rowan.edu

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

Athletics / LGBTQIA+

Penny Kempf, Associate Athletic Director
 Athletics Office, Esby Gym
 856-256-4679, kempf@rowan.edu

Cooper Medical School of Rowan University

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

Rowan University School of Osteopathic Medicine

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

Graduate School of Biomedical Sciences

Dr. Diane Worrada, Director
 42 East Laurel Road, UDP, Suite 2200, Stratford, NJ
 856-566-6282, worrada@rowan.edu

Graduate Medical Education

Sheila Seddon, Assistant Director
 Academic Center Stratford, NJ
 856-566-2742, seddonsm@rowan.edu

POLICY OF IMMUNITY

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

OTHER REPORTING OPTIONS

Individuals also have the right to file a complaint with federal/state agencies that investigate Sexual Harassment, Sexual Assault and discrimination. An external complaint must be filed directly with the agency, and each agency should be consulted to determine proper deadlines for filing.

[Office of Civil Rights, U.S. Department of Education](#)

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

[Equal Employment Opportunity Commission](#)

Philadelphia District Office
801 Market Street, Suite 1000
Philadelphia, PA 19107-3126
Telephone: (800) 669-4000 / (267) 589-9700
Facsimile: (215) 440-2606
Email: PDOContact@eeoc.gov

[New Jersey Division on Civil Rights](#)

Southern Regional Office
5 Executive Campus, Suite 107
Cherry Hill, NJ 08034 map
Telephone: 856-486-4080
Facsimile: 856-486-2255

CONFIDENTIALITY

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

- **Responsible Employees:** When consulting campus resources, individuals should be aware that certain employees are Responsible Employees who under this policy are required, after receiving information regarding Sexual Harassment/Sexual Assault, to report it to the Title IX Coordinator. These include, but are not limited to, Public Safety Police and Security Officers, managers and supervisors, coaches, club and organization advisors, faculty, Deans and Residential Learning staff (Resident Assistants, Community Safety Assistants, Resident Directors and Residential Learning Coordinators). Knowledge of an incident of Sexual

Harassment/Sexual Assault by a Responsible Employee (other than those who also have authority to institute corrective measures on behalf of the University) does not constitute Actual Knowledge by the University.

If an individual has reported information to a Responsible Employee, but the individual would like for the report to remain confidential, the student should contact the Title IX Coordinator, who will evaluate the individual's request for confidentiality. The Grievance Process will only be initiated when a Formal Complaint has been filed with or by the Title IX Coordinator.

- **Confidential Resources – Students:** Students who desire that details of an incident be kept confidential can receive confidential services through the Counseling & Psychological Services Center (856-256-4333), which is located in the Wellness Center at Winans Hall. Counselors with specialized training are available to support students who report Sexual Harassment/Sexual Assault. Counselors are available to help you free of charge and can be seen on an emergency basis. The Student Health Center (856-256-4222) can also provide confidential consultation with students and may offer treatment to prevent sexually transmitted infections or pregnancy. In circumstances where the Health Center is unable to offer these services, they will provide a referral to an appropriate medical resource. In addition, you may speak with members of the clergy, who will also keep reports made to them confidential. LGBTQIA+ students who would like to speak with a confidential resource should know that every counselor at the Wellness Center is committed to supporting students of all gender identities, gender expressions, and sexual orientations. When speaking with these resources, a student's right to confidentiality is legally protected. However, there are limits to this protection in specific situations. For example, if a student discloses that the incident involved the use of a weapon or other contraband as defined by New Jersey law, or there is an ongoing threat or danger to the safety of another person (particularly children or the elderly), these resources may be required to report the incident to police.
- **Confidential Resources – Employees:** Employees who desire that details of an incident be kept confidential can receive confidential services through the New Jersey Employee Advisory Service (1-866-327-9133).
- **Federal Statistical Reporting and Federal Timely Warning Obligations:** Certain campus officials have a duty to report Sexual Harassment/Sexual Assault for federal statistical reporting purposes. All personally identifiable information is kept confidential, but statistical information must be passed along to campus law enforcement regarding the type of incident and its general location (on or off-campus, in the surrounding area, etc. – with addresses withheld), for publication in the annual Campus Security Report. This report helps to provide the community with a clear picture of the extent and nature of campus crime to ensure greater community safety.

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

SUPPORTIVE/INTERIM MEASURES

Non-disciplinary, non-punitive individualized services will be offered to the Complainant and/or Respondent, as appropriate and as reasonably available, without fee or charge, where no Formal Complaint has been filed, or before or after the filing of a Formal Complaint. Such measures are designed to restore or preserve equal access to the University's Education Program or Activity without unreasonably burdening the other party, including measures designed to protect the safety of all parties, the University's educational environment and/or to deter Sexual Harassment/Sexual Assault.

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

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

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

ADVISORS

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

Other than as provided in this policy, Advisors may not speak on behalf of the party.

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

The Advisor has the right to accompany the Complainant or Respondent to any meetings with the Title IX Coordinator, DEI Investigator (or their Designee), or University administrators, and the party has the right to communicate with their Advisor during any meeting. The Advisor may also assist the Complainant or Respondent during the investigation, preparing/submitting a response to the investigation report, attend the live hearing or assist with the filing of an appeal.

The Advisor does not have speaking privileges during the investigation/investigatory interviews. The Title IX Coordinator or designee will exercise control over the investigation. Anyone who disrupts an investigatory interview or who fails to adhere to University policies may be asked to leave an investigatory interview.

With respect to the Hearing, if a Complainant or Respondent does not have an Advisor, one will be provided by the University. The Advisor is to conduct cross examination on behalf of the party at the Hearing, as the parties may not conduct cross-examination on their own behalf.

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

GRIEVANCE PROCESS/PROCEDURES

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

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

The University will treat Complainants and Respondents equitably by providing Remedies to a Complainant where a determination of responsibility for Sexual Harassment/Sexual Assault has been made against the Respondent, and by following the Grievance Process before the imposition of any Disciplinary Sanctions or other actions, that are not Supportive/Interim Measures, are taken against a Respondent.

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

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

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

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

DISMISSAL OF A FORMAL COMPLAINT

- The Title IX Coordinator must dismiss the Formal Complaint, or allegations therein, at any time, if it is determined that the conduct alleged: (i) would not constitute Sexual Harassment/Sexual Assault, even if proven; (ii) did not occur while the Complainant was participating in, or attempting to participate in, the University's Education Program or Activity; or (iii) did not occur against a person in the United States. Such a dismissal does not preclude the University from taking action under another provision of the University's policies.
- The Title IX Coordinator, in his/her discretion, may also dismiss the Formal Complaint, or allegations therein, if at any time during the Grievance Process, the following occurs: (1) the Complainant notifies the Title IX Coordinator in writing that the Complainant would like to withdraw the Formal Complaint, or any allegations therein; (ii) the Respondent is no longer enrolled or employed by the University; or (iii) specific circumstances prevent the University from gathering evidence sufficient to reach a determination as to the Formal Complaint or allegations therein.
- Written notice of any required or permitted dismissal, including any reason(s) therefore, shall be promptly sent to the parties simultaneously. This notice will also advise the parties of their appeal rights in accordance with this policy.

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

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

- A link to the University's Title IX Sexual Harassment/Sexual Assault Policy, so the parties can review the University's Grievance Process, including the Informal Resolution Process;

- Sufficient detail, of what is known at the time, related to the allegations of Sexual Harassment/Sexual Assault, including details such as the identities of the parties involved, the conduct allegedly constituting Sexual Harassment/Sexual Assault, and the date(s) and location(s) of the alleged incident(s);
- A statement that the Respondent is presumed not responsible for the alleged conduct, and that a determination regarding responsibility will be made at the conclusion of the Grievance Process;
- Information that the parties may have an Advisor of their choice, who may be, but is not required to be, an attorney;
- A statement that the parties and their Advisors will have the right to inspect and review evidence during the investigation of a Formal Complaint; and
- Reference to the provisions within the Title IX Sexual Harassment/Sexual Assault Policy that prohibits knowingly making False Reports or False Statements.

Such notice will be provided to the parties within a reasonable period of time prior to conducting any investigatory interview, so that the parties have time to prepare and meaningfully respond.

If, in the course of an investigation, the University decides to investigate allegations about the Complainant or Respondent that were not included in the initial notice, the University will provide notice of the additional allegations to be investigated, to the known parties.

FORMAL RESOLUTION PROCESS

- **Written Notice of Meetings, Interviews, Hearings** – Written notice of the date, time, location, participants and purpose of all investigative interviews, hearings or any other meetings, will be provided to any party whose participation is invited or expected, with sufficient time for the party to prepare to participate.
- **Investigation of a Formal Complaint** – After notification of the allegations in the Formal Complaint has been sent, the DEI Investigator, or Designee, will promptly initiate an investigation within seven (7) calendar days. The investigation shall be completed in a reasonably prompt manner, and should be completed within ninety (90) calendar days from the time the Formal Complaint is filed.
 - The investigation will include interviews of the Complainant(s), Respondent(s) and any witnesses/individuals believed to have information relevant to the allegations, as well as the collection of any relevant evidence.
 - Each party is permitted to have their Advisor present during any investigatory interview, or other meeting. However, while the party has the right to communicate with their Advisor during any meeting, the Advisor does not have speaking privileges during the investigation/investigatory interviews.
 - The investigator will not access, consider, disclose or otherwise use a party's records that are made or maintained by a physician, psychiatrist, psychologist or other recognized professional/paraprofessional acting in the professional/paraprofessional's capacity or assisting in that capacity, and which are made and maintained in connection with the provision of treatment to the party, unless the investigator obtains that party's voluntary, written consent to do so for a Grievance Process.
 - The parties and their Advisors are not restricted from discussing the allegations under investigation for the purpose of gathering and presenting evidence to the investigator.

- During the investigation, the parties will be provided the opportunity to present witnesses, including fact and expert witnesses, and other inculpatory (evidence implying or imputing responsibility) and exculpatory (evidence exonerating responsibility) evidence.
- **Investigation Report** – The DEI Investigator or Designee will prepare an Investigation Report that fairly summarizes relevant evidence and preliminary findings of fact.
 - An initial Investigation Report, along with all of the evidence gathered by the investigator (any evidence obtained as part of the investigation, that is related to the allegations in the Formal Complaint, including information that will not be relied upon in reaching a determination and without regard to the source of the information), will be shared with the parties and their Advisors (if any) simultaneously. Names and other identifying information of individuals in the report/evidence may be redacted if required by the Family Educational Rights and Privacy Act ("FERPA"). The parties and their Advisors must keep the evidence confidential and not share it with anyone, except for the purpose of gathering and presenting relevant evidence to provide to the investigator within the 10-day period. Failure to abide by this confidentiality obligation may subject a party or Advisor to disciplinary action by the University.
 - Each party may respond to the investigator in writing, within ten (10) calendar days of receipt of the initial report/evidence.
 - After reviewing any timely submitted responses by the parties, within fourteen (14) calendar days, the investigator will prepare a final Investigation Report. The final Investigation Report will fairly summarize the relevant evidence and findings of fact.
 - The parties and their Advisors (if any) will be simultaneously provided with an electronic or hard copy of the final Investigation Report. A copy of the final Investigation Report will also be forwarded at the same time to the Office of Community Standards, for the scheduling of a Hearing.
- **Hearing** – A Hearing should be scheduled by the Office of Community Standards no later than thirty (30) calendar days after receipt of the final Investigation Report.
 - Each party may have one Advisor attend the Hearing, who will be responsible for conducting cross-examination and questioning on behalf of the party. Prior to the scheduled Hearing, each party will be asked to identify their Advisor who will be present for the Hearing. If a party does not have an Advisor, the University will provide one to them.
 - Prior to the scheduled Hearing, the parties will be provided an opportunity to make a request for witnesses to participate in the Hearing on their behalf. The parties must notify the AVP of Civic Involvement, or Designee, of any witnesses at least seven (7) calendar days prior to the Hearing. The parties will also be advised of potential Hearing panelists, and provided the opportunity to object to a panelist based on a conflict of interest.
 - If the matter to be heard had originally attempted, but was unsuccessful at, the Informal Resolution Process, any information related to the Informal Resolution Process will not be admissible during the Hearing. In addition, the individual who facilitated the Informal Resolution Process may not be called as a witness at the Hearing.
 - A matter will be heard by a Hearing Panel consisting of three (3) voting members, one of whom will be the Hearing Chair. The Hearing Chair will exercise control over the manner in which the Hearing is conducted, including being responsible for managing the cross-examination and questioning process in accordance with applicable law/policy. The decisions regarding responsibility and any Disciplinary Sanctions, if applicable, will be determined by a majority vote.

- Hearings may be conducted with all parties physically present in the same geographic location or, at the University's discretion, any or all parties, witnesses, and other participants may appear at the Hearing virtually, with technology enabling participants simultaneously to see and hear each other. For Hearings occurring in-person, at the request of a party, the University will provide for the Hearing to occur with the parties located in separate rooms with technology enabling the Hearing Panel, parties and their Advisors to simultaneously see and hear the party or the witness answering questions.
- Both/all parties shall be permitted to be present during testimony of all witnesses and presentation of the evidence throughout the Hearing.
- Hearing Panel members will be provided access to the final Investigation Report and evidence at least twenty-four (24) hours prior to the Hearing. However, while the Hearing Panel members may consider the final Investigation Report as evidence, the Hearing Panel will function as an independent adjudicating body and will not be bound by any findings made by the investigator.
- At the beginning of the Hearing, the Hearing Chair, along with the other members of the Hearing Panel, will enter their names into the recording. The parties and their Advisors will also enter their names into the recording.
- The Hearing Chair will ask if the Respondent has received the original notice of allegation(s) letter and understands the nature of the charges.
- The Hearing Chair will then confirm that the Hearing Panel members and the parties have received copies of the Formal Complaint, notice of allegation(s) letter, list of witnesses, along with the final Investigation Report.
- The remainder of the Hearing will customarily proceed in the following order:
 - Opening statement from the Complainant;
 - Opening statement from the Respondent;
 - Questioning of the investigator – the Hearing Panel and parties' Advisors will have the opportunity to question the investigator;
 - Questioning of Complainant by Hearing Panel;
 - Cross-examination of Complainant by Respondent's Advisor;
 - Questioning of Respondent by Hearing Panel;
 - Cross-examination of Respondent by Complainant's Advisor;
 - Questioning of witnesses – each witness will be called one at a time, questioned separately, and dismissed at the conclusion of their testimony. Each witness may be questioned by the Hearing Panel, as well as the parties' Advisors;
 - Final questions of the Complainant(s)/Respondent(s) from the Hearing Panel;
 - Respondent's final statement; and
 - Complainant's final statement.
- Each party's Advisor will be permitted to ask the other party and any witnesses all relevant questions and follow-up questions, including those challenging credibility. Cross-examination conducted by the Advisors must be done directly, orally and in real time.
- Only relevant cross-examination and other questions may be asked of a party or witness. Before a Complainant, Respondent, or witness answers a cross-examination or other question, the Hearing Chair will first determine whether the question is relevant and then explain any decision to exclude a question as not relevant.

- Questions and evidence about the Complainant's sexual predisposition or prior sexual behavior are not relevant, unless such questions and evidence: (1) are offered to prove that someone other than the Respondent committed the conduct alleged by the Complainant, or (2) concern specific incidents of the Complainant's prior sexual behavior with respect to the Respondent and are offered to prove Consent.
- The presentation of evidence by a party (including opening statements), questions directed to participants and final statements may be constrained to specified time periods when cumulative or as otherwise deemed appropriate by the Hearing Chair.
- If a party or witness does not submit to cross-examination at the Hearing, the Hearing Panel may not rely on any statement of that party or witness in reaching a determination regarding responsibility. In addition, the Hearing Panel may not draw an inference about the determination regarding responsibility based solely on a party or witness's absence from the Hearing, or refusal to answer cross-examination or other questions.
- Formal rules of evidence that are applicable to civil and criminal trials are not applicable to the Hearing.
- All Hearings will be closed to the public, and the only individuals who are permitted to attend are the Complainant(s), Respondent(s), their Advisors, the Hearing Panel and any witnesses called to provide testimony. In addition, University administrators (i.e., legal counsel) may also attend the Hearing with prior approval from the Hearing Chair.
- All Hearings will be audio and/or video recorded. Upon request, a digital file will be made available to the parties for inspection and review.
- **Written Determination Regarding Responsibility/Disciplinary Sanctions** – Within fourteen (14) calendar days following the Hearing, the decision-maker(s) will issue a written determination regarding responsibility, and Disciplinary Sanctions and/or Remedies (if applicable).
 - If a Respondent has a record of prior disciplinary violations by the University, unless otherwise permissible, this information will not be considered by the Hearing Panel until after a determination of responsibility has been made, to assist the Hearing Panel in determining appropriate Disciplinary Sanctions.
 - The written determination will include:
 - A summary of the allegations of Sexual Harassment/Sexual Assault;
 - A description of the procedural steps taken from the receipt of the Formal Complaint through the determination, including any notices to the parties, interviews with parties and witnesses, site visits, methods used to gather other evidence, evidence considered and hearings held;
 - Findings of fact supporting the determination;
 - Conclusions regarding the application of the University's Title IX Sexual Harassment/Sexual Assault Policy to the facts;
 - A statement of, and rationale for, the result as to each allegation, including a determination regarding responsibility, any Disciplinary Sanction(s) the University will impose on the Respondent, and whether Remedies designed to restore or preserve equal access to the University's Education Program or Activity will be provided by the University to the Complainant; and
 - Information regarding the University's process and permissible bases for the Complainant and Respondent to appeal.
 - The University will provide the written determination to the parties simultaneously.

- The determination regarding responsibility becomes final either on the date that the University provides the parties with the written determination of the result of an appeal, if any appeal is filed; or if an appeal is not filed, the date on which an appeal would no longer be considered timely.

INFORMAL RESOLUTION PROCESS

At any point after a Formal Complaint has been filed, but before a determination of responsibility has been made, the University offers the opportunity for the parties to take part in an Informal Resolution Process, as an alternative to the Formal Resolution Process. Allegations of Sexual Harassment/Sexual Assault made by a student against an employee may not be resolved through Informal Resolution.

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

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

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

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

If the parties reach an Informal Resolution of a Formal Complaint, an agreement that outlines the terms agreed upon by the parties will be prepared and signed by all parties. Each/all parties will be provided with a copy of the signed agreement, and the University will retain a copy in accordance with applicable law and its recordkeeping requirements. Agreements reached via the Informal Resolution Process shall be final and cannot be appealed. Any agreement reached through the Informal Resolution Process will provide that a student's failure to comply with the terms of the signed agreement may result in disciplinary action in accordance with the Student Code of Conduct; and an employee's failure to comply with the terms of a signed agreement may result in disciplinary action, up to and including termination.

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

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

APPEALS PROCESS

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

- **Time to File an Appeal** – An appeal must be in writing and filed within seven (7) calendar days of the date of the letter informing the parties of the dismissal decision; or the determination regarding responsibility, including any imposition of Disciplinary Sanctions, if applicable. If an appeal is not filed within seven (7) calendar days, the dismissal decision or determination regarding responsibility (including Disciplinary Sanctions, if applicable) will be deemed final.
- **Bases for Appeal** – Review of an appeal will be limited to the following bases:
 - Procedural irregularity or substantive error that affected the outcome of the matter. Deviations from the University's policy/procedures will not be a basis for sustaining an appeal unless significant prejudice resulted;
 - New evidence that was not reasonably available at the time the determination regarding responsibility or dismissal was made, that could affect the outcome of the matter;
 - The Title IX Coordinator, investigator(s), or decision-maker(s) had a conflict of interest or bias for or against complainants or respondents generally or the individual Complainant or Respondent that affected the outcome of the matter; or
 - The Disciplinary Sanction(s) imposed were substantially disproportionate or not appropriate in light of the violation(s).
- **Procedure for Appeal of Dismissal of Formal Complaint or Allegations** – A party who wishes to appeal the Title IX Coordinator's decision to dismiss the Formal Complaint or an allegation therein, must submit the appeal in writing to the Vice President for Student Affairs and Dean of Students ("VP for Student Affairs"), explaining in detail the basis of the request, and including any supporting documentation. The VP for Student Affairs, or Designee, will review the appeal, any submission from the other party, Formal Complaint and the Title IX Coordinator's decision to dismiss, and then issue a written decision resolving the appeal that includes the rationale for the decision, within fourteen (14) calendar days of receipt of the appeal. The appeal decision will be issued simultaneously to both/all parties. An assigned Designee shall not be the Title IX Coordinator, DEI Investigator (or Designee), or anyone who would be involved in the determination regarding responsibility.
- **Procedure for Appeal of Determination Regarding Responsibility/Sanctions** – A party who wishes to appeal a determination of responsibility, including any Disciplinary Sanction(s) imposed, if applicable, must submit the appeal in writing to the Vice President for Student Affairs and Dean of Students ("VP for Student Affairs") explaining in detail the basis of the request, and including any supporting documentation. The VP for Student Affairs, or Designee, will review the written appeal, any submission from the other party, and all documentation contained in the case file. The VP for Student Affairs, or Designee, will issue a written decision resolving the appeal, that includes the rationale for the decision, within twenty-one (21) calendar days of receipt of the appeal. The written appeal decision will be issued simultaneously to both/all parties. An assigned Designee shall not be the Title IX Coordinator, DEI Investigator (or Designee), or anyone who would be involved in the determination regarding responsibility.
- **Notification of Appeal** – If a party files an appeal, the other party/parties will be notified and may make their own written submission in support of or challenging the decision of dismissal/determination of responsibility, to the VP for Student Affairs/Designee, no later than seven (7) calendar days after receipt of such notice.

- **Effect of Appeal** – If there is an appeal of a determination regarding responsibility, including any Disciplinary Sanction(s) imposed, the imposition of the Disciplinary Sanction(s), if applicable, will be deferred pending the decision of the appeal. However, any Interim Suspension, no contact directive or other appropriate Supportive/Interim Measure will remain in effect during the appeal process.
- **Final Decision** – An appeal may be resolved in the following manner:
 - A dismissal or determination regarding responsibility, including any Disciplinary Sanctions (if applicable), is affirmed;
 - A determination regarding responsibility is affirmed, but the Disciplinary Sanction(s)/Remedies is/are modified;
 - A dismissal is reversed, and the matter is returned to the Title IX Coordinator to address in accordance with the policy; or
 - A determination of responsibility is reversed, and a new outcome is determined, which may include imposition of Disciplinary Sanctions/Remedies or dismissal of the charges.

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

TIMELINES

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

RETALIATION

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

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

RECORDKEEPING

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

TRAINING

The University’s Title IX Coordinator, investigator(s), decision-makers, and any person who will facilitate an informal resolution process, shall receive training, as applicable, on the definition of Sexual Harassment/Sexual Assault, the scope of the University’s Title IX Sexual Harassment/Sexual Assault Policy, the University’s Education Program or Activity, how to conduct an investigation, how to conduct a hearing, the appeal process and informal resolution process. They will also receive training on how to serve impartially, including by avoiding prejudgment of the facts at issue, conflicts of interest and bias.

Individuals who will investigate Title IX matters under this policy shall also receive training on issues of relevance to create an investigative report that fairly summarizes relevant evidence.

In addition, any decision-makers shall receive training on the technology to be used at a live hearing as well as on issues of relevance of questions and evidence, including when questions and evidence about the Complainant's sexual predisposition or prior sexual behavior are not relevant.

The University will use materials to train the Title IX Coordinator, investigator(s), decision-makers and any person who will facilitate an informal resolution process, that do not rely on sex stereotypes and promote impartial investigations and adjudications of Formal Complaints of Sexual Harassment. These training materials will be made available on the University's website.

REASONABLE ACCOMMODATIONS

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

REFERENCES

- [File a Report](#)
- [File a Formal Complaint](#)
- [Office of Student Equity and Compliance](#)
- [Title IX of the Education Amendments of 1972](#)
- [Student Sexual Misconduct and Harassment Policy](#)
- [Policy Prohibiting Discrimination in the Workplace and Educational Environment](#)
- [Student Code of Conduct](#)
- [Disruptive Behavior and Workplace Violence Policy](#)
- [Good Samaritan Policy](#)

Technical Standards Required for Admission to and Completion of the MD Degree

POLICY: Technical Standards required for admission to and completion of the MD Degree.

PURPOSE: To delineate the technical and behavioral requirements essential to the successful completion of the MD program at CMSRU.

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

PROCEDURE:

1. TECHNICAL STANDARDS

Technical Standards delineate the essential abilities and characteristics required for completion of the MD degree and are not intended to deter any students for whom reasonable accommodation will allow them to fulfill the requirements of the program. They consist of certain minimum physical, cognitive abilities and emotional characteristics to assure candidates for admission, promotion and graduation are able to participate fully in all aspects of medical training with or without reasonable accommodation. The technical standards are annually approved by the Executive Council acting on behalf of the faculty. Each year students, by signing the

CMSRU Student Handbook attestation, will review and attest to their continued ability to meet the technical standards with or without reasonable accommodations.

CMSRU applicants and students shall have the following abilities and skills:

a. **Observation:**

Students should be able to obtain information from demonstrations and experiments in the basic sciences. Students should be able to assess a patient and evaluate findings accurately. These skills require the use of vision, hearing and touch or the functional equivalent.

b. **Communication:**

Students should be able to communicate with patients in order to elicit information, detect changes in mood, activity, and to establish a therapeutic relationship. Students should be able to communicate effectively and sensitively with patients and all members of the health care team both in person and in writing.

c. **Motor:**

Students should, after a reasonable period of time, possess the capacity to perform a physical examination and perform diagnostic maneuvers. Students should be able to execute some motor movements required to provide general care to patients and provide or direct the provision of emergency treatment of patients. Such actions require some coordination of both gross and fine muscular movements, balance, and equilibrium.

d. **Intellectual-Conceptual, Integrative and Quantitative Abilities:**

Students should be able to assimilate detailed and complex information presented in both didactic and clinical coursework and engage in problem solving. Candidates are expected to possess the ability to measure, calculate, reason, analyze, synthesize, and transmit information. In addition, students should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures and to adapt to different learning environments and modalities.

e. **Behavioral and Social Attributes:**

Students should possess the emotional health required for full utilization of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients and the development of mature, sensitive and effective relationships with patients, fellow students, faculty and staff. Students should be able to tolerate physically taxing workloads and to function effectively under stress. They should be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, professionalism, interest, and motivation are all personal qualities that are expected during the education processes.

f. **Ethics and Professionalism:**

Students should maintain and display ethical and moral behaviors commensurate with the role of a future physician in all interactions with patients, faculty, staff, students and the public. The candidate is expected to understand the legal and ethical aspects of the practice of medicine and function within the law and ethical standards of the medical profession.

2. COMMITMENT TO EQUAL ACCESS:

CMSRU is committed to diversity and to attracting and educating students who will make the population of health care professionals' representative of the national population, including those with disabilities. As such, CMSRU actively collaborates with students to develop innovative ways to ensure accessibility and to create a respectful and accountable culture through our confidential and specialized disability support. Admitted students with disabilities are accommodated individually. We are committed to excellence in accessibility; we encourage students with disabilities to disclose and seek accommodations.

3. REASONABLE ACCOMMODATIONS

- a. CMSRU is committed to making reasonable accommodations for qualified students with disabilities who are able to fulfill the essential requirements and technical standards of CMSRU's program. We wish to ensure that access to our facilities, programs, and services are available to students with disabilities. CMSRU provides reasonable accommodations to students on a non-discriminatory basis consistent with legal requirements as outlined in the Americans with Disabilities Act (ADA) of 1990, the Americans with Disabilities Act Amendments ACT (ADAAA) of 2008, and the Rehabilitation Act of 1973.

- b. Admitted candidates with disabilities are confidentially reviewed by the Office of Student Affairs to determine whether there are any reasonable accommodations or alternative mechanisms that would permit the candidate to satisfy the standards. This process is informed by the knowledge that students with varied types of disability have the ability to become successful health professionals. If you are an applicant with a disability who may require accommodations in our program, we encourage you to contact Dr. Marion Lombardi at lombardim@rowan.edu or (856) 361-2805 for a confidential consultation.

Attestation

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

[Click Here to Complete Attestation Form](#)