



Cooper Medical School
of Rowan University

Student Handbook



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

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**Cooper Medical School
of Rowan University**

Mission Statement

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

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

Vision

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

Goals

Educational:

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

Research:

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

Community:

- Help to build a healthier community through education and medical care of its members.

A Message from the Founding Dean



Dear CMSRU students,

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

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

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

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

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

With warmest regards,

A handwritten signature in blue ink that reads "Paul Katz". The signature is written in a cursive, slightly stylized font.

Paul Katz, MD

The Origins of Cooper Medical School of Rowan University

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

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

About Rowan University

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

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

News & World Report ranked Rowan's College of Engineering 15th among undergraduate/master's programs and placed three of its four programs in the top 10 (with Chemical Engineering second in the nation).

About the Cooper Health System

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

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

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

Leadership Team



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Academic Calendar 2015-2016

M1 – Class of 2019

August 11	Fall Term Begins
August 11 – 14	Orientation
August 14	Advisory Colleges Cup Challenge
August 17	Fall Term Classes Begin
August 17 – September 11	Fundamentals, module 1 (4 weeks)
September 7	Labor Day – No Classes
September 11	White Coat Ceremony
September 14 – October 9	Fundamentals, module 2 (4 weeks)
September 25 - 28	No Classes
October 12 – 23	Week on the Wards I (2 weeks)
October 26 – November 20	Fundamentals, module 3 (4 weeks)
November 23 – December 18	Fundamentals, module 4 (4 weeks)
November 26 – 29	Thanksgiving Break
December 18	Fall term classes end
December 19	Hold date for Fundamentals Exam Rescheduling due to unforeseen circumstances
December 19	Fall term ends
December 21	Winter break (2 weeks)
January 4	Spring Term Begins
January 4 – January 29	Life Stages (4 weeks)
January 18	Martin Luther King Day of Service
February 1 – February 26	Infectious Diseases (4 weeks)
February 29 – March 18	Hematology-Oncology (3 weeks)
March 21 – March 27	Spring break (1 week)
March 28 – April 8	Hematology-Oncology (2 weeks)
April 11 – May 6	Skin and Musculoskeletal Systems, module 1 (4 weeks)
April 29	Advisory Colleges Spring Cup Challenge
May 9 – June 3	Skin and Musculoskeletal Systems, module 2 (4 weeks)
May 30	Memorial Day – No Classes
June 3	Spring term classes end
June 6 – June 24	M1 Remediation Period
June 24	Spring term ends

M2 – Class of 2018

August 10	Fall Term Begins
August 10	Fall Term Classes Begin
August 10 – September 11	Cardiovascular (5 weeks)
August 10	M2 Orientation – afternoon
August 14	Cup Challenge – afternoon
September 7	Labor Day – No Classes
September 14 – October 9	Pulmonary (4 weeks)
September 25 - 28	No Classes
October 12 – October 30	Endocrine (3 weeks)
October 23	IPE Experience with Rutgers Camden students
November 2- 25	Gastroenterology (4 weeks)
November 26 – 29	Thanksgiving Break
November 30 – December 18	Urology-Renal (3 weeks)
December 18	Fall Term Classes End
December 18	Fall Term Ends
December 19– January 3	Winter break (2 weeks)
January 4	Spring Term Begins
January 4 – 15	Urology-Renal (2 weeks)
January 18	Martin Luther King Day of Service
January 19 – 22	Week on the Wards II (1 week)
January 25 – February 19	Women’s Health (4 weeks)
February 22 – March 18	ENT-Allergy (4 weeks)
March 21 – 27	Spring break (1 week)
March 28 – April 15	Neurology-Psychiatry, module 1 (3 weeks)
April 18 – May 6	Neurology Psychiatry, module 2 (3 weeks)
April 29	Advisory Colleges Spring Cup Challenge
May 6	Spring term Classes End
May 9 – May 27	M2 Remediation Period
May 27	Spring Term Ends
May 30	Memorial Day – No Classes
May 9 – July 1	M2 Step 1 Intensive Study Period and Examination (Step 1 must be taken prior to July 2, 2016)

M3 – Class of 2017

July 6	Fall Term Begins
July 6	Fall Term Classes
July 6-10	M3 Orientation Week
July 13 – August 21	Block 1
August 24 – October 2	Block 2
September 7	Labor Day - No Classes
September 25 – 28	No Classes
October 5-9	Elective 1
October 12 – November 20	Block 3
November 23-27	Study Week
November 30 – December 11	Block 4a
December 14-18	M3 Formative CCSSA and OSCE
December 18	Fall Term Classes End
December 18	Fall Term Ends
December 21 – January 3	Winter Break
January 4	Spring Term Begins
January 4-29	Block 4b
January 18	MLK Day of Service
February 1 – March 11	Block 5
March 14-18	Elective 2
March 21 – April 29	Block 6
April 29	Advisory Colleges Spring Cup Challenge
May 2-6	Elective 3
May 9 – June 17	Block 7
May 30	Memorial Day – No Classes
June 20-24	Summative OSCE Week
June 27 – July 1	Exam Week
July 1	<p>Spring Term Classes End</p> <ul style="list-style-type: none"> Students are encouraged to take Step 2 CK, CS as soon as possible after completing the M3 year. <p><i>Students are required to take Step 2 CK, CS by November 30, 2016.</i></p>

M4 – Class of 2016

July 6	Fall Term Begins
July 6 – 31	Block 1 (4 weeks)
August 3 –28	Block 2 (4 weeks)
August 31 – September 24	Block 3 (4 weeks)
September 25 - 28	No Classes
September 29 – October 23	Block 4 (4 weeks)
October 26 – November 20	Block 5 (4 weeks)
November 23 – December 18	Block 6 (4 weeks)
December 18	Fall Term Classes End
December 18	Fall Term Ends
December 21	Spring Term Begins
December 21– January 15	Block 7 (4 weeks)
January 18	MLK Day of Service
January 19 – February 12	Block 8 (4 weeks)
February 15 – March 11	Block 9 (4 weeks)
March 14 – 18	Match Week and SW Capstone Presentations – all students must be present on the CMSRU campus
March 21 – April 15	Block 10 (4 weeks)
April 15, 2016	Spring Term Classes End
April 18 – May 13	Remediation Period (4 weeks)
May 13	Spring Term Ends
May 9	Graduation



Our Locations

Medical Education Building

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



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

Cooper University Hospital

1 Cooper Plaza
Camden, NJ
(856)342-2000

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

Camden Campus Map:



The Glassboro Campus of Rowan University

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

Student Life

On-Campus Dining

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

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

ID/Access Cards

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

Medical Supplies

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

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

Lockers

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

Gym

CMSRU has become an external community partner with Rutgers University, Camden, NJ, which allows students to utilize the Rutgers Gym for a fee. The cost for joining the Rutgers Gym in Camden for 2015/2016 is \$240 annually, July 1-June 30.

The Rutgers Gym brochures and a membership application can be accessed at <http://recreation.camden.rutgers.edu/memberships> Please, when completing the application, be certain to check the External Community Partnerships category and write CMSRU within the Organization Name field. The Rutgers Fitness Center website is located here: <http://recreation.camden.rutgers.edu/>. It provides gym hours and policies/procedures. **NOTE:** CMSRU students must have a valid Cooper Medical School of Rowan University Student ID on hand when purchasing the membership AND when accessing the Fitness Center each day.

A full range of equipment and amenities are available daily. According to Ms. Freed, Rutgers Asst. Director of Athletics and Recreational Services, the specific courts (basketball, racquetball, etc.) are scheduled on a daily basis and you can either check in person or call prior to arrival to check on their availability, and also request to schedule a court as well. Additionally, she states “External members are able to use all of the amenities of the gym. They just can’t participate in Rutgers intramurals or clubs.”

Meter Parking ONLY-City Meters 15 minutes for \$0.25, 12 hour max (Meters indicate hours enforced) Camden County Deck 856-968-1393 (Behind the University Bookstore). However, if there is no parking available you can contact parking services to receive a parking pass Rutgers University Police Department: 409 N. 4th Street, Camden NJ, 08102, (856) 225-6137-Monday-Friday 8:30am - 12:30pm & 1:30pm - 4:00pm.

Please contact Karen Freed if you have any questions regarding the Rutgers Gym Facility:

Karen Freed, Assistant Director of Athletics & Recreational Services/SWA, Rutgers University - Camden, 301 Linden Street, Camden, NJ 08102, ph: 856.225.6200, fax: 856.225.6024, karen.freed@camden.rutgers.edu

Wellness at CMSRU



The CMSRU Wellness Committee has been active for more than three years and is comprised of students who are committed to the health and well-being of the CMSRU community. **The CMSRU Wellness Committee Mission:** CMSRU is committed to providing tools to encourage all dimensions of well-being of our students, faculty and staff fostering principles of ‘self-care’ translating to improved education, research and clinical care for patients and for our community. **The CMSRU Wellness Committee Vision:** CMSRU will distinguish itself as a premier medical school fostering health and well-being through curriculum, research and community outreach in an environment where there is a shared and accepted commitment to all dimensions of personal well-being.

Aligning with the establishment of a culture of wellness at CMSRU, a fitness studio and meditation rooms were retrofitted on the 4th floor of the CMSRU Medical Education Building in April 2014. The 1,690 square foot Wellness studio is used for instructor-led and/or video recorded fitness sessions. Some small equipment is available such as fitness balls, yoga mats,

free weights (up to 10 lbs.), weighted bars, jump ropes, resistance bands, medicine balls, and a punching bag. The Yoga/Meditation Room is for small yoga or fitness classes (4-8 capacity) or for group meditation or prayer. The Private Meditation Room is intended for brief (15-20 minute) individual meditation/relaxation time. It also serves as a quiet retreat for prayer or nursing infants.

Students are encouraged to get involved on any of the following Wellness sub-committees: Gym & Fitness; Food & Nutrition; Community Outreach; Communications; and Mental Health & Life Balance. For more information about CMSRU Wellness, please contact Brittany Gottsch Gottsch@rowan.edu

Public Safety

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

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

Student Selection

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

Requirements

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

Suggested Course Work

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

Required Courses

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

Recommended Courses

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

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

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

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

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

The Admission Process

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

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

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

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

background. The potential match to the mission of CMSRU will be highly valued. An applicant's personal statement and history of involvement with community-based efforts will weigh heavily in the consideration of students, and students who show evidence of potential to contribute in a valuable way to the CMSRU environment and the medical profession, and who meet the academic admission criteria, will be invited to interview.

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

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

Diversity

Diversity Statement

Cooper Medical School of Rowan University (CMSRU) is committed to providing an academic and work environment that respects the contributions, talents, and diverse experiences of our students, faculty, and staff. Our core values include a commitment to diversity, collaboration, and mutual respect. We embrace the philosophy that excellence in medical education, research, and clinical practice is best achieved through promoting diversity in its broadest definition and maintaining an academic and work environment free of discrimination.



We pledge to build and sustain a learning community where diversity is celebrated, and to foster access to medical education to learners from all segments of society. We consider inclusivity to be a responsibility of everyone in our learning environment.

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

DIVERSITY POLICY

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

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

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

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

DEFINITIONS:

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

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

PROCEDURE:

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

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

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

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

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.

This section of the handbook will:

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

Note:

This handbook is not intended to present a complete 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.

Institutional Learning Objectives

Medical Education

Competencies, Program Objectives, and Outcome Measures

(Reviewed by the CMSRU Curriculum Committee October 21, 2015)

General Competency	Medical Education Program Objective(s)	Outcome Measure(s)
Medical Knowledge: Students will demonstrate knowledge of existing and evolving scientific information and its application to patient care	Demonstrate a strong basic science foundation in the understanding of health and disease	Formative Quizzes, TBL scores (IRAT/GRAT), Faculty Developed Examination Questions, NBME Customized Examination Questions, NBME Subject Examinations, Practical Examinations, Weekly ALG Student Assessments
	Perform a complete history & physical examination	Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 & M4 Mini-CEX Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessment; OSCEs, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives
	Recognize the various determinants of health , including genetic background, culture, nutrition, age, gender and societal issues	Foundations of Medical Practice Clinical Skills Examinations, Scholar's Workshop Examinations in M1 & M2 related to Societal Health Care Issues, Ambulatory Clerkship Behavior Checklist Assessments, Ambulatory Clerkship Service Learning Reflective Essays, Life Stages TWA Assessment
	Access and critically evaluate current medical information and scientific evidence, and apply this knowledge to clinical problem-solving	Scholar's Workshop Projects, Scholar's Workshop Group Critical Appraisal Project, M3 Mid-Year and End-of-Year Preceptor Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives
	Apply current knowledge of public health to patient care	Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment

General Competency	Medical Education Program Objective(s)	Outcome Measure(s)
<p>Patient Care: Students will demonstrate an ability to provide patient care for common health problems across disciplines that is considerate, compassionate, and culturally competent</p>	<p>Display appropriate clinical skills, critical thinking, medical decision-making and problem-solving skills in the delivery of care</p>	<p>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessments, OSCEs, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives</p>
	<p>Use and interpret diagnostic studies appropriately</p>	<p>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives</p>
	<p>Demonstrate relevant procedural and clinical skills, recognizing the indications, contraindications and complications , while respecting patient needs and preferences</p>	<p>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessment, OSCEs, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives</p>
	<p>Implement and promote plans of disease prevention, management and treatment using evidence-based medicine</p>	<p>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives</p>

General Competency	Medical Education Program Objective(s)	Outcome Measure(s)
<p>Professionalism: Students will demonstrate a commitment and an ability to perform their responsibilities with respect, compassion and integrity, unconditionally in the best interest of patients</p>	<p>Demonstrate compassion and respect for others</p>	<p>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives</p>
	<p>Respect patient confidentiality and autonomy</p>	<p>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives</p>
	<p>Show responsiveness and personal accountability to patients, society and the practice of medicine</p>	<p>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives</p>
	<p>Put patients' interests ahead of their own</p>	<p>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives</p>

General Competency	Medical Education Program Objective(s)	Outcome Measure(s)
	Recognize personal limitations and biases, knowing when and how to ask for help	Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist, Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives
	Effectively advocate for the health and needs of the patient	Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives
	Incorporate the principles of medical ethics into their care of patients	Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives
	Recognize and address disparities in health care	Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives

General Competency	Medical Education Program Objective(s)	Outcome Measure(s)
<p>Interpersonal & Communication Skills: Students will demonstrate an ability to effectively communicate and collaborate with patients, families and healthcare professionals</p>	<p>Demonstrate effective interpersonal and communication skills with patients about their care, including ethical and personal issues</p>	<p>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives</p>
	<p>Demonstrate effective interpersonal and communication skills with patient's family, friends, and other members of the patient's community, as appropriate</p>	<p>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Summative Inpatient Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives</p>
	<p>Demonstrate effective interpersonal and communication skills with all members of the healthcare team and relevant agencies and institutions</p>	<p>Ambulatory Clerkship Behavior Checklist, Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Summative Inpatient Assessments M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives</p>
	<p>Maintain a professional demeanor of integrity and transparency in all communications</p>	<p>Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, OSCEs, M3 Inpatient Summative Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives</p>

General Competency	Medical Education Program Objective(s)	Outcome Measure(s)
<p>Practice-Based Learning & 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</p>	<p>Assess their own strengths, deficiencies and limits of knowledge and engage in effective ongoing learning to address these</p>	<p>Foundations of Medical Practice Individualized Education Plan, M3/M4/Student Self-Assessment of Program Objectives M1 & M2 ALG and Scholar's Workshop Peer & Self Assessments, Ambulatory Clerkship Service Learning Group Assessment, Ambulatory Clerkship Service Learning Reflective Essay, and Service Learning Roundtable Discussion Assessment.</p>
	<p>Effectively engage in medical school, hospital and community projects that benefit patients, society and the practice of medicine</p>	<p>Ambulatory Clerkship Service Learning Reflective Essays</p>
	<p>Identify, appraise and assimilate evidence from scientific studies using information technology</p>	<p>Scholar's Workshop Critical Appraisal Group Project, Scholar's Workshop Independent Capstone Project, , M3 Mid-Year and End-of-Year Preceptor Assessments</p>
	<p>Recognize and empower other members of the healthcare team in the interests of improving patient care</p>	<p>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives</p>
	<p>Apply the principles and practices of patient safety and process improvement</p>	<p>Scholar's Workshop Projects, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives</p>
<p>Systems-Based Practice: Students will demonstrate an awareness of responsiveness to the larger context and system of healthcare, as well as the ability to effectively utilize other resources in the system to provide optimal health care</p>	<p>Work effectively to coordinate patient care within the social context of healthcare</p>	<p>Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Summative Inpatient Assessment, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives</p>

General Competency	Medical Education Program Objective(s)	Outcome Measure(s)
	Incorporate risk-benefit analysis into care delivery	Ambulatory Clerkship Behavior Checklist, Assessment, M4 End of Clerkship/Elective Assessment
	Advocate for high-quality patient care	Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives
	Work in inter-professional teams to enhance patient safety and quality	Ambulatory Clerkship Behavior Checklist Assessments, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives
	Demonstrate an appreciation for and understanding of the methodologies used to reduce errors in care	Scholar's Workshop Projects
	Recognize the value, limitations and use of information technology in the delivery of care	Ambulatory Clerkship Behavior Checklist Assessments, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives
	Apply an understanding of the financing and economics of care delivery regionally, nationally, and globally to optimize the care of patients	Scholar's Workshop Written M2 Examination
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	Demonstrate investigatory and analytical skills to seek and apply the best evidence in making patient care decisions	Scholar's Workshop Written Examination, Scholars Workshop Capstone Project, Scholars Workshop Critical Appraisal Topic Presentation, M3 CLIC Trans disciplinary Examination, M3 CLIC Trans disciplinary Presentation Rubric, Foundations of Medical Practice Written Examination, Foundations of Medical Practice Clinical Skills Examinations,
	Design and execute studies to answer well-structured research questions	Scholar's Workshop Capstone Project
	Conduct research according to good clinical practices and strict ethical guidelines	Scholar's Workshop Capstone Project, Scholar's Workshop M1 and M2 Written Examinations

General Competency	Medical Education Program Objective(s)	Outcome Measure(s)
	Adhere to the principles of academic integrity in research and scholarship	Scholar's Workshop Critical Appraisal Group Project, Scholar's Workshop Independent Capstone Project, M3 Mid-Year and End-of-Year Preceptor Assessments
	Demonstrate skills that foster lifelong learning	Weekly ALG Student Assessments, Foundations of Medical Practice Individualized Education Plan, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives
<p>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</p>	Recognize the social determinants of health	Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives
	Describe the health care needs of patients from diverse populations and develop appropriately tailored care delivery strategies	Ambulatory Clerkship Behavior Checklist Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessments, M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives
	Develop the skills and attitude to work in partnership with members of the community to promote health, disease prevention, and chronic care management	Ambulatory Clerkship Behavior Checklist Assessments Assessments, M3 Mid-Year and End-of-Year Preceptor Assessments, M3 Inpatient Summative Assessments M4 End of Clerkship/Elective Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives
	Appraise the impact of the social and economic contexts on healthcare delivery	Scholar's Workshop Projects, Ambulatory Clerkship Service Learning Reflective Essays, Ambulatory Clerkship Behavior Checklist Assessments, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives

General Competency	Medical Education Program Objective(s)	Outcome Measure(s)
Learning & Working in Teams: Students will learn to work as a member of a team in the coordinated, inter-professional model of care delivery	Apply basic principles of inter-professional and multidisciplinary care	Weekly ALG Student Assessments, Ambulatory Clerkship Behavior Checklist Assessments, M3 Inpatient Summative Assessment, M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives
	Develop the skills to organize an effective health care team, valuing individuals' skills and efforts	Ambulatory Clerkship Behavior Checklist Assessments, M3 Inpatient Summative Assessment M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives
	Work with professionals from other disciplines or professions to foster an environment of mutual respect and shared values	Ambulatory Clerkship Behavior Checklist Assessments, M3 Inpatient Summative Assessment M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives
	Perform effectively in different team roles to plan and deliver patient and population-centered care	Ambulatory Clerkship Behavior Checklist Assessments, M3 Inpatient Summative Assessment M3/M4/Student Self-Assessment of Program Objectives, M3 and M4 Preceptor's Assessment of the Student's Attainment of Program Objectives

Curriculum Overview

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

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

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

Phases of the Curriculum

Phase 1/Foundation and Integration – Years 1 and 2

Year 1

1 Week	8 Weeks	2 Weeks	8 Weeks	4 Weeks	4 Weeks	5 Weeks	8 Weeks
Orientation	Fundamentals	Week on the Wards (WOW 1)	Fundamentals	LifeStages	Infectious Diseases	Hematology Oncology	Skin and Musculoskeletal
Ambulatory Clerkship							
Scholar's Workshop							
Foundations of Medical Practice							
				Selectives			

Year 2

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)	Women's Health	ENT/Allergy	Neuro-Psych
Ambulatory Clerkship								
Scholar's Workshop								
Foundations of Medical Practice								
Selectives					Selectives			

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

Year 3

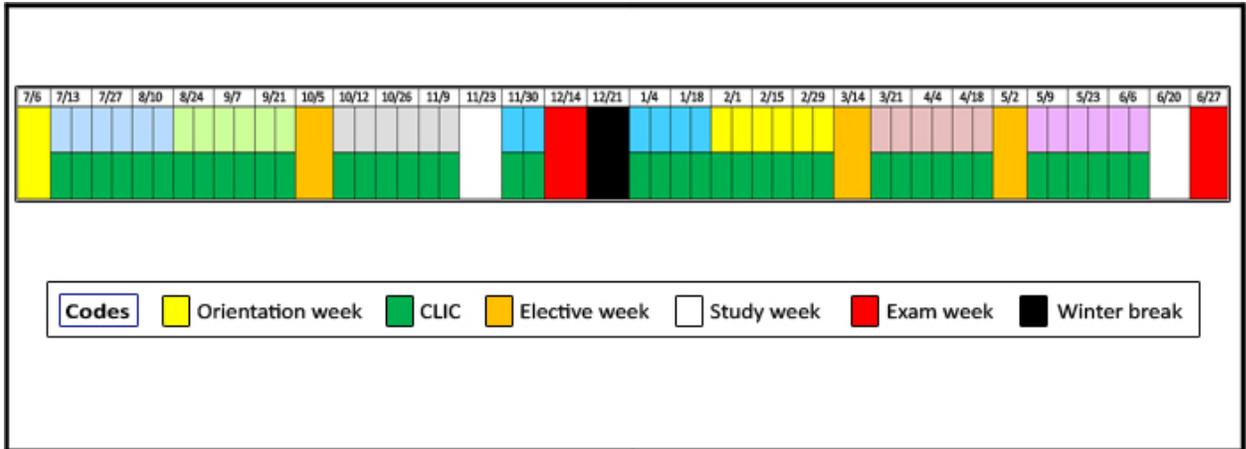
Courses in the M3 Year:

Scholar's Workshop
 Ambulatory Clerkship
 Cooper Longitudinal Intergrated Clerkship (CLIC)
 Healer's Art
 M3 Electives

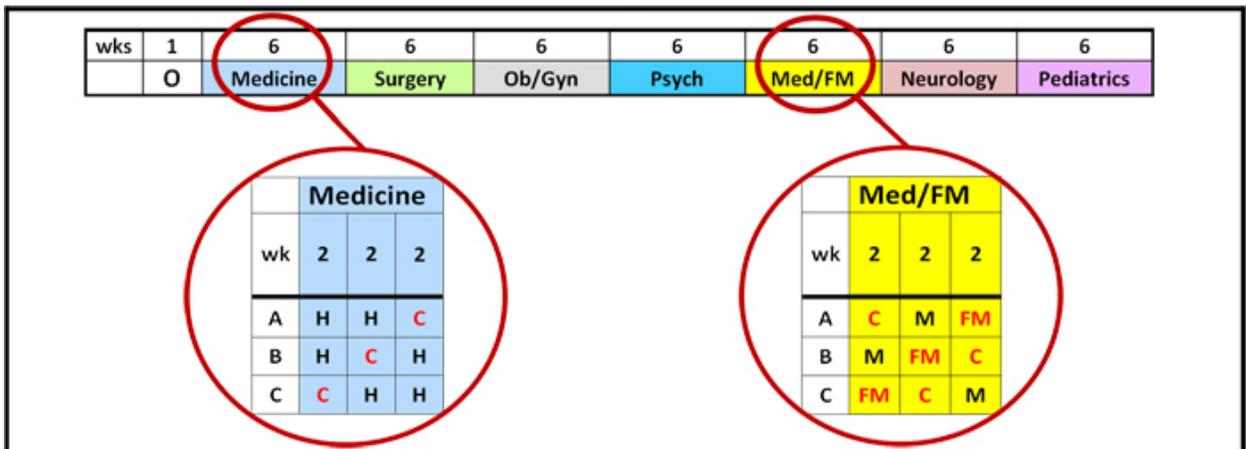
Block Courses in the M3 Year:

Internal Medicine
 Family Medicine
 Surgery
 Pediatrics
 Obstetrics/Gynecology
 Neurology
 Psychiatry

M3 Year with discipline based blocks and CLIC continuity:



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



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

Students complete seven inpatient blocks over the course of the M3 year. Each inpatient block is six weeks in duration. Four of the six weeks are in the inpatient setting within traditional disciplines (Internal medicine, Surgery, Obstetrics/Gynecology, Pediatrics, Neurology, and Psychiatry). The seventh block is comprised of a two week dedicated family medicine ambulatory rotation followed by an additional two weeks in internal medicine. Two weeks in every block are dedicated to the ambulatory Cooper Longitudinal Integrated Clerkship (CLIC). Students are scheduled in cohorts and matriculate through their blocks and CLIC over the course of the academic year. A didactic curriculum is required as part of each inpatient block, supplemented with a Friday afternoon series of transdisciplinary sessions devoted to topics that cross core clerkships such as military medicine, LGBT patient needs and others that are addressed through student case presentations. There are two longitudinal courses in the M3 year that continue from the preclinical curriculum: Scholar's Workshop and Ambulatory Clerkship. Scholar's Workshop maintains some didactic sessions in the transdisciplinary sessions and students spend the majority of their time with their mentors completing their capstone research projects. Ambulatory Clerkship requires students to spend one day per month in the CRC, where they provide leadership for M1 and M2 students as they work in interprofessional

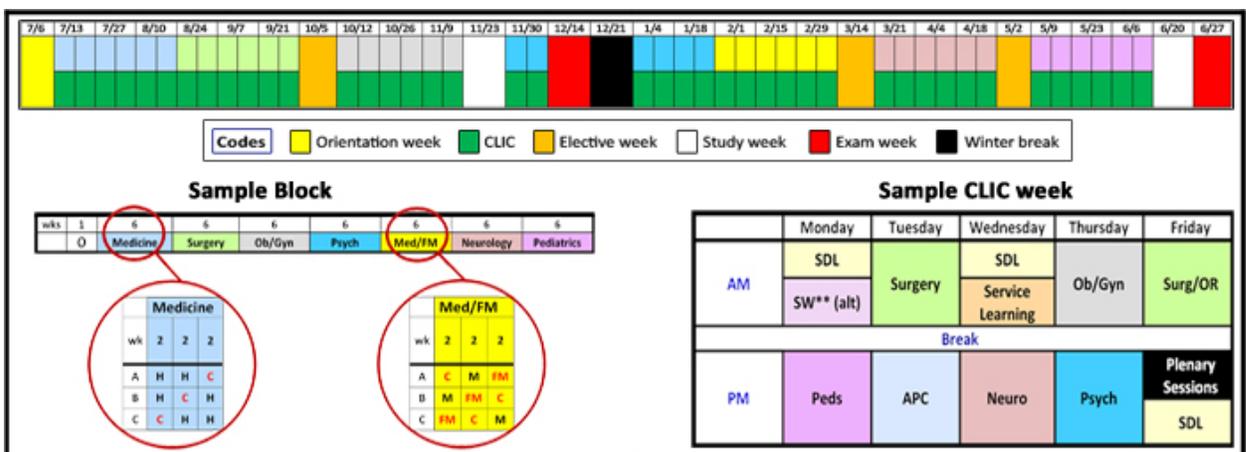
teams with students from the PharmD program at the University of the Sciences. Lastly, students continue their commitment to service learning via service learning projects connected to the ambulatory clerkship. Students spend at least 40 hours per year in service learning activities during the M3 year. All students participate in Healer's Art during the fall semester of the M3 year and have opportunities for additional reflection sessions in the spring semester. In addition, students take three one-week electives to support career decision making and their personal interests. Study weeks, examination weeks, and winter break are built into the schedule for each cohort.

An example CLIC week:

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

The 35% CLIC ambulatory component of each block permits students to see patients in each core discipline over the course of the clerkship year, providing continuity of care for patients, greater exposure to seasonal conditions, and continuity of experience with attending preceptors. This results in fourteen CLIC weeks over the course of the M3 year. Weekly CLIC schedules for each student includes clinic time in each of the core disciplines, a half day in the operating room with their surgery preceptor, and time for Ambulatory Clerkship, Scholar's Workshop, service learning, weekly transdisciplinary plenary sessions, and self-directed learning (SDL) time. SDL may be used to follow patients to subspecialist appointments or procedures, exploration of career interests, or other learning activities specific to each student.

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



Year 4

4 Weeks	4 Weeks	4 Weeks	4 Weeks	1 Week	20 Weeks
Sub-Internship	Interprofessional Care of Patients with Chronic Conditions	Critical Care Clerkship	Emergency Medicine Clerkship	Leadership Community Health	Electives

Note: Sub-Internships are available in:

- Internal Medicine
- Family Medicine
- Obstetrics/Gynecology
- Pediatrics
- Psychiatry
- Surgery
- Vascular Surgery

Phase 1 Course Overview

Courses Spanning Multiple Curricular Years

The Scholar's Workshop

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

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

The curriculum of The Scholar's Workshop is designed to help students develop habits of critical thinking. Faculty guide students – working in teams – 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 projects are designed to correlate temporally and substantively with the remainder of the school curriculum. Through the Scholar's Workshop, we endow students with the skills and mindset to lay the foundation for high quality practice in a vast sea of information and ever-changing systems of care.

Ambulatory Clerkship

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

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

Foundations of Medical Practice

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



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

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

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



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

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

Selectives

Selectives consists of semester-long experiences, in which students are able to explore various course offerings related to medical humanities. Individual *Selectives* courses meet six times per semester and sessions are designed to be interactive in nature. Students are required to take two *Selectives* courses during Phase 1. Current individual *Selectives* courses include “The Social Mission of Medical Schools”, “Applied Medical Ethics”, “Medical Cineforum”, “Observational

Drawing”, “The Art of Observation”, “Opera and Disease”, “Photography and Medicine”, “Dance and Medicine”, and “Persuasive Writing”. Additional courses are in the process of development.

Year 1 Block Courses

Fundamentals

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

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



Life Stages

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

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

Infectious Diseases

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

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



Hematology and Oncology

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



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

Skin and Musculoskeletal System

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

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

Year 2 Block Courses

Cardiovascular System

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

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

Pulmonary System

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

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

Endocrine System

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

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

Gastroenterology (GI)

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

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

Urology and Renal Systems

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



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

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

Women's Health

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

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

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

Allergy and Otolaryngology (ENT)

The *Allergy- ENT course* is a four-week course. The course has two main goals: to ensure that all medical school graduates have a sound understanding of basic principles related to otolaryngology; and the allergy module focuses on reinforcing and advancing the basic science taught in *Fundamentals* by placing this information in clinical context. Students become



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

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

Neurology-Psychiatry

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

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

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

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

Sample Phase 1 Curriculum Week

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

Module 2 Fundamentals Week #5	Monday (9/14)	Tuesday (9/15)	Wednesday (9/16)	Thursday (9/17)	Friday (9/18)
8:00 AM	ALG Case 5	Foundations of Medical Practice (NR) Physical Exam Mannequins (ALG Rooms)	ALG Case 5	Foundations of Medical Practice (NR) Physical Exam with Standardized Patients (ALG Rooms)	ALG Case 6
9:00 AM					
10:00 AM	Lecture 23 Lipids I (Williams) (AUD) (R)	Scholars Workshop: Measure of Central Tendency (MPL) (R)	Lecture 25 Lipids III (Williams) (AUD) (R)	Service Learning	Lecture 27 Carbs II (Phadtare) (AUD) (R)
11:00 AM	Lecture 24 Lipids II (Williams) (AUD) (R)		Lecture 26 Carbs I (Phadtare) (AUD) (R)		Lecture 28 Carbs III (Phadtare) (AUD) (R)
12:00 PM	Lunch and Wellness Activities	Lunch and Wellness Activities	Lunch and Wellness Activities	Lunch and Learn Series Challenges of Medical School Curriculum (12-1:30)	Lunch and Wellness Activities
1:00 PM	App Session 5A: Anatomy Terminology and Body Plane (EG) (MPR) (R)	App Session 5B: Imaging I Radiology/X- Ray/CT/Ultrasound (HR) (MPR) (R)	App Session 5C: Imaging II MRI/Jeopardy (HR, PG) (MPR) (R)	Self-Directed Learning	Self-Directed Learning
2:00 PM					
3:00 PM	Self-Directed Learning or Ambulatory Clerkship	Self-Directed Learning or Ambulatory Clerkship	Stem for Case 6 Opens at 3pm	Self-Directed Learning or Ambulatory Clerkship	Self-Directed Learning Formative Quiz Available On-line at 1pm in Quiz Folder
4:00 PM			Self-Directed Learning or Ambulatory Clerkship		

Phase 2 Course Overview

Year 3

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



In our M3 year there is a balance between inpatient block rotations in each of the major clinical disciplines (internal medicine, neurology, obstetrics-gynecology, surgery, pediatrics, and

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

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

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

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

Healer's Art

Healer's Art is a five-session course, based on an internationally renowned medical school curriculum designed by Rachel Naomi Remen, MD, Director of the Institute for the Study of Health and Illness at Commonweal, and Professor of Family and Community Medicine at UCSF School of Medicine. It is designed to provide support for third year medical students by enabling students to appreciate and preserve the human dimension of health care. It permits and encourages students and faculty to experience a collegial relationship that is non-judgmental and non-competitive and offers a unique professional support and healing community. Faculty participants equally benefit from the shared experiences. Topics for individual sessions include: Learning to Remember Our Wholeness, Sharing Grief and Healing

Loss, Beyond Analysis: Allowing Awe in Medicine, and The Care of the Soul: Service as a Way of Life. The *Healer's Art* course encourages self-reflection through its highly interactive small and large group formats.

Year 4

Sub-internship

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



The 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

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

1. Demonstrate skill in completing an appropriately tailored, chief complaint driven history and physical exam in the emergent setting
2. Demonstrate the ability to synthesize an appropriate differential diagnosis for some of the most common emergency department complaints (chest pain, shortness of breath, abdominal pain, blunt trauma, atraumatic back pain, laceration repair, and altered mental status)
3. Presenting cases in a clear and concise fashion

4. Demonstrate an understanding of the use and interpretation of commonly ordered diagnostic studies
5. Develop and assisting with the implementation of appropriate case management plans
6. Demonstrate a basic understanding of the role of emergency ultrasonography in patient care
7. Use ED patient care experiences along with appropriate educational resources to improve understanding of emergency medicine
8. Work in at team based setting with different providers to provide timely, efficient, and safe care to patients

Clerkship in Critical Care Medicine or Surgery

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

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

Interprofessional Care of Patients with Chronic Conditions

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

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

- Acquire knowledge about the types and cultural context of chronic illness, the cultural factors affecting world view and health care system factors.
- Acquire knowledge and articulate the roles of the interprofessional team members in these evaluation and management processes.
- Acquire the technical skills required to provide care for patients with chronic conditions and identify/differentiate acute illness from “acute-on-chronic” exacerbation in patients

with chronic morbidity.

- Act as an interprofessional health care team member for patients, reviewing the care plan with the patient, and identifying appropriate resources in their follow up care plan.
- Develop the attitudes and values that will foster and support well-coordinated, compassionate, inter- professional, patient centered care;
- Obtain the foundation for high quality interprofessional care of chronic conditions for advanced study during post-graduate training.

Leadership in Community Health

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

Electives

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

Our New Medical Education Facility



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

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

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



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

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

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

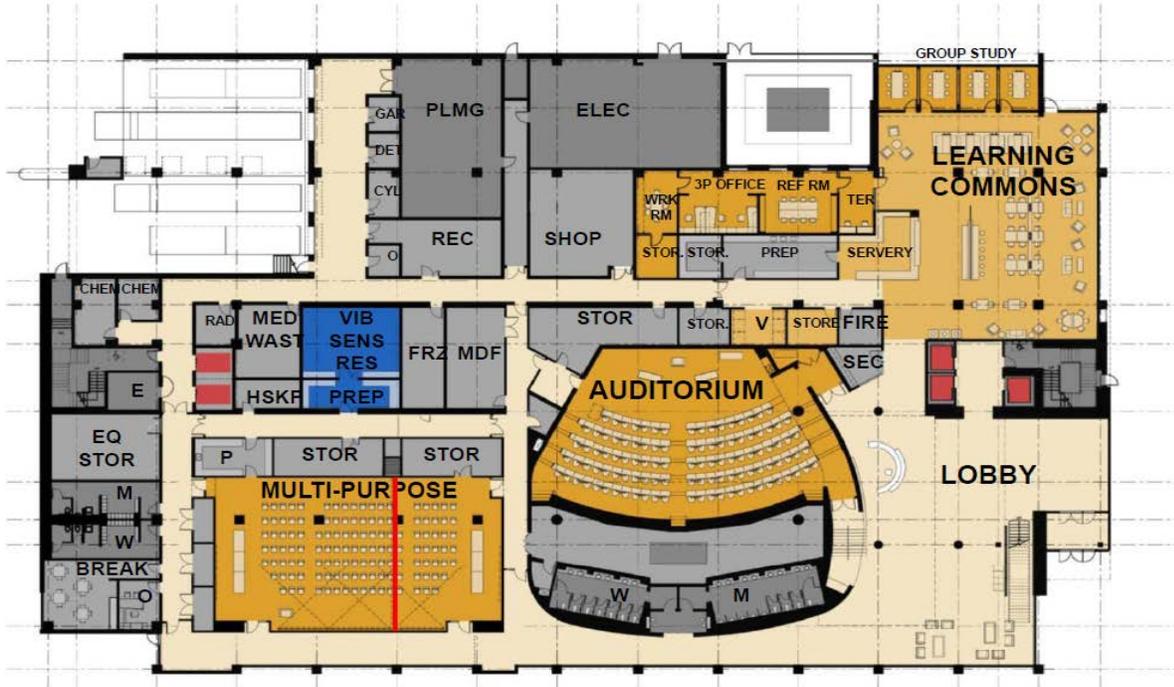
Medical Education Building – From Benson Street



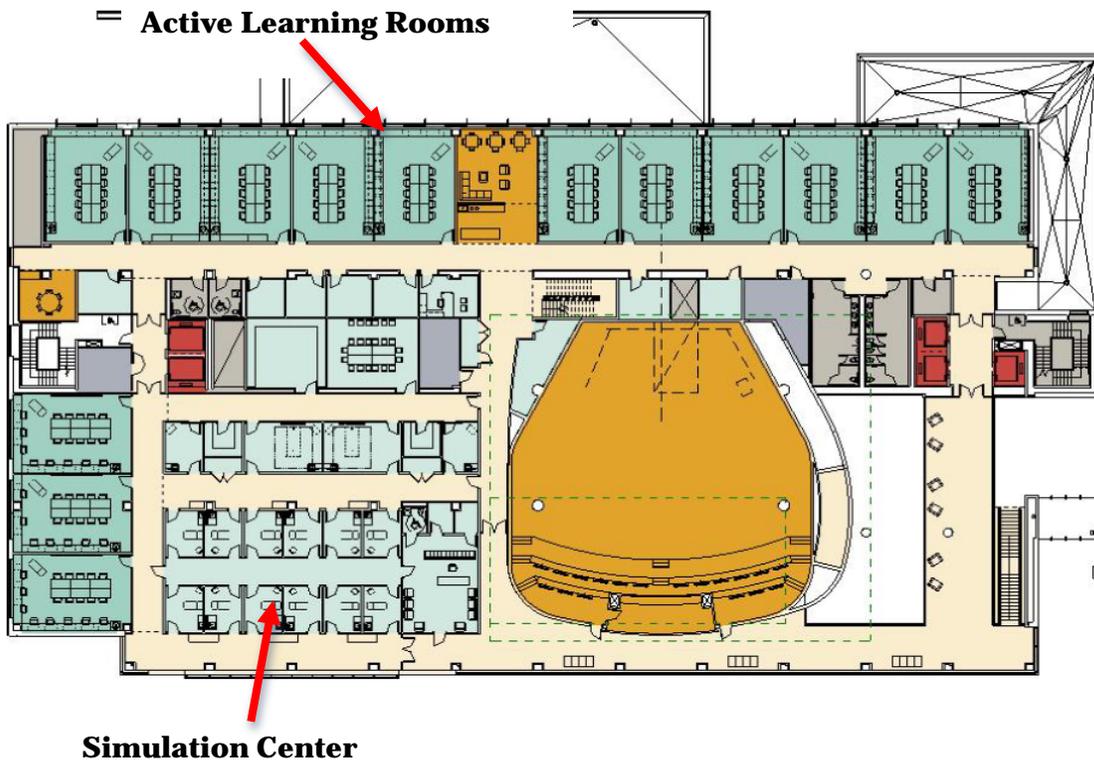
Medical Education Building – From Williams Street



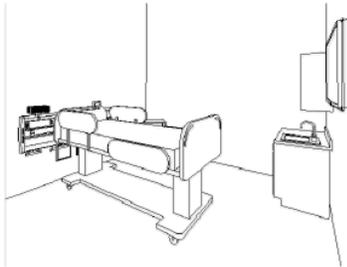
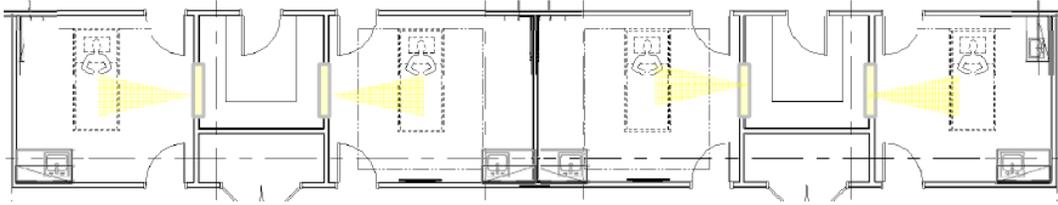
1st Floor



2nd Floor



Hi-Def SIM Rooms



METI HPS



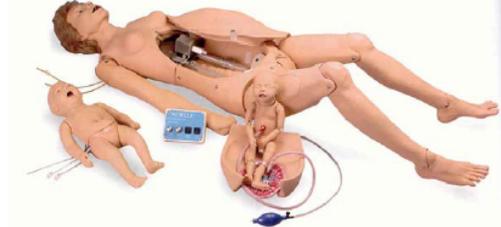
METI child



Laerdal adult



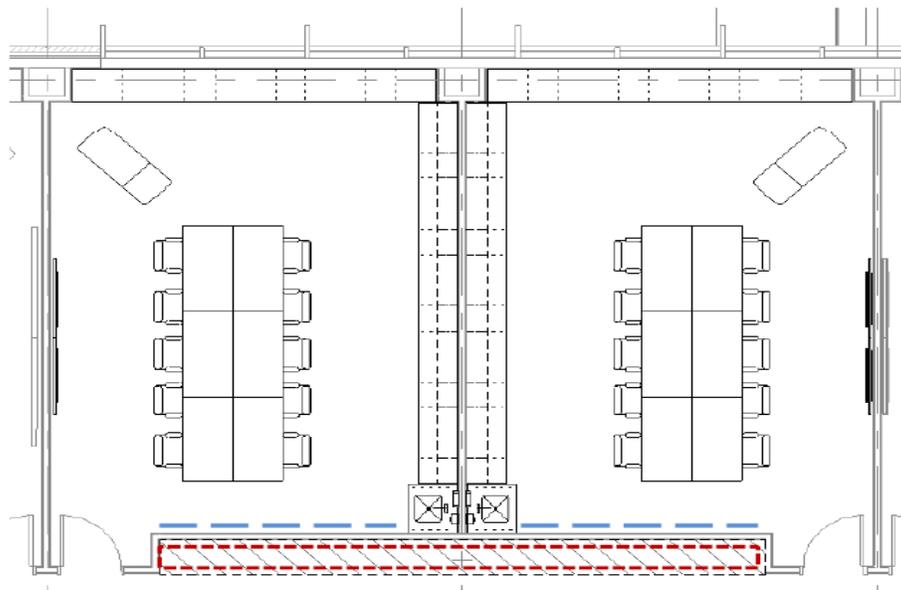
Gaumard birthing simulator (Noelle)



Laerdal baby



Active Learning Room





Policies Related to Student Affairs

Academic and Career Counseling

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

POLICY: Academic and Career Counseling

SCOPE: This policy applies to all medical students.

DEFINITIONS:

MSPE – The Medical School Performance Evaluation (MSPE) is an evaluative tool indicative of a residency program applicant’s entire medical school career created by the applicant’s medical school.

Advisory Colleges – The four academic and career counseling units of CMSRU made up of assigned medical students and directors

Advisory college directors –A CMSRU faculty member who is neither a course director, an associate dean, nor a departmental chair.

PROCEDURE:

A. Advisory Colleges

1. Upon acceptance to CMSRU, students will be assigned to one of the four advisory colleges for their four years of school.
2. The four advisory colleges are overseen by the Office of Student Affairs.
3. The medical education and student affairs deans are able to address any and all academic and other issues; however, the advisory college system gives students several options for guidance depending on the nature of the issue.
4. Each advisory college will be assigned an approximately equal number of admitted students. Each student will have an advisory college director who is responsible for overseeing issues related to the students in that college, including:
 - General academic advisement
 - Identification of students in need of tutoring/academic counseling
 - Career counseling
 - Specialty academic advisement
 - Residency guidance
 - Mentoring
 - Peer mentors
 - Psychological Component
 - Stress management
 - Anxiety counseling/management
 - Situational counseling (grief counseling/relationship issues)

- Prevention of burnout
 - Student Oriented Social Activities
5. Students during Orientation are paired with a peer mentor (a 2nd year student) who can provide support during transition into each curriculum year; insight into career choices; and assists in stress management, time management, and overall attention to physical and mental well-being.
 6. All student mentors are within the same advisory college and serve as student mentors throughout all years creating “families” within each college. In this system an M1 may have the guidance of an M4 as well.
 7. Specialty mentors are assigned through the college system and the associate dean for student affairs and admissions at a student’s request.
 8. Guidance in choosing intramural and extramural electives will be given by the student’s advisory college director, and their specialty advisor.

B. Residency and Career Counseling

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

1st and 2nd year

- Through the Careers in Medicine program regular panel presentations featuring physicians of different subspecialties of medicine are made available to all students in Phase I to allow students to explore different career paths.
- Students will be introduced to the AAMC Careers in Medicine database in year one, and guided through this by the associate dean for student affairs and admissions.

3rd and 4th year (Phase II)

- Students will work with their advisory college directors to narrow down their career interests and ensure their elective selection is appropriate for the residency they wish to pursue. If the student wishes to develop a relationship with an additional mentor in a particular specialty, the director will help to arrange that.
- Advisory college directors will also work closely with their student to ensure they have appropriate faculty resources to write recommendation letters and help with selection of residency programs to which they apply.
- The Deans for Medical Education and for Student Affairs will hold 4th year planning meetings throughout the spring term of the M3 year.
- Advisory college directors and the medical education faculty and staff will advise on the selection of residencies and guide the student in evaluating individual programs.
- The Registrar and the associate dean for student affairs and admissions will assist in navigating the ERAS system.
- All who advise students will ensure that a sufficient number of residency programs are applied to and assist in reevaluation of that number based on interviews granted.
- The MSPE will conform to AAMC Guidelines.

FERPA: Student Records

PURPOSE: The Family Educational Rights and Privacy Act (FERPA – 20 U.S.C. § 1232g; 34 CFR Part 99) is a law that protects the privacy of student education records. The law applies to the all medical education records of students who are or have been in attendance at the CMSRU.

POLICY: Cooper Medical School of Rowan University will comply with the Family Educational Rights and Privacy Act of 1974 and all subsequent amendments (FERPA) providing students with the right to inspect and review their education record. CMSRU will respond to student requests to review records within 5 days of the day the University receives the request and provide guidelines for the correction of records, rather than the 45 day statement within the FERPA act of 1974.

SCOPE: This policy is a summary outlining CMSRU compliance to all provisions of FERPA.

DEFINITIONS:

Educational Records: any records (with limited exceptions), maintained by the institution that is directly related to a student or students. The records can contain a student's name(s) or information from which an individual student can be personally (individually) identified. Education Records do not include: sole procession notes; law enforcement unit records; records maintained exclusively for individuals in their capacity as employees (individuals who are employed as a result of their status as students, medical & treatment records; and alumni records.)

School Officials: persons employed by the institution in an administrative, supervisory, academic research or support position including law enforcement, health staff personnel, a trustee, outside contractors and persons servicing as a student representative on an official committee (such as disciplinary or grievances committee), or assisting another school official in performing his or her tasks. School officials may obtain information from a student education records without prior written consent for legitimate educational interest. Legitimate educational interests must demonstrate: need to know by those officials of the institution who act in the student's educational interest (faculty, administrators, clerical and professional employees, and other persons who manage student information). A school official has a legitimate educational interest if the official need to review is in order to fulfill his or her professional responsibility.

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

STUDENT RIGHT and PROCEDURE:

- A. In accordance with the Family Educational Rights and Privacy Act of 1974 and its subsequent amendments (FERPA) current and former CMSRU students have the right to review and inspect their education records within 5 days of the date the University receives the request for access.
- B. CMSRU is required by FERPA regulations to provide students with annual notification of their FERPA rights (EXHIBIT A). CMSRU may promulgate, electronically or in a hard copy format, an annual notification in such publications as school bulletins or student handbooks, or in separate

statements in registration or orientation packets, or on a web site.

C. Access to Education Records

1. Procedure to Inspect Education Records

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

2. Right of CMSRU to Refuse Access. CMSRU reserves the right to refuse to permit a student to inspect the following records:

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

3. Right to Obtain Copies of Education Records

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

D. Disclosure of Education Records

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

1. to those CMSRU officials who have a legitimate educational interest in the records;
2. upon request, to officials of non-CMSRU schools in which a student is enrolled or seeks or intends to enroll, or with which CMSRU has an academic or clinical affiliation. Such officials must have a legitimate educational interest;
3. to the Comptroller of the United States, the Secretary of the U.S. Department of Education, state and local educational authorities or to the Attorney General of the United States, when the Attorney General of the United States seeks disclosures in connection with the investigation or enforcement of federal legal requirements applicable to federally supported education programs;
4. in connection with a student's request for or receipt of financial aid, as necessary to determine the eligibility, amount or condition of the financial aid or scholarship, or to enforce the terms and conditions of the aid or scholarship;

5. if required by a state law requiring disclosure that was adopted before November 19, 1974;
6. to organizations conducting certain studies for or on behalf of CMSRU;
7. to accrediting organizations to carry out their functions;
8. at the discretion of CMSRU officials, to parents of an eligible student who claim the student as a dependent for income tax purposes;
9. to comply with a judicial order or a lawfully issued subpoena, provided that CMSRU makes a reasonable effort to notify the student of the order or subpoena in advance of compliance, when the order or subpoena does not prohibit such notification;
10. to appropriate parties in a health or safety emergency;
11. to an alleged victim of any crime of violence or sex offense, the results (if the results were reached on or after October 7, 1998) of any University disciplinary proceeding against the alleged perpetrator with respect to that offense. Disclosure under this section shall include only final results of disciplinary proceedings within CMSRU, limited to the student's name, the violation committed and the sanction imposed. Disclosure of final results pursuant to this section may be made regardless of whether CMSRU determined that a violation has occurred. CMSRU may not disclose the name of any other student, including a victim or witness, without the prior written consent of the other student;
12. to parents of students aged 18-21 who have been determined by CMSRU to have violated any CMSRU policy governing the use or possession of alcohol or a controlled substance, or who have violated federal, state or local law governing such use or possession;
13. to a court, with or without a court order or subpoena, education records that are relevant for the University to defend itself in legal action brought by a parent or student, or education records that are relevant for CMSRU to proceed with a legal action CMSRU initiated against a parent or student;
14. to a court when relevant for CMSRU to proceed with legal action which involves CMSRU and the student as parties.

E. Record of Requests for Disclosure of Education Records

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

F. Corrections/Challenges to Content of Education Records

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

- of the student's right of privacy, it will amend the record and notify the student, in writing that the record has been amended.
- e. If CMSRU decides that the challenged information is not inaccurate, misleading, or in violation of the student's right of privacy, it will notify the student that he/she has a right to place in his/her education record a statement commenting on the challenged information and/or a statement setting forth reasons for disagreeing with the decision; the student's statement will be maintained as part of the student's education records as long as the contested portion is maintained. If CMSRU discloses the contested portion of the record, it must also disclose the student's statement.
- G. Questions about FERPA and this policy concerning the release of student information should be directed to the Office of the Registrar.
- H. Students have a right to file a complaint with the U.S. Department of Education concerning alleged failures by CMSRU to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

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

REFERENCES:

Notice to Students Regarding Provisions of the Family Educational Rights and Privacy Act of 1974

<http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

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

FERPA Information for Faculty and Staff

As a CMSRU faculty and or staff member, you may have access to student records, provided you have a legitimate need to review records to fulfill your job requirements. Faculty and staff member granted access to the Banner Student Information System must complete FERPA training before given access and assumes full responsibility for protecting the confidentiality of records.

Faculty and staff members who do not have access to the Banner Student Information System and need documents from student confidential files to fulfill official duties must submit a request in writing to the Registrar clearly defining the purpose of the request.

Who can release student information?

An institution may disclose personally identifiable information without the student's written consent to "school officials" whom the institution has determined to have a "legitimate educational interest."

Obligation to release record information

An institution is not obligated to release directory information to anyone. FERPA only says that

an institution MAY release information, but there is no obligation to do so. When in doubt, do not release information.

Student workers

FERPA does not preclude an institution from identifying students as "school officials" with a "legitimate educational interest" for specific purposes. The same requirements and responsibilities for a full time school official exist for student workers. The student workers must be trained on FERPA just as if they were faculty or staff.

Subpoenas

At Rowan, all subpoenas are first reviewed by the Office of General Counsel to determine the appropriate course of action.

Crisis situations/Emergencies

If non-directory information is needed to resolve a crisis or emergency situation, an education institution may release that information if the institution determines that the information is "necessary to protect the health or safety of the student or other individuals." Factors to be considered or questions to be asked in making a decision to release such information in these situations are: (1) the severity of the threat to the health or safety of those involved; (2) the need for the information; (3) the time required to deal with the emergency; (4) the ability of the parties to whom the information is to be given to deal with the emergency.

Who to contact with questions/concerns

Registrar
Cooper Medical School of Rowan University
401 Broadway
Camden, NJ 08103
Phone: 856-361-2886
Fax: 856-361-2828

General questions may also be directed to the Office of the Registrar, as appropriate. Comments or suggestions should be addressed to the Rowan University Registrar's Office, registrar@rowan.edu, (856) 361-2828.

--FERPA waivers should be accepted only in the form of original, signed hard copies. Scanned versions may be submitted directly by attorneys but should not be accepted from other parties.

--FERPA waivers provided to faculty, advisors, and other academic or professional staff should be forwarded to [General Counsel](#).

On-Line Training for Faculty and Staff:

<http://www.rowan.edu/provost/registrar/facultypasswordforms/FERPA%20Training.ppt%20Sept%202013%20Wheatcroft.ppt>

Honor Code

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

POLICY: Honor Code

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

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

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

Student Responsibilities

Students will not:

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

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

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

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

Professional Appearance

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

POLICY: Professional Appearance

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

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

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

Phase I - During most of the first two years of the curriculum, students will spend their time in lectures and small group activities where attire should be comfortable, neat and not distracting. Avoid dress or attire that could be perceived as offensive to others. During the WOW weeks, Ambulatory Clerkship, and when interfacing with patients at any CHS facility students must follow the Dress Code Policy of Cooper University Health Care stated below.

Phase II - During the last two years, all students will adhere to the Dress Code Policy of Cooper University Health Care (8.604 Employee Dress Code):

I. **POLICY:**

A. It is the policy of Cooper University Health Care to establish standards of dress, grooming and appearance. Personal appearance should reflect a neat, professional, businesslike image and should be appropriate for the employee's work situation. While Cooper understands that dress and appearance are often a matter of personal taste, Cooper must be mindful of patient and employee safety as well as Cooper's professional image. Therefore, Cooper maintains the right to establish and enforce standards of dress, grooming and appearance as dictated by business need, interactions with customers and other visitors. In addition to the traditional work setting, this policy applies to work related functions and events, such as education programs and job fairs that an employee attends as a representative of Cooper.

II. **PURPOSE:**

A. To set forth the standards of appropriate dress, grooming, and appearance for employees.

III. **PROCEDURE:**

Dress code guidelines may vary by department, job function and location. Department dress codes may be more restrictive. Cooper recognizes three (3) types of dress: business, business casual and uniforms. Management at all times reserves the right to take appropriate action toward any employee whose grooming or dress violates the letter or the spirit of this policy. Employees that appear for work inappropriately dressed will be sent home and directed to return to work in proper attire. Under such circumstances, employees will not be compensated for time away from work and disciplinary action may be taken.

A. General Guidelines

1. The Cooper identification badge is required to be worn at collar level with employee name and photo facing forward and clearly visible at all times while working at any Cooper location. Badges must be free of obstacles so patients and others can view the employee's picture, name and job title. Lanyards should not be used unless they have a mechanism to "break" in the back in the case of a safety issue. Lanyards must hang to allow visibility of the badge in the upper chest area. Lanyards that are longer than upper chest area are not permitted. When off duty, the ID badge cannot be worn at any Cooper location unless the employee is in compliance with the dress code.
2. All clothing should fit properly. Garments cannot be transparent, low cut at the neckline, or form fitting. Clothing should not be unduly revealing or cause distracting or disruptive attention or reaction on the part of others.
3. Dresses and skirts cannot be excessively short. Dress/skirt slits must not be excessive.
4. Shirts/Blouses with lettering or graphics that advertise or promote a product or service or causes distracting attention or reaction on the part of others will not be permitted. Only shirts/blouses with Cooper logo or approved graphics or lettering are permitted.
5. Footwear must be clean and neat. Individual directors can approve clogs and sneakers, depending on the setting and interactions.
6. Hair, beards, and mustaches must be neat and well groomed. For purposes of safety, infection control, and operation of equipment and personal protective equipment, facial hair must be of a reasonable length to enable the performance of job functions.
7. Fingernails must be clean. For purposes of safety, infection control, and operation of equipment, fingernails must be of a reasonable length for the performance of job functions. Employees having direct hands-on patient care may not have fingernails in excess of ¼ inch in length and may not wear artificial fingernails, which is inclusive of gel nail polish, wraps, acrylics, silks, etc.
8. Every effort should be made to cover or conceal tattoos. Tattoos or markings that are offensive or portray violent/threatening images must be covered. Tattoos or markings that extend beyond the edge of one's neckline or collar, or the sleeve of one's shirt are not permitted to be exposed and must be concealed. Likewise any tattoos or markings that are visible on an individual's face, neck, palm, fingers or back of the hand are not permitted to be exposed and must be concealed in a manner that does not interfere with patient safety, infection control or equipment operation.
9. Earrings can be worn on the ears and generally should be no larger than one inch in diameter. Ear piercing will be limited to a maximum of three (3) earrings per ear. Pierced jewelry and rings are not permitted on any other visible body part (including, but not limited to, eyebrows, nose, lip and tongue). No ear gauges/expanders permitted.

10. Jewelry will be professional and kept to a minimum. Loose fitting jewelry that potentially poses safety issues is not permitted.
 11. The wearing of Cooper issued buttons or pins on a uniform is to be kept to a minimum and cannot be attached to or conceal the Cooper identification badge.
 12. Fragrances, perfumes, colognes, hair sprays, etc. should be kept to a minimum and may be prohibited if they pose a health concern to others.
 13. Hats and caps are not permitted unless they are part of a uniform. Permission may be requested and granted for a medical or religious reason.
 14. Sunglasses may not be worn indoors unless medically necessary.
 15. The following are not considered appropriate dress:
 - a. Denim clothing of all colors
 - b. All types of shorts
 - c. Leggings/Spandex pants (unless worn under an appropriate dress)
 - d. Sweat jacket, pants, hoodie
 - e. Sweat shirts
 - f. Fleece jackets
 - g. Athletic clothing
 - h. Miniskirts
 - i. Beachwear
 - j. T-shirts
 - k. Tank tops or spaghetti strap shirts
 - l. Flashy, “loud” clothing
 - m. Lingerie-like clothing
 - n. Flip-flops/thong shoes
 - o. Pool shoes
 16. Employees who require accommodation for medical or religious reasons should contact Human Resources.
- B. Guidelines for employees who provide direct patient care, have direct patient contact or who work in patient care areas:
1. Open toe shoes are not permitted. Heels must be of a reasonable height to perform assigned duties. Footwear is of sturdy construction, well fitted and maintained in good repair. Flexible, non-slip soles are recommended in work locations where use of liquids may increase the risk of falls.
 2. Employees who give direct, hands-on patient care may not wear artificial fingernails. Fingernails must be clean. For purposes of safety, infection control, and operation of equipment, fingernails must be of a reasonable length for the performance of job functions. Employees having direct hands-on patient care may not have fingernails in excess of ¼ inch in length and may not wear artificial fingernails, which is inclusive of gel nail polish, wraps, acrylics, silks, etc
 3. Sleeveless shirts, blouses, and dresses are not permitted unless covered by a jacket or sweater.
 4. Stockings or socks must be worn.
 5. The length of pants/trousers must extend to the ankle.

6. When clothing is soiled with blood or body fluids, the clothes must be changed as soon as possible.
- C. Guidelines for employees who do not provide direct patient care or do not have direct patient contact but may meet with or be seen by patients/visitors
1. Open toe shoes are permitted. Heels must be of a reasonable height to perform assigned duties. Footwear is of sturdy construction, well fitted and maintained in good repair.
 2. Sleeveless blouses and dresses are permitted.
 3. Stockings or socks are optional.
 4. The length of pants/trousers cannot be shorter than mid-calf.
- D. Types of dress
1. Business Attire –
 - a. In order to meet the expectations of patients and their families, Cooper must project a professional, business-like image. Therefore, business attire is expected to be worn except where department specific dress requirements, casual business attire or uniforms apply as outlined in sections 2 and 3 below. Business attire includes such clothing as suits, ties, dresses, dress skirts and dress pants.
 2. Casual Business Attire (Dress Down Day)
 - a. A more casual or relaxed dress code will be permitted during the summer and on Fridays. Casual business attire must still follow the guidelines outlined above and must be appropriate for a work environment. Casual business attire must be neat and professional. Casual business attire includes such clothing as colored polo shirts, oxford shirts, blouses, sweaters/cardigans, blazers/sport coats, casual slacks (no jeans), khaki pants, pants to mid-calf, dresses and shirts, casual skirts, loafers, sandals, and boots.
 3. Uniforms
 - a. Uniforms may be required in specific areas. They will constitute regular business attire when approved by management. Employees should consult with their individual Department Director for specific guidelines on uniforms. Scrub uniforms may be worn with Departmental approval. Denim like scrubs are not permitted. Uniforms owned by Cooper must be returned upon separation of employment.

IV. ATTACHMENTS

[8.604a Attachment - Employee Scrubs Program](#)

V. RELATED POLICIES

[8.609 Employee Relations - Identification Badges](#)

[8.702 Discipline Termination of Employment - Health System Rules](#)

Professional Conduct

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

POLICY: Professional Conduct Policy

SCOPE: Candidates for the Doctor of Medicine degree

DEFINITIONS:

Professionalism is broadly defined. It is expected that this will be applied beyond the elements of the curriculum. It is expected to be a way of life for the health care professional.

Hearing Body for Student Rights

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

Professionalism Intervention Report

This form may be filed by anyone, including another student, when an incident of unprofessional behavior is noted involving a CMSRU student.

Professionalism Report for Exemplary Behavior

This form may be filed by anyone, including another student, when an incident of exemplary professional behavior is noted involving a CMSRU student.

Guidelines:

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

Procedure:

- Issues related to professionalism that relate to a course or clerkship are managed as per the Grading, Promotions and Appeals Policy.
- Issues related to professionalism that occur outside of the curriculum, including the filing of a Professionalism Intervention Report that is unrelated to a course or clerkship, will be managed as follows:
 - All matters are reported to the vice dean.
 - In the absence of the vice dean reports will be given to the dean
 - The student will be notified and a meeting arranged
 - The vice dean can place a student on immediate leave for an issue related to professional behavior pending further investigation.
 - The vice dean will investigate the issue and provide a decision to the student directly or refer the issue to the Hearing Body for Student Rights for review and recommendation. If a decision is made by the vice dean, the student may accept the decision or choose to appeal the decision to the Hearing Body for Student Rights.
- If the student accepts the decision, the student will follow the remediation plan developed by the vice dean. At the conclusion of the remediation plan the vice dean will determine if the issue is closed or refer the case to the Hearing Body for Student Rights.
 - The Hearing Body for Student Rights will be convened at the request of the vice dean.
 - A chairperson will be chosen from among the seven members to communicate with the student and the vice dean.
 - The student shall be given at least 72 hours' notice of the time and place of the committee's hearing.
 - At the discretion of the student making the appeal, one individual may accompany him/her at the hearing in the capacity of advisor and/or advocate. All other advocacy efforts must be in the form of written communications to the committee, and must be received by the committee not later than 24 hours preceding the time scheduled for the start of the appeals hearing.
 - The chairperson will communicate the decision of the Hearing Body for Student Rights to the vice dean within 10 working days.
 - The vice dean will communicate the decision to the student and carry out the conditions set forth by the Hearing Body for Student Rights.

Request for appeal of decision of the Hearing Body for Student Rights:

- A student may appeal the decision of the Hearing Body for Student Rights by requesting that the vice dean convene an Ad Hoc Committee for Student Appeals. The appeal is made through the Associate Dean for Medical Education. The process is monitored and documented by the Director of Curriculum and Student Development.
- The vice dean convenes an Ad Hoc Committee for Student Appeals that shall be comprised of five members of the faculty who are not members of the Hearing Body for Student Rights, the Academic Standing Committee, the Curriculum Committee, the subcommittees of the Curriculum Committee, or the Advisory College Directors. The chair will be chosen from among the Ad Hoc Committee for Student Appeals committee members.
- The Ad Hoc Committee for Student Appeals shall hear the appeal and provide a decision within ten working days of receiving written notice of intent to appeal.
- The student shall be given at least 72 hours' notice of the time and place of the committee's hearing.
- At the discretion of the student making the appeal, one individual may accompany him/her at the hearing in the capacity of advisor and/or advocate. All other advocacy efforts must be in the form

of written communications to the committee, and must be received by the committee not later than 24 hours preceding the time scheduled for the start of the appeals hearing.

- The decision of the ad hoc committee shall be communicated verbally and in writing to the Vice Dean and will be final. The Vice Dean shall communicate this final decision to the student.

Religious Observances

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

POLICY: Religious Observances

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

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

PROCEDURE:

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

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

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

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

Smoking

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

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

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

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

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

Social Networking

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

POLICY: Social Network Policy

SCOPE: Candidates for the Doctor of Medicine degree

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

PROCEDURE:

Social networks are ubiquitous, easily accessed, and potentially very valuable resources for students - for sharing experiences, support, and for educating and participating in the broader community and society. However, the immediacy, accessibility, and permanence of digital media poses risks and challenges to all users, with unique and important issues for healthcare providers, having access to private and sensitive patient information.

While we encourage and support the use of social media for the many benefits it can provide, the below guidelines are provided to protect first and foremost patients, as well as CMSRU's students, faculty, and staff, and the institution itself.

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

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

The following actions are strictly forbidden:

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

- Display of language or photographs that imply disrespect for any individual or group because of age, race, gender, ethnicity, or sexual orientation is not permitted.
- Posting personal photographs or photographs of others that may reasonably be interpreted as condoning irresponsible use of alcohol, substance abuse, or sexual promiscuity is prohibited.
- Posting of potentially inflammatory or unflattering material on another individual’s website, e.g. on the “wall” of that individual’s Facebook site is prohibited.

Additional Guidance for Use of Social Networks

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

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

Standards for the Learning Environment

PURPOSE:

The Cooper Medical School of Rowan University bears special responsibility to ensure that its students learn in an environment that fosters mutual respect, collegial behavior and the values of professionalism, ethics and humanism. CMSRU recognizes that the quality of the learning environment, including interactions among faculty, residents, nurses, staff, and students, impacts student learning and satisfaction. The monitoring mechanisms and procedures to address suboptimal learning environments are described below:

The standards for behavior by CMSRU students are delineated in the following policies:

- Honor Code

- Professional Appearance
- Professional Conduct
- Social Networking

The policies in place to ensure that the learning environment is safe and positive include:

- Student Mistreatment
- Teacher Learner Compact
- Ombudsman

Note: All of the above Policies are within the Student and Faculty Handbooks:
<http://www.rowan.edu/coopermed/faculty/>

Initiatives to Enhance the Learning Environment:

CMSRU will work conscientiously to optimize the learning environment for students, residents, faculty, and staff. The following are initiatives in place. These offerings will grow over time.

- Committee for a Positive Learning Environment
- Wellness Programming –regular fitness, yoga, and meditation sessions are scheduled in the dedicated wellness space. Access to recorded wellness sessions are always available. Wellness events, challenges, and communications are ongoing.
- Lunch and Learn programming – these one hour noon sessions given to M1 students weekly focus on stress management, career direction, professionalism, and self-awareness.
- The Advisory Colleges – every student is assigned to a College during Orientation. The Colleges are designed to foster mentoring and support for every student. Each student has a student mentor one year ahead of them in the curriculum. The Colleges meet regularly as groups and each Director meets with their students multiple times each year individually. Career guidance is a special focus.
- The Student Assistance Program – Counseling service is available to each student utilizing student fees. Issues addressed may range from test anxiety, fear, sleep issues, and related emotional disorders. Referrals to psychiatrists not associated with teaching our students are available.
- Faculty Development – Mentoring and Professionalism are areas of focus.
- Resident Development – Self-care, resident as teacher (PRIME program), Mentoring and Professionalism are areas of focus.
- An open door policy in the Office of Student Affairs – every student is told that the staff of the OSAA is always available for any issue.

Monitoring the Learning Environment

CMSRU has developed ongoing mechanisms to monitor and enhance the learning environment in all educational settings including the classroom, laboratory, hospital and clinic through:

- Soliciting reports from students of exemplary learning environments to celebrate and learn from them
- Development of a culture in which students feel safe reporting mistreatment events if they occur, so they can be addressed and avoided in the future

- Creation of a system of liaisons for each class to interface with the teaching faculty on a regular basis
- Utilization of the Advisory College system. Direct communication with the Office of Student Affairs and Admissions, or the CMSRU Ombudsperson
- Student and faculty evaluations, including course evaluations
- C-change student and faculty surveys
- Graduation Questionnaires (beginning in 2016)

Reporting mistreatment or hostile learning environment:

- CMSRU encourages students to report mistreatment or hostile learning environment in end of course evaluations or at any other time. In situations where a student may be hesitant to do so, the associate dean for student affairs and admissions will be available by walk-in, phone or email at all times. When a student prefers that the reporting be totally confidential:
 - A drop box is available in the hallway near the Office of Student Affairs
 - A confidential call-in phone number is available to report issues: 856-956-2777
- The associate dean for student affairs and admissions will receive any report issued by any student surrounding learning environment issues.
- The associate dean for student affairs and admissions, the associate dean for medical education and the vice dean will meet regularly to review these reports and monitor follow-up actions within the departments where the events occurred. To preserve anonymity to the fullest extent possible reports are ‘quarantined’ until after course directors have submitted grades (in the case of Phase I courses and clerkships) or after students have matched (in the case of electives).
- The associate dean for student affairs and admissions addresses reports of mistreatment and hostile learning environment and responds to these reports in a relevant and constructive manner.
- When the issue is one that extends beyond a single student or situation the following resources are called upon to address the issues:
 - The Center for Student Wellness
 - The Student Assistance Program
 - The Committee for a Positive Learning Environment
 - The CMSRU Ombudsperson
 - Other resources as needed
 - The vice dean is ultimately responsible for addressing issues of the learning environment that cross the continuum of undergraduate and graduate medical education, faculty affairs, and non-physician health care workers.

Reporting sexual misconduct

* Title IX federal regulations require that any allegation of sexual discrimination, harassment, gender-based or sexual misconduct reported to a faculty member or administrator must be reported to and investigated by the Title IX Office at the university. See the Student Sexual Misconduct and Harassment Policy: http://www.rowan.edu/equity/titleix/documents/StudentSexualPolicy7-25-12_002.pdf

Committee for a Positive Learning Environment

The Committee for a Positive Learning Environment will provide education about creating a learning environment conducive to education and professionalism for faculty, staff, nursing, residents and students

in a variety of venues as a means of prevention of mistreatment of students and other trainees. It shall advise the Dean on programs and systems to address and prevent mistreatment of students.

The Committee consists of 10 members including four faculty members, two medical student members elected by the students (one representing first and second year students, and one representing third and fourth year students), a representative of CHS Patient Care Services, a resident physician or fellow elected by peers, and the CHS Designated Institutional Official (DIO) representing Graduate Medical Education. The vice dean and the associate dean for student affairs and admissions shall serve as *ex officio* members. The term of office shall be three years with staggered terms, except where the member serves in an *ex officio* capacity, which may involve a shorter term, or the representative is a student.

CMSRU fully supports the AAMC Statement on the Learning Environment:

We believe that the learning environment for medical education shapes the patient care environment. The highest quality of safe and effective care for patients and the highest quality of effective and appropriate education are rooted in human dignity.

We embrace our responsibility to create, support, and facilitate the learning environment shared by our patients, learners, and teachers. In this environment, our patients witness, experience, and expect a pervasive sense of respect, collegiality, kindness, and cooperation among health care team members. This includes all professionals, administrators, staff, and beginning and advanced learners from all health professions. This includes research as well as patient care environments.

We affirm our responsibility to create, support, and facilitate a learning environment that fosters resilience in all participants. It is our responsibility to create an atmosphere in which our learners and teachers are willing to engage with learning processes that can be inherently uncomfortable and challenging.

We affirm our commitment to shaping a culture of teaching and learning that is rooted in respect for all. Fostering resilience, excellence, compassion, and integrity allows us to create patient care, research, and learning environments that are built upon constructive collaboration, mutual respect, and human dignity.

Student Activities Policy

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

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

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

DEFINITIONS:

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

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

PROCEDURE:

- This policy becomes effective in the second semester of the first year for all students.
- A student may participate in activities, clubs and organizations only if the student is in good academic standing. For the purposes of this policy that is defined as being a full time student in curricular sequence or enrolled in the Independent Study Course. Students on a Leave of Absence are not permitted to participate in student activities.
- The Office of Student Affairs and the office of Multicultural and Community Affairs will offer their resources when possible to support the development of clubs and organizations, especially those linked to national organizations.

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

Student Mistreatment

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

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

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

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

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

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

Student Complaint Procedure

I. Departmental Level

- a. The student and faculty/professional staff member will meet to attempt resolution of the complaint.
- b. If the matter is not resolved, the student and the faculty/professional staff member will then meet with the departmental chairperson/supervisor, who will act as a facilitator, to determine if resolution is possible.
- c. If the faculty/professional staff member is not accessible for any reason (e.g., prolonged illness, on leave, refuses to meet with student), or if the student fears reprisal, the student may initiate the process by first meeting with the departmental chairperson/supervisor.
- d. In any case, if the matter is not resolved, the student must notify (in writing) the faculty/professional staff member or departmental chairperson/supervisor within twenty (20) calendar days from the date the student knew or should reasonably have known about the matter.
- e. If the above named people are not available or cannot be contacted, the student must submit in writing his/her intention to pursue the process at the departmental level. The written statement must be sent to the departmental chairperson/supervisor within the same twenty (20) days noted above.
- f. If the student wishes to pursue the matter immediately, the departmental chairperson/supervisor must schedule a meeting between the faculty/professional staff member and the aggrieved student within ten (10) working days after being contacted by the student and it must be held within fifteen (15) days of such contact. The student and faculty/professional staff member will be informed in writing by the departmental chairperson/supervisor of the outcome of the meeting.
- g. If the student wishes to delay pursuing the matter until the course/clerkship is over, the departmental chairperson/supervisor must schedule a meeting between the faculty/professional staff member and the aggrieved student within twenty (20) working days of the conclusion of the course. The student and faculty/professional staff member will be informed in writing by the departmental chairperson/supervisor of the outcome of the meeting.
- h. If the grievance is against the departmental chairperson/supervisor, the student may begin the complaint process at the medical school level.

II. Medical School Level

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

The associate dean for student affairs and admissions will convene a meeting to attempt to effect reconciliation between the two parties within fifteen (15) calendar days of receiving the student's written rationale for the grievance. Pertinent documentation provided by the faculty/professional

staff member and/or the student shall form the basis of discussion at this stage. The faculty/professional staff member and the student may be assisted in the meeting by advisors. The advisors must be from within the medical school community and cannot speak for the faculty/professional staff member or the student. The advisors can only advise the parties they represent.

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

Notes:

1. This process does not apply to the students' personal preferences regarding the faculty/professional staff members' physical appearance, personal values, sexual orientation, or the right to academic freedom or the freedom of expression.
2. In all grievance matters, to the extent possible, the student will be responsible for documentation of his/her allegations.
3. To ensure the protection of the parties' privacy, the process and all documentation will be completely confidential.
4. The faculty/professional staff member being complained about is expected to attend all meetings set up to resolve the complaint.
5. All students, faculty, professional staff, department chairs, supervisors, and deans are expected to follow the steps in this policy.
6. If a departmental chair/supervisor, dean/division head, the provost, or the president of the university receives a letter of complaint about a faculty or professional staff member from a student, he/she will forward the letter to the individual being complained about and inform the student that the complaint process must begin with an attempt to resolve the problem with the faculty/professional staff member, and that the above complaint procedure must be followed.

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

Policies Related to Medical Education

Active Learning Group Policy

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

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

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

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

Appliances

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

Approved appliances:

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

Prohibited appliances:

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

Students wishing to bring in appliances not included on either of these lists shall request permission from the Associate Dean for Finance, Administration, and Operations prior to installation. Requests will be reviewed weekly with CMSRU leadership and final decisions shared with all students. These lists may be altered at any time based on a number of factors, including need to limit electrical power usage, recurrent unsanitary conditions, or other factors.

General Room Conditions

Rooms should always be maintained in a clean condition, with specific avoidance of states that may attract insects and other pests. This includes:

1. Cleaning/removal of dirty dishes by the end of the day
2. Disposal of any food/beverages and empty food/beverage containers in an appropriate trash receptacle
3. Storage of retained food in sealed, pest-proof containers, preferably put away in cabinets or refrigerators
4. General maintenance of a professional, non-cluttered appearance to rooms

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

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

Student Attendance

PURPOSE: This policy outlines what constitutes an excused absence and how CMSRU will work with each student to assure that information and testing is not missed when a student is unable to be present.

PURPOSE: A student will have events occur during the course of their medical education that are unpredictable. CMSRU puts the health and welfare of each student paramount. This policy outlines the importance of in-person, active engagement among students and faculty. It is important to provide unambiguous expectations for active student participation in the educational program in a manner that is respectful of and adaptable to unexpected events, and allows students to plan their schedules responsibly.

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

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

PROCEDURE:

Responsibilities of the student:

Note: Students will be excused for all matters related to addressing personal health issues, and will be expected to notify the appropriate party as listed below.

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

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

Responsibilities of the Faculty:

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

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

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

Phase I

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

Phase II

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

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

Process:

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

Excused Absence: A Guide

The following are considered excused absences:

- Acute personal illness
- A physician's appointment for personal care that could not be scheduled at any other time
- Acute event such as a car breaking down – *these will be case by case*
- Family Crisis
 - Death of parent, child, spouse or sibling (*other than this will not definitely be excused*)
 - Acute major illness or accident involving the above
- Religious Observance: Please see the full policy in the Handbook that includes the following: *“CMSRU will not penalize a student who must be absent from a class, examination, study or work requirement for a religious observance. Students who anticipate being absent because of a religious observance must, as early as possible and in advance of an anticipated absence of a*

day, days or portion of a day, inform the associate dean for student affairs and admissions.”

This does not mean that all such days are excused, only that the decision is yours to make.

- Attending a Conference: these will be excused if you are presenting, doing a poster, or have been asked to go by administration to represent our school (Ex: OSR)
- Wedding –Please note that there are times in the schedule that work best for any event that can be scheduled in advance. Wedding dates are usually known long in advance. *These will be addressed on a case by case basis but not usually excused.*

It is not possible to include all possibilities on a list. The above are a guide. Each request will be considered, but because each day of medical school involves a large amount of material absences are discouraged overall.

If you have a request denied, that means the faculty are under no obligation to make an effort to get you materials and tests will not be postponed. It is your decision to miss school.

In the M3 year each unexcused absence day will be counted towards the 5 personal days allowed during the year. All requests for excused absences in the M3 year will first be made known to Richard O’Neal who may consult with others as needed. In the event that a student exceeds the 5 personal days this will be referred to the Vice Dean as it involves professionalism.

In Phase I, all requests for excused absences are to made using the Blackboard system:

http://cmsruapp2.rowan.edu/coopermed/attendance/admin/admin_index.php.

In the M3 year all requests are to go through Richard O’Neal. He will consult with Dr. McGeehan and others as appropriate. All third year requests must be made using the absence request system:

http://cmsruapp2.rowan.edu/coopermed/attendance/admin/admin_index.php

M4 INTERVIEW AND VACATION PERIOD

Students have 9 four week blocks to complete their required clerkships and electives in their M4 year. That leaves 1 four (4) week block open for interviews and personal time (vacation, illness).

In addition, students are permitted five (5) additional days of personal time (vacation, illness) in the M4 year that can be taken outside of the four (4) weeks already given for interviews and personal time.

Personal time can only be taken off during electives. The maximum is 2 days of personal time for a 4 week elective, 1 day for a 2 week elective. You must contact the elective director and coordinator as far in advance as possible if you know that you will be taking personal time off. Personal time is not permitted during the mandatory M4 clerkships: Emergency Medicine, Chronic Care, Sub-Internship, Medical/Surgical Intensive Care.

Please make sure to contact your elective director and coordinator as early as possible about interviews. You will be responsible for any material missed during an elective for an interview.

All students are expected to be at CMSRU for Match Week. Students cannot take personal time during Match Week.

Computer and Electronic Device Use

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

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

Cellular Phone Policy:

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

Laptop Computer Policy:

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

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

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

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

Copyright Infringement

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

POLICY: Copyright

SCOPE: All CMSRU medical students, faculty and staff

Important Information about Copyright

What is Copyright?

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

What is Protected by Copyright?

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

What is NOT Protected by Copyright?

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

How Long Does Copyright Protection Last?

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

Fair Use

Fair use is a defense under U.S. law that may be raised by the defendant in a copyright infringement case. Fair use recognizes that certain types of use of other people’s copyright protected works do not require the copyright holder’s authorization. The fair use doctrine is codified in Section 107 of the U.S. Copyright Act. Although there are no absolute rules around fair use, generally the reproduction (photocopy or digital) or use of someone’s copyright-

protected work is more likely to be found to be fair use if it is for one of the following purposes: criticism, comment, news reporting, teaching, scholarship or academic research. To determine whether a particular use qualifies as fair use, the statute requires a fact specific analysis of the use based upon four factors:

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

All four factors must be considered and balanced against the other factors as part of each fair use analysis.

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

Copyright and Digital Works

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

Fact Finding Questions

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

Requesting Permission

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

- ISBN or ISSN, if applicable
- Date of publication, if applicable

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

Guidelines for the Appropriate Use of Copyrighted Materials

CMSRU Faculty, Student and Staff Obligations Under Copyright Law

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

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

Curricular Interruption Process

Any student who has a period of time during which they are not participating in the scheduled curriculum for any reason has the following options:

- **Leave of Absence:** A student must formally apply for this using the **Medical Student Withdrawal/Leave of Absence Request** form and adhere to the approval process. The time period and the plan for return to the curriculum will be developed on a case by case basis.
 - During this period the student is not a student at CMSRU and will not have access to the building or the resources of the school. All possessions must be removed from the building and access cards will be inactivated.
 - The student will be subject to any rules surrounding their existing loans in place federally or locally.
 - This period of time will not be included in the time periods designated to complete a curricular phase as per the Grading and Promotions Policy
- Enroll in the Independent Study Course: 01900.

- Approval to take this course is via the Associate Dean for Medical Education and the Associate Dean for Student Affairs and Admissions.
- The **Medical Student Independent Study Request** form must be filed and fully approved before any student can begin the course.
- A student on an approved Leave of Absence for one or more semesters is not eligible for the Prolonged Independent Study course while on a LOA.
- The student will be a full time student at CMSRU while enrolled in this course.
- The transcript will indicate that the student is enrolled and the time period, and the grade.
- There will be no course fee
- Each student must meet with Financial Aid to determine the process for application for loan support during this period.
- Student Fees in addition to the course fee will be paid to the Bursar's office.
 - The cost and term for fees will be the prevailing fee in place at the time of enrollment in the course.
- The period of time spent in the Independent Study Course will be applied to the time period spent completing a curricular phase as per the Grading and Promotions Policy.

Duty Hours

PURPOSE:

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

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

DEFINITIONS:

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

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

I. RESPONSIBILITY

CMSRU Duty Hours: A medical student shall not exceed duty requirements of 16 hours within a 24 hour period. Duty includes didactic educational sessions, patient care, transition, and call periods. Medical students must have 8 hours off duty within this 24 hour cycle. Furthermore, students must have one 24

hour period free from duty per week. Medical students must adhere to an 80-hour maximum weekly limit averaged over 4 weeks.

Implementation

1. Office of Medical Education and the Office of Student Affairs and Admissions

The Office of Medical Education will monitor duty hours of medical students on a scheduled basis that corresponds to the M3 and M4 block schedule. M3 students will complete a self-reported duty hour exception report at the end of their inpatient blocks which will detail reasons why the student was not in compliance with the duty hours policy on any specific day in that block cycle. M4 students will complete their mid-block and end-of-block duty hour exceptions reports. The associate dean for student affairs and admissions monitors the duty hours policy with the support of the associate dean for medical education and the vice dean.

2. Students

Students are responsible to comply with duty hour policies, regulations and procedures.

- If during a course or clerkship sponsored by CMSRU or approved for an away elective at another sponsoring institution, students are not in compliance with CMSRU established duty hours, students will receive a warning from the associate dean for student affairs.
- If the student continues to be not in compliance with CMSRU established duty hours after the warning from the associate dean for student affairs, they may be referred to the Academic Standing Committee.

3. Faculty

Faculty members are responsible for implementing duty hour policies, regulations, and procedures. For the courses or clerkships for which they are responsible, faculty members:

- Agree to abide by the duty hours for CMSRU medical students as defined by CMSRU and the ACGME.
- If faculty require students to be out of compliance with the established CMSRU duty hours, faculty members will have a warning issued by the vice dean's office to ensure that students make every effort to comply with established CMSRU duty hours.
- If, after a warning to comply with established CMSRU duty hours for medical students, faculty members continue to require students to be out of compliance with the defined duty hours of CMSRU, they will have their faculty appointments revoked.

Electives Policy

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

APPROVED ELECTIVES: Students may select courses from four sources:

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

SCOPE: All CMSRU students.

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

PROCEDURE: All students at CMSRU must get the approval for their M4 elective choices by the Office of Medical Education.

- Choices are limited to two electives within the same discipline.
- A student who wishes to take a third elective in a single discipline/specialty/subspecialty must get approval by the M4 curriculum director.

CLINICAL ELECTIVES HOURS POLICY

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

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

SCHEDULING OUT-OF-TOWN ELECTIVES

It is the student's responsibility to arrange out-of-town electives. Students must keep their advisor, the registrar, and the assistant dean for phase II of the curriculum informed of the status of these electives. Year 4 students are allowed up to 16 weeks away clinical electives per academic year.

VACATION PERIOD

Students have 9 four week blocks to complete their required clerkships and electives in their M4 year. That leaves 1 four (4) week block open for interviews and personal time (vacation, illness).

In addition, students are permitted five (5) additional days of personal time (vacation, illness) in the M4 year that can be taken outside of the four (4) weeks already given for interviews and personal time.

Personal time can only be taken off during electives. The maximum is 2 days of personal time for a 4 week elective, 1 day for a 2 week elective. You must contact the elective director and coordinator as far in advance as possible if you know that you will be taking personal time off. Personal time is not permitted during the mandatory M4 clerkships: Emergency Medicine, Chronic Care, Sub-Internship, Medical/Surgical Intensive Care.

NEW ELECTIVES

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

POLICIES ON INSTRUCTION OF STUDENTS

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

Grading, Promotions and Appeals

PURPOSE:

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

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

DEFINITIONS:

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

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

I. RESPONSIBILITY

Implementation

1. Faculty

The faculty is responsible for implementing grading policies, regulations and procedures. For the courses or clerkships for which they are responsible, faculty members:

- a. establish standards to be met for attaining course or clerkship credit and criteria for assigning specific grades, and
- b. assign final grades for the course or clerkship within six weeks of the last day of the course or clerkship.

2. The associate dean for medical education

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

3. Academic Standing Committee

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

II. COURSE REQUIREMENTS AND SEQUENCING

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

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

III. ASSESSMENT AND STANDING OF STUDENTS

A. Grading

All courses or clerkships, whether required or elective, and all research experiences specifically approved as part of an individual student's curriculum must be graded according to the grading system for Phase 1 and for Phase 2. Final grades must be submitted to the registrar within six weeks of the completion of a course or clerkship. If the final grade for a course or clerkship is a **U** (unsatisfactory), the director for assessment in the Office of Medical Education informs the associate dean for medical education promptly by phone or email and submits that information in writing within three weeks.

1. The CMSRU Grading System

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

M3 Courses/Clerkships:

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Honors (H): is a clearly superior performance that reflects comprehensive achievement of course/clerkship objectives. (Distribution: approximately 20% of the class may receive **H**.)

High Pass (HP): a performance well beyond minimum achievement of course/clerkship requirements. (Distribution: after Honors grades have been determined, approximately 30% of the class may receive **HP**.)

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

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

Unsatisfactory (U): a performance below acceptable minimum standards (grade less than 70.00%).

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

Incomplete (I)

Grades of Incomplete are applied at the School as described below:

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

Withdrawn (W)

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

M4 Courses/Clerkships:

The M4 courses and clerkships provides for grades of Honors (H), High Pass(HP), Pass (P) and Unsatisfactory (U), except in the case of one and two week electives which are graded as Pass (P) and Unsatisfactory (U) There are no restrictions on the number of students who can attain the grade of Honors or High Pass in the M4 courses and clerkships where those grades are possible.

When written confirmation of a final grade for an M4 course/clerkship has not been received within seven days prior to the student's scheduled graduation date from the School, the associate dean for medical education with the associate dean for student affairs and admissions and in consultation with

the appropriate departmental chairperson, may assign and have duly recorded on the student's academic transcript a final grade of **P**, if the student has met all requirements for that course/clerkship.

2. Narrative Assessments

a. Competency Assessment

At the conclusion of each course in year one and year two, after all the M3 clerkships, and after the required clerkships in M4, a formal written narrative assessment of each student's performance must be submitted to the Office of Medical Education. These comments will become part of the academic record. In year one and year two, narrative assessments are written by the active learning group (ALG) and Scholar's Workshop (SW) facilitators and by the course faculty for the Foundations of Medical Practice Course and Ambulatory clerkship. M3 and M4 clerkship directors provide the narrative assessment.

i. Mid-course and Mid-Clerkship Assessment

Interim formative evaluative comments from the ALG and SW facilitators and clerkship directors made directly to the student are required during all courses and clerkships, including the Cooper Longitudinal Integrated Clerkship (CLIC) in year three. Such interim assessments must be given at approximately the mid-point of each course or clerkship when faculty communicate to each student, in writing, information concerning the student's performance to date and, as appropriate, recommendations for improvement.

ii. Final Written Report

Within four weeks of the conclusion of the academic year in Phase 1 of the curriculum, ALG facilitators, and Ambulatory Clerkship preceptors must submit to the associate dean for medical education a written narrative report for each student assigned to their group. Scholar's Workshop and Foundations of Medical Practice faculty members submit these reports at the mid-point and the end of the academic year. The narrative report is submitted via one45 by the facilitator and should address the CMSRU competencies. Similarly, within four weeks of the conclusion of a clerkship in the third year and required clerkships in the fourth year, the clerkship director must submit to the OME a written narrative report for each student assigned to that clerkship. The associate dean for medical education will review all reports and, refer students as needed to the Vice Dean for issues of professionalism. The vice dean may refer the student to the Academic Standing Committee.

iii. Errors in Statements of Fact in Narratives

If any student feels that there are errors of fact in any student narratives, a request to have that narrative amended should be submitted to and reviewed by the associate dean for medical education within three days of receiving their narrative report.

B. Standing of Students

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

1. In good academic standing

The student:

- has completed satisfactorily the requirements of all courses/clerkships of all previous years, and
- has passed any USMLE examinations required to be taken to complete a curricular phase.

2. Not in good academic standing (on academic probation)

The student:

- has not fulfilled the requirements of one or more courses/clerkships of a previous year, or
- has not passed U.S. Medical Licensure Examination (USMLE) Step 1, Step 2CK or Step 2CS examinations by the second attempt.

IV. THE PROMOTIONAL SYSTEM

A. Phase 1

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

- A student who fails up to 2 courses in an academic year in Phase I will be permitted to remediate the failing grades before being placed on academic probation, however a student who chooses to repeat a year without having successfully completed all the academic requirements for that year will be placed on academic probation since they have not successfully remediated the courses and are choosing to repeat them.
 - Special circumstances related to the M1 Fundamentals course:
 - The M1 Fundamentals course is a 16 week course with four individual blocks. Student scores are averaged throughout the course to calculate the final grade. Given the critical nature of this course in the academic development of a CMSRU medical student, the following applies:
 - A student must achieve an average grade of 70 or above to pass the course.
 - Students can have a failing block score in two block modules in this course and have the ability to remediate the course at the end of the academic year if the student's overall course average is below a 70.
 - If a student fails three of the course blocks, they must repeat the course the following academic year and will not be allowed to progress in the remainder of the M1 curriculum regardless of course average.
- A student who fails to remediate a failing grade in 1 course/clerkship will be placed on academic probation and must repeat the course/clerkship in the subsequent year. Students will not be permitted to advance to the next academic year until the course/clerkship has been successfully completed. Students may register for an Independent Study during this time but are not permitted to take courses/clerkships/electives from the next academic year's curriculum.
- A student who fails to remediate 2 courses/clerkships must repeat the year, and will be placed on academic probation. The student must retake all courses/clerkships in the academic year and pass all to move to the next academic year in the curriculum.
- A student who fails 3 courses/clerkships will be dismissed.
- A student with an identified area of concern in their course narratives may be referred to the Vice Dean for review and action.

B. Phase 2

- Students are required to pass all clerkships and the Scholar's Workshop course in Year 3 to be promoted to Year 4.

- In the M3 year, a student must successfully complete all assessment components of their clerkship requirements. For the three blocks in the Fall term of M3, students must remediate a failed assessment component during the December examination week. Students who need to remediate a failed assessment component in the Spring term blocks will do so during the study week or the examination week in June. Students who need to remediate assessment components for courses or clerkships with assessment components during the M3 examination weeks in June, must do so within 21 calendar days of the last examination. Examinations held after the M3 year will delay entry in the M4 year. Students who need to remediate any portion of an M3 course or clerkship can only receive a final grade of Remediated Pass (RP) in those courses or clerkships.
- Students failing a single clerkship must remediate that clerkship prior to proceeding to the next academic year, or graduating, respectively.
- Students failing two clerkships or one clerkship and the Scholar's Workshop course must repeat the entire academic year, and will be placed on academic probation.
- Students failing 3 or more clerkships or 2 clerkships and the Scholar's Workshop course will be dismissed.
- Students failing the M3 Scholar's Workshop course only, will be promoted to Year 4 with contingency, and must remediate that course during Year 4.
- Students are required to pass all clerkships and electives in Year 4, and complete their Scholar's Workshop capstone project to be eligible for graduation.
- A student with an identified area of concern in their clerkship narrative assessments may be referred to the Vice Dean for review and action.

C. USMLE Examinations:

- All students studying for the MD degree at CMSRU are required to pass Step 1 and Step 2CK and Step 2CS of the U.S. Medical Licensure Examination (USMLE) as a condition of continued matriculation and of graduation.
 - Step 1 shall be taken prior to beginning Year 3 of the medical school curriculum.
 - Step 2 CK (Clinical Knowledge) and Step 2 CS (Clinical Skills) shall be taken no later than November 30th of the calendar year in which medical students are enrolled in Year 4 of the medical school curriculum.
 - Passing Step 1, Step 2 CK and Step 2 CS are required for candidates to sit for the Step 3 examination, which is usually taken during the first residency year after graduation from medical school.
- A student who fails to pass Step 1 on the initial attempt shall:
 - Complete the first block of the M3 year. A final grade is awarded in this block.
 - Be assigned Step 1 remediation time and prepare a remediation plan that is approved by the Associate Dean for Medical Education to be completed during block 2 of the M3 year.
 - Take Step 1 again within 40 days after completing the first block of the M3 year.
 - Resume the third year program following the remediation time by entering block 3 in the M3 curriculum.
 - Completion of the M3 year will require an extension of time (a minimum of four weeks) to complete all requirements, thus delaying the start of the fourth year
 - At their request, students may choose to take a leave of absence for the remainder of the M3 year and begin the M3 year with the subsequent class. Any blocks that have been

completed up to this time do not have to be repeated unless the student has received a grade of unsatisfactory that has not been remediated.

- A student who fails to pass Step 1 on his/her second attempt shall:
 - Stop all activities in the M3 year.
 - Be automatically registered in an independent study program (enabling him/her to continue to be considered a full-time student). This program will be monitored by the Office of Medical Education.
 - Take Step 1 for the third time no later than May 30th of the original third academic year.
 - If the student successfully completes the Step 1 examination, the student shall enter the third year with the subsequent academic class. Any blocks that have been completed up to this time do not have to be repeated unless the student has received a grade of unsatisfactory that has not been remediated.
 - If a student fails the Step 1 examination a third time, she/he shall be dismissed.
- When all requirements of the Year 3 program have been met, the student shall begin his/ her Year 4 program. The student will then have the option of completing the Year 4 curriculum, or be placed on leave of absence and re-enter the Year 4 program with the subsequent class.
- All M3 clerkships that have been successfully completed prior to the required independent study program will not have to be repeated.
- A student who does not take Step 2 CK and CS by November 30th of the fourth year shall not be permitted to continue clinical rotations until the student takes the Step 2 examination.
- A student who fails to pass Step 2 CK or 2 CS shall:
 - Take Step 2 CK or 2 CS again, no later than March 15th of the next calendar year.
 - Complete the fourth year curriculum.
- A student who fails to pass Step 2 CK or 2 CS for the second time shall:
 - Take Step 2 CK or 2 CS for the third time, no later than July 31st. The student shall be automatically registered into an independent study program for the following semester, with a potential May graduation date of the next year.
 - If a student fails the Step 2 CK or 2 CS examination three times, she/he shall be dismissed from the school.
- A passing score for Step 2 CK and Step 2 CS must be reported to the Office of Medical Education no later than one week prior to graduation in order for the student to be awarded a diploma with his/her class.

D. Promotional Decisions

The associate dean for medical education is responsible for assessing the academic performance of each student. The associate dean for medical education will release final grades to the registrar. The director of assessment is responsible for informing any student of his/her status if the grade is a U, and will refer the student to the associate dean for student affairs and admissions for support in his/her decision making regarding remediation and the Academic Standing Committee review process for promotional decisions.

For issues related to professionalism within the curriculum, a student's case is referred to the vice dean by the associate dean for medical education. The student is entitled to a meeting with the vice dean prior to his/her rendering a decision. The vice dean determines if the case should be referred to the Academic Standing Committee for review and possible promotional decision.

Remedying a Failing Performance

Phase 1 Remediation:

All remediation in all M1 and M2 courses/ clerkships is done after the academic year is concluded and all grades for that year have been submitted. Only one attempt is permitted to remedy by reexamination or other course assessment a U grade in any course/clerkship. The remediation examination or other assessment will be conducted within 21 calendar days of the last day of classes in the M1 or M2 academic year. Students who fail remediation must repeat the course or clerkship. Students who are unsuccessful in their remediation attempts will be placed on academic probation until they have successfully repeated the failed courses or clerkships.

Phase 2 Remediation:

Remediation for courses and clerkships in the M3 year is timed to the closest possible remediation period which is the Examination Week in December or the 21 calendar day period following end of the M3 year. Students can begin the remediation process for failed assessment components in the Spring semester as soon as the M3 Examination period ends and grades are available. This will allow students to matriculate into the M4 year as soon as possible. Only one attempt is permitted to remedy by reexamination or other course assessment a U grade in any assessment component in the M3 year. The highest grade a student can earn with successful remediation in any M3 course or clerkship is a remediated/pass (RP).

Remediation Process:

Students will follow a plan developed for course/clerkship remediation by the course director(s)/clerkship director(s). The plan will be developed within fourteen (14) days of student notification of unsuccessful performance in a course/clerkship, except in the last course or block in an academic year when the plan is developed within 3 days. The plan will be implemented after completion of the academic year. The course/clerkship director(s) will:

1. Within seven (7) days of notification of unsuccessful performance, meet with the student to help identify his or her obstacles to achieving satisfactory performance
2. Meet with course/clerkship faculty, as necessary, to discuss the student's learning needs and plan remedial experiences
3. Work with the Phase 1 or Phase 2 Dean to create a written plan for remediation, including:
 - a. goals
 - b. method(s) of study/practice
 - c. duration of the program
 - d. frequency of meetings between the student and designated faculty or course/clerkship director
 - e. planned assessments
4. Share the proposed program with the Director of Assessment and the Associate Dean for Medical Education for their review and written approval. In the event the student is in Year 3, the M3 Director will also be involved. For students in Year 4, the M4 Director will also be involved. In either situation, their signature is required with the others on the remediation plan.
5. Meet with the student within one week of the original meeting to review the plan.

6. Present the student with the written plan, which will be signed by the student.
7. Carry out the plan after completion of the academic year. If the student successfully remediates the grade is changed from a U to an RP. In the case of a clerkship needing remediation, the highest grade available for posting will be a RP.
8. If the student fails to remediate, the grade is maintained as a U and the student is referred to the Academic Standing Committee.

V. PROBATION

A. Academic

A student shall be placed on academic probation by the Academic Standing Committee:

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

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

B. Non-Academic

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

VI. APPEALS

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

A. Appealing a Course or Clerkship Grade

1. Appeal to the Course/Clerkship Director

A student who believes that a course/clerkship grade is unfair and unjustified must first appeal his/her grade to the course/clerkship director within three working days of having been notified of the grade. The student submits the Grade Appeal Form to the course/clerkship director with a copy to the Director of Curriculum and Student Development. The Director of Curriculum and Student Development monitors and documents the process so that all steps in the appeal process are followed correctly. The course/clerkship director, in consultation with the course/clerkship teaching faculty, will review the grade and notify the student and the Director of Curriculum and Student Development of the decision within seven working days of the appeal.

2. Appeal to the associate dean for medical education

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

3. Appeal to the Academic Standing Committee

If the student is dissatisfied with the decision reached by the associate dean for medical education, s/he may appeal that decision, in writing, to the Academic Standing Committee. The written appeal must be made within three working days of receiving notice of upholding the original grade and is monitored and documented by the Director of Curriculum and Student Development. The Academic Standing Committee reviews the appeal and offers a decision within ten working days. The decision of the Academic Standing Committee is final. The decision is communicated to the student, the course/clerkship directors, and the associate dean for medical education. The course/clerkship directors implement the decision of the Academic Standing Committee.

B. Appealing Promotional Decisions

All information pertaining to a student's academic promotion and professional attributes, including that contained in departmental files, may be utilized in the appeals processes described below. Appeals may be based upon procedural irregularity or extenuating circumstances.

1. Appealing Decisions of the Academic Standing Committee based on academic performance promotional decisions to the Ad Hoc Committee for Student Appeals

Process of Appeal

- A student may appeal the decision of the Academic Standing Committee by requesting that the Vice Dean convene an Ad Hoc Committee for Student Appeals. The appeal is made through the Associate Dean for Medical Education. The process is monitored and documented by the Director of Curriculum and Student Development.

- The Vice Dean convenes an Ad Hoc Committee for Student Appeals that shall be comprised of five members of the faculty who are not members of the Academic Standing Committee, the Curriculum Committee, the subcommittees of the Curriculum Committee, or the Advisory College Directors. The chair will be chosen from among the Ad Hoc Committee for Student Appeals committee members.
- The Ad Hoc Committee for Student Appeals shall hear the appeal and provide a decision within ten working days of receiving written notice of intent to appeal.
- The student shall be given at least 72 hours' notice of the time and place of the committee's hearing.
- At the discretion of the student making the appeal, one individual may accompany him/her at the hearing in the capacity of advisor and/or advocate. All other advocacy efforts must be in the form of written communications to the committee, and must be received by the committee not later than 24 hours preceding the time scheduled for the start of the appeals hearing.
- The decision of the ad hoc committee shall be communicated verbally and in writing to the Vice Dean and will be final. The Vice Dean shall communicate this final decision to the student.

2. Appealing Decisions of the Academic Standing Committee based on non-academic performance promotional decisions to the Ad Hoc Committee for Student Appeals

Promotional decisions based solely on non-academic issues related to professionalism, when other competencies within the curriculum are not an issue, are made by the Academic Standing Committee. A student may appeal the decision of the Academic Standing Committee for reasons of procedural irregularity or extenuating circumstances.

Process of Appeal

- A student may appeal the decision of the Academic Standing Committee by requesting that the Vice Dean convene an Ad Hoc Committee for Student Appeals. The appeal is made through the Associate Dean for Medical Education. The process is monitored and documented by the Director of Curriculum and Student Development.
- The Vice Dean convenes an Ad Hoc Committee for Student Appeals that shall be comprised of five members of the faculty who are not members of the Academic Standing Committee, the Curriculum Committee, the subcommittees of the Curriculum Committee, or the Advisory College Directors. The chair will be chosen from among the Ad Hoc Committee for Student Appeals committee members.
- The Ad Hoc Committee for Student Appeals shall hear the appeal and provide a decision within ten working days of receiving written notice of intent to appeal.
- The student shall be given at least 72 hours' notice of the time and place of the committee's hearing.
- At the discretion of the student making the appeal, one individual may accompany him/her at the hearing in the capacity of advisor and/or advocate. All other advocacy efforts must be in the form of written communications to the committee, and must be received by the committee not later than 24 hours preceding the time scheduled for the start of the appeals hearing.
- The decision of the ad hoc committee shall be communicated verbally and in writing to the Vice Dean and will be final. The Vice Dean shall communicate this final decision to the student.

HIPAA Privacy Policy

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

POLICY: HIPAA Privacy Policy

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

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

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

Leave of Absence

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

POLICY: Student Leave of Absence

SCOPE: All CMSRU medical students

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

PROCEDURE:

- A. A leave of absence may be for either a defined or an undefined period of time, determined solely by the associate dean for medical education. Except in extraordinary circumstances, such as situations involving extended research, a student may request a leave of absence only for a period of up to one academic year. The student may request an extension to a leave of absence for extraordinary extenuating circumstances.
- B. The time that a student spends on a leave of absence shall not count towards the maximum of three academic years permitted to complete either the first two or the last two curricular years.
- C. For leaves of absence taken prior to the completion of curricular Year Two:
 - A two-year leave of absence shall ordinarily be the maximum allowed. At the discretion of the associate dean for medical education, such students may re-enter the curriculum at the point where their leave of absence began.
 - Should circumstances dictate that a student be granted a leave of absence that is longer than two years, the associate dean for medical education may, at his/her own discretion, require that the student repeat some or all of the curriculum previously taken, even if all courses were passed.

- A leave of absence longer than three years will ordinarily require repeating the curriculum from the beginning of Year One, unless the associate dean for medical education determines that exceptional circumstances warrant some other arrangement.

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

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

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

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

Ombudsman

Position Description:

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

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

Key Elements of Interaction:

Confidentiality: Information shared will not be disclosed without the individual's permission except when there is an imminent threat to safety.

Neutrality: An Ombudsperson does not serve as an advocate for any party to a dispute. However, an Ombudsperson does advocate for productive communication and fair processes and their implementation.

Independence: The Ombudsman is independent.

The Ombudsperson can help explore concerns about:

Work/Academic Environment
 Fair Treatment
 Interpersonal Relationships
 Sexual Harassment

Discrimination

The Ombudsman is a defined option to address issues surrounding:

- Mistreatment
- Appealing promotional decisions on matters other than grades

Preclinical Academic Workload Policy

Name of Policy: Academic Workload Policy for Pre-Clinical Years

Purpose: A primary goal of CMSRU is to provide a quality education for medical students. In doing so, CMSRU recognizes the importance of creating an atmosphere that encourages students to maintain a healthy balance between required academic activity and a lifestyle focused on wellness. Therefore, it is important to develop policies that define limitations of scheduled educational sessions within the curriculum, so as to simultaneously maximize educational benefits and limit fatigue which may impair the student's ability to learn. A current duty hour policy exists for the educational program during the clinical years at CMSRU (M3 and M4). This policy will specifically address academic workload during the pre-clinical years (M1 and M2) and will also provide for allotment of time on a weekly basis for students to engage in self-directed, independent learning. The method of oversight and monitoring of the effectiveness of this policy by the Curriculum Committee and Office of Medical education is also discussed.

Scope: Candidates for the Doctor of Medicine degree (M.D.)

Definitions:

In-class activity: An in-class activity refers to an educational session that appears on the weekly academic schedule and involves presentation of curricular content through direct interaction between medical students and faculty. Although these sessions appear on the weekly academic calendar, not all sessions are considered mandatory (e.g. attendance is required).

Required out-of-class activity: A required out-of-class activity refers to an educational activity that is required to be completed outside of scheduled class time, generally in preparation for a scheduled in-class activity. Examples of required out-of-class activities include, but are not limited to, case preparation for Active Learning Group, reading of assigned literature for Scholars' Workshop sessions, and review of material (e.g. a recorded lecture) prior to an in-class flipped lecture. Required out-of-class activities do not include time to study material presented in in-class activities.

Self-directed learning time: Self-directed learning time refers to blocks of time built into the weekly academic calendar to allow students to identify, analyze, and synthesize information relevant to their own learning needs. Self-directed learning time also allows students the time required to complete required out-of-class activities or to prepare for in-class activities. The actual activities that occur during self-directed learning time are at the discretion of the student.

Mandatory educational session: A mandatory educational session refers to an educational session that appears on the weekly academic calendar, at which student attendance is required. Some educational sessions, because of their interactive nature (e.g. Active Learning Groups, Scholars' Workshop, Foundations of Medical Practice, Ambulatory Clerkship), are always considered mandatory. Other sessions, such as lectures, are not mandatory. Specific descriptions of which educational sessions are

designated as mandatory are contained within the syllabus for each course and are at the discretion of the course directors.

Policy: The structure of each course within the Phase 1 (pre-clinical) curriculum is developed by the faculty course directors and then approved and subsequently monitored by the Curriculum Committee. The average weekly total academic workload, which includes in-class educational sessions and required out-of-class activities, shall not exceed 40 hours. In the pre-clinical (Phase 1) curriculum at CMSRU, the weekly academic calendar consists of total of 40 hours. These 40 hours are divided between scheduled in-class sessions and self-directed learning time.

The weekly schedule includes no more than 30 hours of scheduled in-class sessions and for most weeks this ranges from 27.5 to 29.5 hours. The format for scheduled in-class sessions includes lectures, small group or team-based learning activities, laboratory or practical sessions, simulation activities, and clinical experiences. These scheduled educational sessions generally occur Monday through Friday between the hours of 8AM and 5PM, although occasionally an Ambulatory Clinic session may extend beyond this time frame. No more than nine hours of scheduled in-class sessions will occur in a single day.

In addition to in-class educational sessions, the weekly academic calendar contains at least ten hours of designated self-directed learning time, although for most weeks this ranges from 10.5 to 12.5 hours. Self-directed learning time is present on most days and generally occurs in blocks of at least two hours. The allotted self-directed learning time will allow sufficient time for students to address their own learning needs, which may include required out-of-class activities or other activities necessary for preparation for in-class sessions. Self-directed learning time is not intended to include additional discretionary study time.

Monitoring: On-going central monitoring of the academic workload, including in-class sessions and required out-of-class activities for each pre-clinical course, will be performed by the Office of Medical Education to insure that the established workload guidelines are appropriate and that the actual workload prepared by faculty course directors is in compliance with this policy. The monitoring data collected by the Office of Medical Education will be forwarded to the Curriculum Committee upon the completion of each semester. If individual courses are found to be out of compliance with this policy or the overall policy guidelines are deemed to be inappropriate, the Curriculum Committee will take action to remedy the situation and re-establish compliance.

Prolonged Absence Policy

PURPOSE: To provide a policy guiding students who are not participating in the academic program for more than 10 consecutive class or clerkship days. This policy outlines the consequences in terms of promotion, participation in the curriculum, use of the buildings and associated benefits, and activities associated with CMSRU outside of the curriculum.

POLICY: Prolonged Absence Policy

SCOPE: This policy applies to all CMSRU students.

PROCEDURE:

1. Unexcused Absence: When a student does not participate in the educational program of CMSRU for ten (10) or more class/clerkship days without being excused the following will occur:
 - a. The ID cards for CMSRU and for Cooper University Hospital will be inactivated and must be returned.
 - b. Electronic Access including Blackboard will be terminated

- c. The Tuition Policy will be adhered to with respect to any possible refunds. As per that Policy, student fees are not refundable.
 - d. The student may return to CMSRU to remove belongings but will be accompanied by Security or a representative of administration.
- 2. Excused Absence: When a student does not participate in the educational program of CMSRU for ten (10) or more class/clerkship days with an official excused absence status this will be reviewed by the Associate Dean for Medical Education and the Associate Dean for Student Affairs and Admissions. Each decision will be reviewed and acted upon individually but the following guiding principles will be followed:
 - a. In courses that are more than 5 weeks, the impact on the associated year-long courses will be considered as well as the ALG portion of that course. No student will be placed in a position where they are unlikely to be successful. Repeating the year is a likely possibility.
 - b. In courses that are less than 5 weeks, the student may be asked to repeat the entire year or to repeat that course the following year, and that would involve taking that course in isolation while being on an approved independent study year.
 - c. In the M3 year a student may not miss more than ten (10) days of the Immersion Weeks, and not more than four (4) consecutive weeks within the CLIC. Doing so would require repeating the curricular year. The Immersion Weeks must be completed immediately prior to entry into the CLIC even if completed in the disrupted year.
 - d. The financial consequences of this decision will be managed by the student through the Financial Aid Officer of CMSRU. This will also involve the academic standing of the student at that time. The Satisfactory Academic Process Policy will be followed.
 - e. The Grading, Promotions and Appeals Policy will be followed with respect to the number of years to complete each phase of the curriculum.
- 3. Dismissal: When a student is dismissed from Cooper Medical School of Rowan University for any reason, and pending their decision to appeal this decision per existing policy, the following will occur:
 - a. The ID cards for CMSRU and for Cooper University Hospital will be inactivated and must be returned.
 - b. Electronic Access including Blackboard will be terminated
 - c. The Tuition Policy will be adhered to with respect to any possible refunds. As per that Policy, student fees are not refundable.
 - d. The student may return to CMSRU to remove belongings but will be accompanied by Security or a representative of administration.
- 4. Approved Leave of Absence for one or more years:
 - a. The student will complete the request form and have it approved.
 - b. The decisions surrounding tuition and fees will be made on a case by case basis and the condition of the leave along with the timing within the curriculum will be considered.
 - c. The student may elect to take the Prolonged Independent Study course. This must be approved by both the Associate Dean for Medical Education and the Associate Dean for Student Affairs and Admissions. The student would pay the fee for this course and would select from a menu of items within the student fees structure and pay for these independently.

- d. If a student elects not to enroll in the Prolonged Independent Study course, access to the school building and resources will be terminated for that year. The student would be required to return all school IDs.

Satisfactory Academic Progress

PURPOSE: To Outline the Relationship of Financial Awards and Academic Performance

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

DEFINITIONS:

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

C. Standing of Students

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

1. In Good academic standing

The student:

- *has completed satisfactorily the requirements of all courses/clerkships of all previous years, and*
- *has passed any USMLE examinations required to be taken to complete a curricular phase.*

2. Not in Good academic standing

The student:

- *has not fulfilled the requirements of one or more courses/clerkships of a previous year, or*
- *has not passed U.S. Medical Licensure Examination (USMLE) Step 1, Step 2CK or Step 2CS examinations by the second attempt.*

PROCEDURE:

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

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

RESPONSIBILITY:

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

Student Clinical Assignment

PURPOSE:

The faculty and academic administrators of CMSRU recognize their responsibility to maximize the fair and equitable assignment of CMSRU students during their clinical clerkship education. This policy guides the assignment and as needed, the reassignment, of clinical supervisors to third and fourth year medical students.

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

DEFINITIONS:

Clinical assignment: Students are assigned preceptors and supervising physicians who are responsible for teaching and assessing students in the clinical clerkship education program.

I. RESPONSIBILITY

Student Clinical Assignment: A medical student will have clinical preceptors and supervising physicians assigned as part of their clinical clerkship education program. Assignments will be carried out by clerkship directors in conjunction with the office of medical education staff. Whenever possible, a lottery system will be used to provide for fair and equitable assignment of CMSRU medical students to their clinical clerkships. Students may request a change in their clinical assignment location, preceptor, or supervising physician. These requests are reviewed on a case-by-case basis.

2. M3 Block courses

The Office of Medical Education assigns each student to a block schedule for the M3 year based upon a lottery held prior to the M3 orientation. M3 students are assigned to preceptors and supervising physicians on duty in the inpatient setting during their assigned M3 block. A student may request a change in preceptor or supervising physician for extenuating circumstances. The clerkship director, in conjunction with the M3 director and the assistant dean for phase 2, reviews the request and makes the change, if appropriate, within 48 hours. If the request for change is denied, the assistant dean for phase 2 meets with the student to explain the rationale for not making the change. The student may appeal the decision to the associate dean for medical education, who reviews the request and makes the final decision within 48 hours.

3. M3 Cooper Longitudinal Integrated Clerkship (CLIC) placements

Similarly, M3 students are randomly assigned to outpatient based Cooper Longitudinal Integrated Clerkship clinical offices in the M3 year. A student may request a change in preceptor or clinical learning site with the Cooper Health System for extenuating circumstances. The clerkship director, in conjunction with the M3 director and the assistant dean for phase 2, reviews the request and makes the change, if appropriate, within 48 hours. If the request for change is denied, the assistant dean for phase 2 meets with the student to explain the rationale for not making the change. The student may appeal the decision to the associate dean for medical education, who reviews the request and makes the final decision within 48 hours.

4. 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 associate dean for medical education, who will review the case and make the final decision within 48 hours.

Student Supervision Policy

POLICY: Medical student supervision during required clinical activities

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

PURPOSE:

In its efforts to ensure excellent medical education and to guard patient and student safety, CMSRU has developed the following policy with the goal of providing guidance for faculty physicians when supervising medical students during clinical activities. The following policy defines the supervision of medical students during clinical activities.

RESPONSIBILITY:

It is the responsibility of the supervising faculty member to ensure policy standards are followed for all students participating in clinical activities.

Medical students participating in patient care must be supervised at all times. The primary supervising physician is an attending physician employed by Cooper University Health Care, or a volunteer physician with a CMSRU faculty appointment, practicing within the scope of his/her discipline as delineated by the credentialing body of the health system.

When resident physicians, clinical post-doctoral fellows or other healthcare professionals are actively involved in medical student supervision during clinical activities, it is the responsibility of the supervising faculty physician to ensure all those personnel are appropriately prepared for their roles for supervision of medical students, and are acting within the scope of their practice. When the attending physician is not physically present in the clinical area, the responsibility for supervising CMSRU medical students will be delegated to the appropriately-prepared resident physician or clinical post-doctoral fellow at the discretion of the primary attending physician. Students are provided with rapid, reliable systems for communicating with faculty and resident physicians.

Clinical supervision is designed to foster progressive responsibility as students progress through the curriculum. The intensity of medical student supervision in any given situation will depend on the medical student's level of education and experience, demonstrated competence, and the

learning objectives of the clinical experience. Course/clerkship directors will provide specific faculty members and other preceptors with guidance for each clinical experience, including the students' level of responsibility and scope of approved activities and procedures during the rotation. Clinical faculty preceptors will be knowledgeable about CMSRU Institutional Educational Objectives, clerkship-specific objectives, supervisory recommendations, and access to educational resources, including assessment instruments. Relevant resources will be emailed to faculty prior to the start of the medical student's clinical experience, and reviewed with them by the clerkship director. They will also be available remotely on Blackboard® and One-45®. First- and second-year medical students will be directly supervised, with the supervising physician present or immediately available, and prepared to take over the care of the patient if needed. Under the direct supervision of the supervising physician, first- and second-year students may participate in history taking, physical examinations and critical data analysis, and may have access to the medical record.

Third- and fourth-year medical students will be directly supervised, with the supervising physician available to provide direct supervision. Students may participate in the care and management of patients, including performing procedures, under the direct supervision of the supervising physician at all times, with patient permission. Clinical interventions are never to be executed by medical students without a supervising physician's awareness and permission. Medical student participation in invasive procedures requires direct supervision by the supervising attending physician or credentialed resident physician at all times during the procedure. The supervising physician must have the credentials to perform the procedure being supervised. A student may assist in procedures only when the supervising attending physician agrees that the student has achieved the required level of competence, maturity, and responsibility to perform the procedure.

Supervising physicians and other preceptors are expected to provide opportunities for students to demonstrate responsibility for patient care. These opportunities may be in the form of history-taking; physical examination; reporting and entering findings in the patient's medical record with the explicit approval of the patient's supervising attending physician. In all patient care contacts the patient shall be made aware that the individual providing the care and/or performing the procedure is a student. Patients have the right to decline to have a student participate in their care.

The supervising physician will be responsible for reviewing student chart documentation and providing constructive feedback. Medical student findings entered in the medical record of the patient will be for educational and student evaluation purposes only and cannot be used *in lieu* of any required attending staff or house staff documentation. Students must clearly sign all entries in the medical record, along with the designation that they are medical students. Supervising attending physicians or graduate medical trainees must review student notes. Fourth-year students may enter orders in the electronic medical record but those orders cannot, by virtue of an electronic "hard stop," be executed until they are countersigned by the supervising attending physician or senior resident.

Note: For billing purposes, the teaching physician must personally verify and redocument the history of present illness (HPI) and personally perform and redocument the physical examination

and medical decision-making activities of the service. The teaching physician may refer to the student's documentation only with respect to Review of Systems and Fast/Family/Social History. (See Cooper Health System Policy 1.220 Teaching Physician Billing Policy.

Supervising faculty physicians or residents must provide medical students with regular, timely, and specific feedback based on their supervision. Supervising faculty will notify the clerkship or course director if there is concern for any potential academic and/or professional gaps in student performance. Should students have any concern regarding clinical, administrative, professional, educational, or safety issues during their rotation, they will be encouraged to immediately contact the supervising physician, clerkship/course director, or the Associate Dean for Student Affairs.

A CMSRU faculty physician who provides medical and/or psychiatric care, psychological counseling, or other sensitive health services to a medical student, or who has a close personal relationship with a medical student, must recuse himself/herself from the supervisory role. In such cases, the faculty physician must have no involvement in assessing or evaluating the medical student's academic performance, or participating in decisions regarding his/her promotion and/or graduation. The faculty physician and the medical student are advised to immediately contact the appropriate clerkship/course director and/or Associate Dean for Student Affairs should the potential for these conflicts of interest arise.

Teacher-Learner Interaction

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

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

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

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

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

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

INTEGRITY - The learning environments conducive to conveying professional values must be

suffused with integrity. Students learn enduring lessons of professionalism by observing and emulating role models who epitomize authentic professional values and attitudes.

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

COMMITMENTS OF FACULTY

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

COMMITMENTS OF STUDENTS AND RESIDENTS

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

Policies Related to Health and Safety

Anti-violence

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

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

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

DEFINITIONS:

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

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

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

PROCEDURE:

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

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

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

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

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

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

Drug-Free Environment

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

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

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

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

DEFINITIONS:

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

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

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

PROCEDURE :

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

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

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

Student's Responsibility:

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

CMSRU's responsibility:

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

CMSRU Resources:

CMSRU has established a drug and alcohol free awareness program to inform students and employees about:

- The dangers of drug and alcohol abuse through activities and training programs;
- CMSRU's policy of maintaining a drug and alcohol free environment through distribution of the policy to students within the student handbook.

Drug Testing

PURPOSE: This policy defines the areas and circumstances in which CMSRU reserves the right to do drug and alcohol testing and the mechanism by which the results of such testing will be addressed.

POLICY: Cooper Medical School of Rowan University Drug Testing Policy

SCOPE: This policy applies to all CMSRU students.

DEFINITIONS: The term "drug" means a controlled dangerous substance, analog, or immediate precursor as listed in Schedules I through V in the New Jersey Controlled Dangerous Substances Act, N.J.S.A. 24:21-1 and as modified in any regulation issued by the Commissioner of the Department of Health. It also includes controlled substances in Schedules I through V of Section 202 of the Federal Controlled Substance Act of 21 U.S.C. 812. This policy applies to the use, possession or distribution of

such items which is unlawful under the Controlled Substances Act. Such term does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provisions of Federal law.

PROCEDURE:

- A. Drug Testing program:
 - The school reserves the right to screen students for inappropriate drug and alcohol use as defined in this policy if reasonable cause is established.
 - Reasonable cause is defined by inappropriate behavior, appearance, or work performance as determined by associates, team members, or faculty of the school.
 - A standard reasonable suspicion record will be established for uniform and objective assessment necessitating the need for drug and alcohol testing.
 - CMSRU also reserves the right to perform random and follow up drug screenings of students who have participated in a Drug and Alcohol Treatment program while matriculating at CMSRU.

- B. All drug testing will be reviewed by the Director of Student Health Services and/or staff prior to a student's participation in direct patient contact. The Director of Student Health Services reserves the right to review and determine whether alternative medical explanations could account for positive findings.

- C. CMSRU, while recognizing the importance of providing an optimal learning environment for all students, also places the health of each student first. CMSRU recognizes the importance of physical and emotional health as it pertains to work and learning performance and overall quality of life. CMSRU complies with the policies of Rowan University in the area of a safe workplace. Additionally, CMSRU fully subscribes to the provisions of the Drug-Free Workplace Act. A student's participation in prohibited conduct constitutes grounds for disciplinary proceedings and such conduct may be brought to the attention of the appropriate criminal authorities.

- D. CMSRU, through the Student Affairs Office will make available to all students a drug and alcohol free awareness program to inform students about the dangers of drug and alcohol abuse through activities, seminars, training programs and distribution of information in the student handbook.

- A. Students who present with the need for ongoing counseling services may use the Student Assistance Program. This center provides alcohol, tobacco and other drug treatment, education classes and prevention programs designed to serve the entire university community. It is a fully licensed facility that provides therapeutic services for those experiencing problems with drug and alcohol use. The staff is composed of a multidisciplinary team of counselors, psychologists, dependence specialists and social workers.

- B. Students will have access to local providers who are not faculty members of the medical school, thus assuring the provision of services with privacy and confidentiality. In case of an emergency, students will have 24-hour a-day access to crisis counseling.

- C. Each student agrees, as a condition of enrollment, to abide by this policy and to notify the associate dean for admissions and student affairs of any conviction under a criminal drug statute for a violation that occurs during their tenure at the CMSRU.

Immunization Requirements

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

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

SCOPE: All medical students

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

PROCEDURE:

1. All students are required to have a pre-entrance physical examination performed by the student's physician within one year prior to enrollment. Students must complete the Medical History Form and submit this form and immunization documentation prior to the first day of class. Any student failing to submit this documentation will not be able to attend classes or clinical rotations until this information is complete.
2. In accordance with the Centers for Disease Control and Prevention (CDC) guidelines for health care workers, and the applicable State of New Jersey immunization requirements, CMSRU students are required to provide proof of immunity via adequate documentation of appropriate vaccine administration or proof of serologic immunity for the following:
 - a. Rubeola, Mumps, and Rubella – All students must provide documentation of immunization. Students born after 1957 must have proof of vaccination of the two doses of live, attenuated measles and rubella vaccines. The first dose must have been given on or after the first birthday and in 1969 or later. The second dose must have been given at age 4-6 years or later, but at least 28 days after the first dose. If a student does not have appropriate documentation, serology testing may be conducted (rubella IgG, rubeola IgG, and mumps IgG) to document immunity.
 - b. Varicella - Students who have a negative or uncertain history of chicken pox are required to receive the varivax vaccine. Dosages are two doses administered eight weeks apart. Exceptions to this policy, such as medical contraindications or religious belief, can be discussed on a case by case basis with the Office of Student Affairs. Students may also document immunity with varicella IgG titers. In the event of a local measles or varicella epidemic, these exempted students will be excluded from group activity, including classes and patient care, until it is determined safe for the students to return.
 - c. Hepatitis B. - Proof may be in the form of serologic testing, or adequate documentation of appropriate vaccine administration. If the student is found not be immune to Hepatitis B, whether due to student choice to not receive the vaccine series, or as a non-responder to the vaccine, s/he will be offered the vaccine series or be required to complete a waiver form.
3. Prior to matriculation, students will also be required to show proof of last tetanus/diphtheria booster shot.

4. Prior to matriculation, students (including those with prior BCG vaccination) will be required to have screening for tuberculosis with a tuberculin skin test, also known as a PPD. PPD testing will be performed by a nurse at the Student Health Center, and is required on an annual basis. If a student develops a positive PPD, appropriate evaluation and testing will be performed. This would include assessment of symptoms, as well as a chest x-ray. If indicated, appropriate therapy will be offered.
5. Students are required to be vaccinated annually for influenza unless there is a medical or religious contraindication in which case they will be required to complete a declination form.

Exceptions:

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

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

REFERENCES:

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

Impaired Student Process

Student Health & Safety – Process for Handling an Impaired Student

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

PURPOSE:

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

PROCEDURE:

A. Identifying an Impaired Student

1. Impairment is to be determined by the associate dean for student affairs and admissions after meeting with the associate dean for medical education and the vice dean

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

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

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

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

c. If a student sees behavior that makes him/her believe a fellow student is impaired, he/she should report it to the associate dean for student affairs and admissions, who will take appropriate action.

d. If, based on a student's performance, the deans are uncertain as to whether or not to take action, he/she should consult with the Student Assistance Program.

B. Responsibility in Dealing with the Acutely Impaired Student

1. If the associate dean for student affairs and admissions, the associate dean for medical education and the vice dean and/or a designee from their offices judges a student to be unfit or unsafe to continue performing his/her academic responsibilities, they should immediately relieve the student of his/her academic responsibilities.

2. In private, they should state to the student that, based on his/her condition/behavior, it is CMSRU's policy that he/she be medically evaluated to determine the fitness to perform his/her academic responsibilities.

3. Worknet will be used for an acute issue between the hours of 8:00 am and 4:30 pm, Monday through Friday. The Emergency Department (ED) will be used at all other times.

4. The associate dean for student affairs and admissions and/or a designee from that office must alert Worknet or the ED that he/she will be escorting a student for an evaluation.

5. The associate dean for student affairs and admissions and/or a designee from that office will escort the impaired student to Occupational Health.

6. If a student refuses to be escorted to Worknet or the ED and/or refuses to be evaluated according to policy, no attempt should be made to force the student. Instead, the student should be suspended and the associate dean for student affairs and admissions and/or a designee from that office should document the student's refusal. Upon academic suspension, the associate dean for student affairs and admissions after meeting with the

associate dean for medical education and the vice dean and/or a designee from their offices will make a mandatory SAP referral and if the student does not contact SAP within 72 hours, the student will be dismissed from CMSRU.

7. The student should not be permitted to leave the premises operating a vehicle. If the student insists on driving, advise him/her that the police will be notified. If the student still drives, the police must be notified.

8. If the student becomes violent, the CMSRU Security Department will be called to provide assistance.

9. The student cannot resume normal academic responsibilities until such time as the student is cleared by Worknet and any alcohol and/or drug test proves negative.

10. A student consent for drug/alcohol analysis must be completed by the student prior to testing. Chain-of-custody procedures will be followed and the test will be performed at a certified lab.

11. The associate dean for student affairs and admissions and/or a designee from that office should make a reasonable attempt to arrange for the student's transportation home if the student is determined to be unfit by Worknet or the ED.

12. If at all possible, no student will be allowed to leave the premises unsupervised. Family and friends should be contacted first. If no other arrangements can be made, a taxi can be called.

13. The associate dean for student affairs and admissions and/or a designee from that office must document the means and the time by which the student left the premises and/or attempts made to arrange transportation. If the student refuses and insists on driving, the student must be told that the police will be notified and then contact the police.

14. If the test is positive or the student self discloses usage, Worknet will refer the student to the SAP. The SAP will conduct an evaluation and make a referral for appropriate treatment. The SAP will maintain contact with the rehabilitation program during treatment. The SAP will receive all documentation for students who are referred to them for rehabilitation.

C. Returning the Student to Academic Responsibilities

1. Any acutely impaired student must have a Worknet or ED physician's approval in order to return to CMSRU after test results have been reviewed.

2. The associate dean for student affairs and admissions and/or a designee from that office should meet with the student to discuss their return to academic responsibilities. The associate dean for student affairs and admissions will remind the student that the academic standards remain unchanged.

3. The school must continue to monitor the student's academic performance in accordance with CMSRU standards.

D. Responsibility in Dealing with the Chronically Impaired Student

1. If based on a student's academic performance, the associate dean for student affairs and admissions and/or a designee from that office believes that he/she may be dealing with a chronically impaired student, the following steps should be taken (See Form: - Potential Signs of Impairment Academic Advisor Checklist).

a. Take written notes, giving dates and nature of specific incidents that reflect a student's declining academic performance. Document any change in academic performance or failure to meet academic standards.

b. Conduct regular documented academic advisory conference sessions with the student.

c. If performance problems persist and the associate dean for student affairs and admissions and/or a designee from that office feels professional intervention is necessary, the following steps may be taken at any time:

i. Refer employee to the Student Assistance Program (SAP) for free and confidential counseling. Document the referral.

ii. Invoke disciplinary procedures.

d. If the student's performance impacts patient/public safety, the associate dean for student affairs and admissions and/or a designee from that office may recommend evaluation by Worknet.

Infectious and Environmental Hazards

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

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

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

DEFINITIONS:

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

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

PROCEDURE:

1. Each student is responsible for his/her own safety throughout their education at CMSRU. CMSRU will provide students with education and information about appropriate policies and procedures to follow to protect themselves during their educational experience and when they are potentially exposed to blood-borne pathogens, communicable diseases and other environmental hazards.
2. Orientation, Education and Training
 - a. All students will receive orientation on infection prevention and procedures to follow in the event of an exposure.
 - b. All students will receive annual Occupational Safety and Health Administration training and education regarding needle sticks, sharps, and body fluid procedures and the prevention of blood-borne pathogen transmission.
 - c. Prior to their first clinical experience, students will receive instruction regarding the prevention and understanding of all infectious diseases they may encounter in a clinical setting.
 - d. All students will receive annual hazard communication program training with respect to chemical hazards and appropriate protective measures.
3. Exposures
 - a. In the event of exposure, students should immediately wash the affected area with soap and water, cover the area with a bandage or dressing if appropriate and possible, and then contact the Emergency Department at CUH.
 - b. Students should notify the supervising resident and/or faculty member and the Office of Student Affairs.
 - c. Proper testing for bloodborne pathogens, including HIV, Hepatitis B, and Hepatitis C, will be performed. Based on risk of exposure to HIV, post exposure prophylaxis may be offered at no cost to the student. In addition, appropriate testing of the source patient for bloodborne pathogens will be performed.
 - d. If follow-up evaluation, monitoring, or treatment is indicated the student will arrange this via the Office of Student Affairs.
 - e. All costs of any occupational exposure not covered by student insurance will be covered by the Office of the Dean of CMSRU.
4. Learning Environment
 - a. In order to protect the health and safety of all staff and patients, students with communicable diseases or conditions will not be permitted to engage in patient contact until the condition has been resolved as documented by a physician.
 - b. If a student is unsure whether he/she should participate in patient care, the student should contact the Student Health Service. In particular, persons with the following medical conditions will not be allowed patient contact without prior medical clearance: active varicella, measles, German measles, herpes zoster, acute hepatitis and tuberculosis; oral herpes with draining lesions; Group A streptococcal disease until 24 hours of treatment received; draining of infected skin lesions; others.
 - c. If exposure results in contraction of disease or disability, the student will be allowed to continue in the program to the extent that he or she does not pose a risk to self or others, based on their official activities.

REFERENCES:

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

Needle Sticks and Bodily Fluid Exposures

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

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

SCOPE: All CMSRU students and visiting students.

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

PROCEDURE: Drug prophylaxis following a high-risk exposure is time-sensitive, therefore it is important to follow appropriate procedure to determine need for initiation of prophylaxis. Any medical student who sustains a needle stick or other wound resulting in exposure to blood or bodily fluids should follow the following protocol.

- Immediately wash the affected area with soap and water and cover the area with a dressing if possible.
- For an ocular exposure, flush thoroughly with water.
- Inform the supervising resident or physician.
- Obtain source patient information if known (name and medical record number).
- If there is an exposure Monday through Friday 7:30 AM - 5:00 PM, please call the Worknet number (856- 338-0350) and identify yourself as a Cooper Medical School of Rowan University student. Their office is located at 300 Broadway; Camden, NJ
- If there is an exposure outside of these hours go directly to the Cooper Emergency Department.
- Always identify yourself as a medical student who has just sustained an exposure.
- You will see a health care provider who is trained in assessing the risk of the exposure. You will receive post-exposure counseling and drug treatment/ prophylaxis, if appropriate. If indicated, you will be given a starter pack of the prophylactic drugs which are recommended in accordance with the current guidelines of the Centers for Disease Control and Prevention.
- Base-line blood tests will be performed on you as appropriate.
- The treating physician will contact the attending physician of the source patient to expedite the process of getting consent to test the source patient.
- You will be given a schedule as to when to return to Worknet.

There is no cost to the student for any care surrounding an exposure event occurring while a student at a CMSRU affiliated institution.

Should an exposure result in contraction of disease or disability, the student will be allowed to continue in the program to the extent that he or she does not pose a risk to self or others, based on their official activities. CMSRU will do everything possible to provide that student with the resources needed to continue their education. Every student enrolled at CMSRU is required to have disability insurance and that is a resource in these instances. Should a student need to take a prolonged leave from the educational program due to such an exposure, CMSRU will work to assure that the time missed in the educational program does not result in an increased cost of attendance over the course of study.

Student Sexual Misconduct and Harassment Policy

This link provides the most recent policy:

http://www.rowan.edu/equity/titleix/documents/StudentSexualPolicy7-25-12_002.pdf

Student Healthcare Services

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

POLICY: CMSRU will provide primary medical student healthcare services to all CMSRU registered students in a confidential, professional and sensitive manner. All students will maintain accident, medical, and disability insurance.

SCOPE: This policy applies to all CMSRU medical students.

PROCEDURE:

The Director of Student Health (housed in the primary care facility in Suite 104, 3 Cooper Plaza in Camden weekdays 8:30 a.m.-4:30 p.m.) oversees all health services offered to students. The Director of Student Health may also be designated by a student as her/his health insurance primary physician. At all times students have emergency and after-hour medical coverage by the Department of Emergency Medicine facility in Cooper University Hospital's Emergency Department. Physicians who are CMSRU faculty and who provide health care services to students will not be involved in the evaluation or promotion of any student for whom they provided services.

The following services are available for CMSRU students through the Student Health Center:

- a. History, physical and laboratory examination
- b. Physical assessments and consultations with physicians and other personnel, including:
 - (1) Primary care, including preventive care, general medical services such as episodic and chronic care screening and monitoring
 - (2) Immunization review and updating
 - (3) Health education
- c. Annual PPD testing and appropriate follow-up care will be through Worknet yearly starting in the M2 year. Results will be captured in the EMR at Student Health.

- d. Annual influenza vaccination will be through Worknet and recorded in each student's EMR via the Student Health Center.
- e. Record keeping and periodic reports to the Associate Dean for Student Affairs and Admissions office regarding immunizations will be provided as required as needed.
- f. Management of exposures to blood borne pathogens*: medical students will undergo initial counseling and will be given initial therapy at the Worknet facility or in the CUH Emergency Department through a fast-track process.

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

Co-pays and deductibles are the responsibility of the student. Students are allowed to select a physician outside of the Student Health Center.

CMSRU students can contact the reception area at 856-342-2439 for routine appointments, and the nursing area at 856-342-2439 for sick visits and nurse visits. Hours have been set aside during the week for CMSRU students who will be encouraged to schedule their visits at these times. All students will identify themselves when calling the Student Health Center.

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

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

Record keeping and periodic reports to the Office of Student Affairs regarding immunizations will be provided as required. Any student having absent or low titers will receive the appropriate vaccine. Hepatitis B immunization as required will also be administered. The cost of vaccinations other than the influenza vaccine are the responsibility of the student.

* See separate policy on Needle Stick and Bodily Fluid Exposures

Student Health Providers

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

POLICY: CMSRU will provide primary medical student healthcare services to all CMSRU registered students in a confidential, professional and sensitive manner. All students will maintain accident, medical, and disability insurance.

SCOPE: This policy applies to all CMSRU medical students.

PROCEDURE:

The Director of Student Health (housed in the primary care facility in Suite 104, 3 Cooper Plaza in Camden weekdays 8:30 a.m.-4:30 p.m.) oversees all health services offered to students. The Director of Student Health may also be designated by a student as her/his health insurance primary physician. At all times students have emergency and after-hour medical coverage by the Department of Emergency Medicine facility in Cooper University Hospital's Emergency Department. Physicians who are CMSRU

faculty and who provide health care services to students will not be involved in the evaluation or promotion of any student for whom they provided services.

The following services are available for CMSRU students through the Student Health Center:

- a. History, physical and laboratory examination
- b. Physical assessments and consultations with physicians and other personnel, including:
 - (1) Primary care, including preventive care, general medical services such as episodic and chronic care screening and monitoring
 - (2) Immunization review and updating
 - (3) Health education
- c. Annual PPD testing and appropriate follow-up care will be through Worknet yearly starting in the M2 year. Results will be captured in the EMR at Student Health.
- d. Annual influenza vaccination will be through Worknet and recorded in each student's EMR via the Student Health Center.
- e. Record keeping and periodic reports to the Associate Dean for Student Affairs and Admissions office regarding immunizations will be provided as required as needed.

- f. Management of exposures to blood borne pathogens*: medical students will undergo initial counseling and will be given initial therapy at the Worknet facility or in the CUH Emergency Department through a fast-track process.

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

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* See separate policy on Needle Stick and Bodily Fluid Exposures

Inclement Weather

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

POLICY: Inclement Weather Policy

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

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

CMSRU will notify the students, faculty and staff of a closing through the following ways:

- Rowan Alert Message System ([register](#))
- CMSRU website (<http://www.rowan.edu/coopermed/>)
- Email
- Voicemail

Decision for closure will be made by 6 a.m.

Policies and Forms Related to Financial Aid

Student Residence and In-State Tuition Policy

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

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

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

DEFINITION:

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

POLICY:

A. Eligibility for In-State Tuition

1. An individual from a state other than New Jersey who has enrolled at CMSRU will be presumed to be in New Jersey primarily for educational purposes and will be presumed not to have established domicile in New Jersey.
2. Proof of domicile.
 - a. Students residing in New Jersey for a period of twelve (12) months before first enrolling at CMSRU are presumed to be domiciled in this State for tuition purposes. *

- b. Students providing a non-New Jersey permanent address on their applications to CMSRU, or who indicate a state other than New Jersey as their State of Legal Residence (SLR) through the common application service American Medical College Admission Service (AMCAS) are presumed not to be domiciled in New Jersey unless evidence of establishment of domicile in New Jersey is provided. In the case where both a permanent address and an SLR are provided, the SLR will determine domicile. The evidence of establishment of domicile must include all of the following^{**}:
 - i. copies of a self-supporting student's New Jersey resident income tax return (bearing a New Jersey address) for the most recent tax year or a parent's^{**} or legal guardian's New Jersey resident income tax return (bearing a New Jersey address) for the most recent tax year; *and*
 - ii. evidence of ownership of or a current long-term (at least one year) lease on a permanent residence in New Jersey by the student or his/her parent(s)* or legal guardian(s), which ownership or lease commenced no less than 12 months prior to first enrollment at CMSRU or 12 months prior to any application for change in residence classification *and*
 - iii. electronic or hard copy of cancelled mortgage or rent check or receipt for cash payments *and*
 - iv. sworn and notarized affidavit from the student and/or parent(s) or legal guardian(s) setting forth domicile in New Jersey.
- 3. If the evidence described in Section 2.b.i. above (i.e., New Jersey resident income tax returns) cannot be produced, then the following may be substituted (in *addition* to the evidence described in Section 2.b.ii. and 2.b.iii. above, i.e., ownership or lease of a permanent residence):
 - a.
 - i. current driver's license from New Jersey. Driver's licenses from other states must be replaced by one from New Jersey; *and*
 - ii. New Jersey vehicle registration if the student owns or leases an automobile.
 - b. If the student will not be operating a vehicle in New Jersey, he or she must submit *all* of the following in place of a New Jersey driver's license and vehicle registration:
 - i. a sworn, notarized affidavit that the student will not be operating a vehicle in New Jersey nor will be purchasing a CMSRU/Rowan University parking sticker; *plus*
 - ii. a sworn, notarized statement from the student and/or his or her parent(s) or legal guardian(s) declaring domicile in New Jersey; *plus*
 - iii. if a U.S. citizen, the student's New Jersey voter registration card (application

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

4. Students who are U.S. military personnel on active duty and living in New Jersey, or who are spouses of active-duty U.S. military personnel living in New Jersey must present official documentation of active-duty military status and residence in the State for the student or his/her spouse or parent, and documentation of the spousal/parental relationship (e.g., marriage license, birth certificate) if applicable.
5. The University may require student to submit any additional supplementary information that it deems necessary to support the student's claim of domicile in New Jersey.
6. This policy shall become in effect beginning with the class entering CMSRU in 2013.

* N.J.A.C. 9A:5-1.1 provides that persons residing in New Jersey for a period of 12 months before first enrolling at a public institution in the State are presumed to be domiciled in the State for tuition purposes.

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

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

Refunds

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

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

SCOPE: The refund policy applies when a student:

- Does not register for the period of attendance;
- Withdraws from school; or
- Fails to complete the period of enrollment.

DEFINITIONS: N/A

PROCEDURE:

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

Tuition refunds will apply as follows:

<u>Withdrawal during</u>	<u>Refund</u>
First five class or clerkship days	100%
Second five class or clerkship days	75%
Third five class or clerkship days	50%
Fourth five class or clerkship days	25%
Fifth five class or clerkship days or later	No Refund

There will be no refunds after the fourth week of any semester in either Phase of the curriculum. Fees are non-refundable.

2. Loan recipients must notify the Financial Aid Office of the enrollment status change and are required to have an exit interview counseling session.
3. If the student's award package included any federal funds other than Federal Work-Study and the leave of absence or withdrawal occurs in the first 60% of the semester, federal regulations require that a portion of the student's federal aid be returned to the aid programs. The portion of aid to be returned is determined by a federally-mandated calculation based on the number of days remaining in the semester, and the refund due to the aid programs is credited in the following order:
 1. Outstanding balances on Federal Unsubsidized Stafford/Ford Loans
 2. Outstanding balances on Federal Subsidized Stafford/Ford Loans
 3. Outstanding balances on Federal Perkins Loans
 4. Outstanding balances on Federal Graduate PLUS Loans
 5. Other Title IV aid programs, if applicable
 6. Financial aid programs sponsored by the US Department of Health and Human Services

Tuition and Fees

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

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

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

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

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

- General Activities Fee
- Technology Fee
- Student Health Services Fee

- Disability Insurance Fee
- Medical Liability Insurance Fee
- Student Services Fee
- Parking Fee
- Facilities Fee

Application Fee (non-refundable): \$100.00

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

Acceptance deposit: \$100.00

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

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

The RU plan is with United Healthcare and full benefit explanation is available online to all students at www.firststudent.com.

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

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

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

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

Polices Related to Matriculation

Admission Deferral

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

POLICY: Deferral of admission to CMSRU

SCOPE: Candidates for the Doctor of Medicine degree

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

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

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

Admissions Deferment

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

Criminal Background Check

PURPOSE

Cooper Medical School of Rowan University has elected to follow the recommendation of the Association of American Medical Colleges (AAMC) and obtain a criminal background check on applicants upon their conditional acceptance to our medical school. We will participate in American

Medical College Application Service® (AMCAS®). The purpose of conducting a criminal record check prior to admission is to ensure the health, welfare and safety of patients and others at CMSRU.

POLICY

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

PROCESS FOR CONDUCTING AND REVIEWING BACKGROUND CHECKS

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

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

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

The Committee will be an Ad Hoc committee established by the dean of the CMSRU, and will include the chair of the Admissions Committee, the associate dean for student affairs and admissions, and any others deemed appropriate by the dean. An attorney appointed by Rowan University may serve as counsel to the committee. The committee shall meet on an as-needed basis to review applications referred to it by the Office of Admissions. As necessary, members may participate in committee meetings by telephone. The committee will review the background check report, any additional information provided by the

applicant, and any other information it considers relevant. CMSRU may independently seek additional information about the incident that is the subject of the report. If it does so, it will share any additional information obtained with the committee and the applicant.

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

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

Letters of Recommendation

POLICY: Letters of Recommendation

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

SCOPE: Candidates for the Doctor of Medicine Degree

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

PROCEDURE:

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

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

Some of the applicant's letters should be from the applicant's former professors attesting to problem-solving skills, laboratory technique, writing skills, oral communication skills, interpersonal skills, etc. Others may be from former or present employers or physicians whom the applicant has "shadowed," or nurses in a hospital department where the applicant has volunteered. No single person is likely to be able to address all of the applicant's qualities, but two or more people, collectively, will be able to address some combination of them.

Each letter of recommendation should have been sent to the applicant's Pre-health Professions Advising Center office accompanied by a signed document indicating the applicant's decision to preserve or waive the applicant's right to see the letter.

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

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

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

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

Readmission

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

POLICY: Readmission Policy

SCOPE: All CMSRU medical students

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

PROCEDURE:

- A student who has withdrawn (but subsequently wishes to return to school) must apply for readmission in writing and submit the required information, as stipulated by CMSRU to the associate dean for student affairs and admissions.
- Official transcripts from any post-secondary institutions attended in the interval must be submitted.
- Three additional letters of recommendation are required and these will be sent directly to the CMSRU Office of Admissions.
- A \$100 reapplication fee is required.
- A criminal background check is required

- An ad hoc committee consisting of the associate dean for student affairs and admissions, the associate dean of curriculum and innovation and the assistant dean for faculty and student assessment and development will review each student's written application for readmission in light of the entire record and including supporting documents. This committee may recommend: 1) readmission without conditions; 2) readmission with conditions, 3) denial of readmission until further proof of readiness to return to school can be demonstrated; or 4) denial of readmission.
- Recommendations of this committee are advisory to the dean whose decision is final and no appeals are allowed.

Student Selection

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

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

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

DEFINITIONS:

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

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

PROCEDURE:

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

- incomplete AMCAS application and only students with verified AMCAS applications will be invited to submit the Secondary Supplemental Application.
- B. Secondary Supplemental Application
Upon receipt of the verified AMCAS applications, the Admissions Office will email a notification inviting applicants to complete the CMSRU Secondary Application. The secondary application includes short answer essay questions to help determine a candidate's match with the CMSRU community. Students must submit the required application fee or the AMCAS Fee Assistance Program (FAP) waiver documents.
- C. Initial Screening
After the completed application materials are received, CMSRU will review the application to determine whether to invite the candidate for an interview. Screening will be conducted by the Director of Admissions, Associate Dean for Student Affairs and Admissions, and the Admissions/Recruitment Coordinator .
- D. Interview
Selection for interview will be made by the Associate Dean for Student Affairs and Admissions and will be based on admission requirements, as well as the remaining content of the applicant's profile. Factors contributing to the evaluation process include, but are not limited to, academic success, work/life experiences, letters of recommendation, and cultural background. The potential match to the mission of CMSRU will be highly valued. An applicant's personal statement and history of involvement with community-based efforts will weigh heavily in the consideration of students, and students who show evidence of potential to contribute in a valuable way to the CMSRU environment and the medical profession, and who meet the admission criteria, will be invited to interview.

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

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

- E. Admission Offers: Selected applicants will be offered admission by the Admissions Committee on a rolling basis. Every interviewed candidate will be presented in detail at the meeting of the Admissions Committee. The entire application and the comments of the interviewers will be presented and discussed. The decision to admit is by a majority vote of the Admissions Committee.
- F. The Dean will be notified of the decision of the Admission Committee on each candidate. The Dean will have no role in any decision.
- G. Acceptance and Deposit: Admitted students must accept the offer via the online admissions portal and submit the online deposit within two weeks of the admission offer. The deposit will be applied to first semester tuition and is refundable prior to April 30th should the applicant withdraw; otherwise deposits are forfeited. Deposit requirements may be waived in cases of extreme financial disadvantage.

Admission Requirements:

Applicants are required to complete a bachelor's degree prior to enrollment in the MD Program. Specific required and recommended course work is shown below. The MCAT scores must be submitted and should be no more than 3 years old.

Suggested Course Work -Applicants to CMSRU should take the following courses from an accredited college or university in the United States. On-line coursework will not be accepted for these courses.

Required Courses:

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

Recommended Courses:

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

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

Technical Standards

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

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

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

PROCEDURE:

CMSRU is committed to making reasonable accommodations for its students with disabilities who are capable of completing all requirements and fulfilling all responsibilities leading to the Medical Degree.

CMSRU will comply with the Americans with Disabilities Act (ADA) and the Rehabilitation Act of 1973 and will adhere to AAMC Technical Standards. All students that request a secondary application will attest that they have read and meet our technical standards for the admission of applicants before being sent a secondary application or charged an application fee.

A. Technical Standards

1. Summary

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

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

2. Required Abilities and Skills

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

II. Communication: A candidate should be able to speak, to hear with or without traditional amplification devices and to observe patients in order to elicit both verbal and non-verbal information, and must be able to communicate effectively and sensitively with and about patients. Communication therefore includes speech, reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with the patient, the patient's family, and all members of the health care team.

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

both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision.

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

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

B. Accommodation Requests

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

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

REFERENCES:

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

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

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

CMSRU Forms

THIS SECTION TO BE COMPLETED BY THE STUDENT

My comments are: (optional)

I have read this document.

Student Signature

Date

Signature of the Associate Dean for Student Affairs

Date

Signature of the Associate Dean for Medical Education
(required if the issue occurred in a course or clerkship)

Date

Comments:

This form has been sent to the Vice Dean

__ This form is being placed in the student's file.

__ This form has been forwarded to:

Signature (individual filing the report)

Date

Vice Dean Note on Intervention:

- Successful resolution of problem
- Remediation still in process (date: _____)
- Unresponsive to remediation
- Needs more/different remediation
- Referred to the Hearing Body on Student Rights (non-curricular issue)
- Referred to the Academic Standing Committee (curricular issue)

Comment:

Signature of the Vice Dean

Date

Academic Standing Committee Note on Intervention:

- Successful resolution of problem
- Remediation still in process (date: _____)
- Unresponsive to remediation
- Needs more/different remediation
- Placed on Probation: _____
- Removed from Probation: _____
- Dismissed: _____

Comment:

Signature of the Chair, Academic Standing Committee

Date _____

Hearing Body for Student Rights Note on Intervention:

- Successful resolution of problem
- Remediation still in process (date: _____)
- Unresponsive to remediation
- Needs more/different remediation
- Recommend to Academic Standing Committee
- Recommend Dismissal _____

Comment:

Signature of the Chair, Hearing Body for Student Rights

Date _____



Cooper Medical School of Rowan University

Change Request Form

Changes are made for currently enrolled students only!

Please Select Appropriate CHANGE(S):

_____ Name* _____ Address _____ Phone

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

Please complete the following:

Date: _____

Rowan ID Number : _____

New Last Name : _____

Previous Last Name : _____

First Name : _____ MI: _____

Correct Address: _____

City: _____ State: _____ Zip: _____

County: _____

Home Phone : _____

Cell Phone : _____

E-Mail Address : _____

Signature: _____

CMSRU office use only: reg _____ date _____

CMSRU

Office of Student Affairs

401 S. Broadway

Camden, NJ 08103

Phone: 856-361-2850

Fax: 856-361-2828

Thomasj@rowan.edu

Other

Potential Symptoms of Impairment

Academic Advisor Checklist

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

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

Student: _____ Date: _____

Academic Advisor: _____

OBSERVED BEHAVIORS

Alertness and Affect:

- | | |
|--|--|
| <input type="checkbox"/> Uncooperative | <input type="checkbox"/> Confused |
| <input type="checkbox"/> Drowsy | <input type="checkbox"/> Agitated |
| <input type="checkbox"/> Inappropriate Euphoria
questions | <input type="checkbox"/> Seems unable to respond rationally to simple
questions |
| <input type="checkbox"/> Teary, wide swings in emotion | <input type="checkbox"/> Combative without provocation |
| <input type="checkbox"/> Difficulty in concentration
temper | <input type="checkbox"/> Unusual flare-ups or outbreaks of
temper |
| <input type="checkbox"/> Improbable excuses for errors | <input type="checkbox"/> Overreaction to real or imagined criticism |

Speech Pattern:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Slurring | <input type="checkbox"/> Inability to form words |
| <input type="checkbox"/> Alcohol-like | <input type="checkbox"/> Other |

Breath:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Garlicky | <input type="checkbox"/> Sweet |
| <input type="checkbox"/> Alcohol-like | <input type="checkbox"/> Within normal limits |

Eyes:

- | | |
|--|---|
| <input type="checkbox"/> "Blood shot" | <input type="checkbox"/> Glazed over, "Glassy-eyed" |
| <input type="checkbox"/> Very large pupils | <input type="checkbox"/> Very small pupils |

General Behaviors:

- | | |
|--|---|
| <input type="checkbox"/> Inability to walk normally | <input type="checkbox"/> Holding onto objects for support |
| <input type="checkbox"/> Safety violations, high accident rate | <input type="checkbox"/> Careless operation of equipment |



Cooper Medical School of Rowan University

