

Introduction to Clinical Years:  
Student Guide  
2014-2015



**RUTGERS**  
New Jersey Medical School



## Relevant Policies for all clinical activities

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## **NJMS STUDENT DRESS CODE**

### **GUIDELINES:**

#### **Identification Badge:**

The Rutgers approved identification badge is a required part of each student's attire and must be worn at all times while on duty, above the waist, and visible to the public. Badges are not to be covered with pins, ornaments, stickers, or any other objects. The front face of the badge is to be clean and displayed front-side-out (not covered or reversed) so that the name and photo are always visible.

#### **Attire:**

Neat and clean dress demonstrates pride in the job and is a courtesy to those around you. Students must be well groomed. A clean white coat is to be worn during any contact with patients, conferences, clinic sessions, and staff rounds. Allowances are made for operative days and emergencies, but students should not expect to wear surgical scrub suits as their primary attire. When wearing scrubs in the hospital, it is also policy to wear a white coat on top of your scrubs. As per JCAHO policy, scrubs are not to be worn outside of the institution. Students are expected to adhere to the same standards during the Objective Structure Clinical Exam (OSCE) and simulated patient care activities (such as small group SP encounters), unless otherwise instructed by your individual preceptor.

Examples of appropriate dress:

1. Suits
2. Dress pants, no more than 3" above the ankle
3. Business casual dress pants (i.e., Dockers, chinos, khakis)
4. Skirts appropriate length
5. Casual dresses
6. Dress shirts, ties recommended
7. Button down blouses
8. Sweaters, vests
9. Sports coats, blazers
10. Tucked in shirt-tails

When rotating at different training sites, students are expected to observe each institution's dress code:

University Hospital Dress Code  
Hackensack University Medical Center  
Saint Barnabas  
VA  
Newark Beth Israel Medical Center

## POLICY MANUAL

<b>SUBJECT:</b>	Student Attendance	<b>TITLE:</b>	Attendance Policy for Clinical Clerkships		
<b>CODING:</b>	40-40:00	<b>ADOPTED:</b>	1/7/03	<b>AMENDED:</b>	7/1106, 6/2013

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- I. **PURPOSE:** To establish minimum requirements for student attendance.
- II. **ACCOUNTABILITY:** Under the Associate Dean for Student Affairs, all third and fourth year clerkship and elective directors shall ensure compliance with and shall implement this policy.
- III. **APPLICABILITY :** This policy shall apply to all third and fourth year students who enroll at Rutgers New Jersey Medical School.
- IV. **RELATED POLICY:** Refer to [policies.rutgers.edu](http://policies.rutgers.edu)
- V. **POLICY**

Participation in learning experiences is essential for the development of competent physicians. Attendance is expected at all scheduled activities, including lectures, conference, rounds, clinical assignments, on-call, and preceptorships. A clerkship or elective director may grant a student an excused absence from a mandatory clerkship or elective session for the following reasons:

- severe personal illness;
- birth of a child;
- mandatory jury duty;
- serious illness or death of an immediate family member<sup>1</sup>;
- residency interviewing;
- or by approval of the Associate Dean for Student Affairs.

Students must notify the respective clerkship/elective director or her/his designee of his/her expected absence on or before the scheduled start time of the clerkship/elective. The student may not leave a message or write an email; he/she must speak to the clerkship/elective or his/her designee and be granted the excused absence. The clerkship/elective director may require appropriate documentation. In the event that the clerkship/elective director or his/her designee is not available, the student must contact the Associate Dean for Student Affairs.

Unexcused absences are not permitted and will result in failure and repetition of the clerkship/elective. All excused absences must be made-up; any time not made-up will result in a grade of "I/R -Incomplete/Requirements."

Clerkship and elective directors are obligated to enforce this policy.

By Direction of the Dean:

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Associate Dean for Student Affairs

<sup>1</sup>Members of the immediate family are defined as spouse, domestic partner, children, parents, brother or sister, parents-in-law, grandparent, brother-in-law or sister-in-law, aunt or uncle, niece or nephew or other relatives living in the student's household unit.



## POLICY MANUAL

<b>SUBJECT:</b> Professional Conduct	<b>TITLE:</b> NJMS Code of Professional Conduct
<b>CODING:</b> 40-20:00	<b>ADOPTED:</b> 1/4/00 <b>AMENDED:</b> July 2006, June 2013

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### I. PURPOSE

To establish the NJMS companion policy to the RBHS policy entitled "Student Rights, Responsibilities and Disciplinary Procedures," hereinafter referred to as "the Policy." It was developed to comply with Section V. A. 2. of "the Policy" which calls for each school within the University to have such a code in place.

### II. ACCOUNTABILITY

Under the Dean, the Committee on Academic Integrity (CAI) (hereinafter referred to as "the Committee") will be responsible for educating the students regarding ethical issues, monitoring the academic integrity policy and serving as the hearing body for all student disciplinary actions at NJMS. This committee will assess the nature and severity of the violation(s) and report its findings to the Dean.

### III. APPLICABILITY

All Students who enroll at Rutgers New Jersey Medical School will be expected to abide by the Code throughout their course of study and will be informed that violations of the Code will be considered with the gravest concern and may be punishable with sanctions as severe as suspension or dismissal.

### IV. BACKGROUND

Rutgers Policy: Student Rights, Responsibilities and Disciplinary Procedures (refer to [policies.rutgers.edu](http://policies.rutgers.edu))

### V. POLICY

#### **THE RUTGERS NEW JERSEY MEDICAL SCHOOL CODE OF PROFESSIONAL CONDUCT**

The Rutgers New Jersey Medical School Code of Professional Conduct (hereinafter referred to as "the Code") sets forth general principles of integrity as well as expectations for behavior consistent with the ethical study and practice of medicine as described in the American Medical Association (AMA) code of ethics and the American Board of Internal Medicine's Project Professionalism. The latter defines professionalism as aspiring to "altruism, accountability,

excellence, duty, service, honor, integrity and respect for others," and identifies several issues that can have a negative impact on these elements ("Professionalism in Medicine: Issues and Opportunities in the Educational Environment," Project Professionalism, p. 4-10, American Board of Internal Medicine, 1995, Philadelphia, Pa).

*With permission from Tina Greco, adapted from the **Student Handbook for the New Jersey Graduate Program in Public Health 1992-1994***

## Introduction

We, the students of Rutgers New Jersey Medical School, believe that the medical community holds a public trust. At the heart of our profession is the trust of the physician-patient relationship, which depends on individuals of the medical community living by standards worthy of that trust. Due to the sensitive and confidential nature of our work as physicians we must, as individuals, observe high standards of honesty and integrity. We must also make diligent efforts to ensure that high standards are upheld by our colleagues and peers. This is necessary to safeguard the public trust and ensure the integrity of our profession for future generations.

Furthermore, we believe that it is possible to attain these high standards in a professional school setting through both individual and group awareness and commitment. It is our hope that by adopting these principles into our personal and professional lives, we can promote a culture of professionalism and positively influence our present community here at New Jersey Medical School, and the many future communities we will serve as physicians.

This standard of integrity must apply to everyone alike, regardless of rank or seniority. Upon entry into medical school, students accept responsibility for honesty and integrity as part of a sacred tradition dating back to the Hippocratic Oath. The Code is a modern day affirmation of the Oath's values. The Code states that the individual is responsible for acting with honesty and integrity during all academic activities. The individual is also responsible for reporting incidents of academic dishonesty committed by or observed in other members of the community. Allegiance cannot be to individual advancement or personal considerations, but must be to the integrity of the medical profession and the good of the community. Violations of the Code will be handled as matters of the gravest concern, punishable where appropriate by suspension or expulsion from our academic community.

## Section I - Definitions

Acknowledging the high professional and ethical standards that physicians are expected to exhibit, the students of the New Jersey Medical School (NJMS) have adopted the following as guidelines for professional conduct. Students are expected to exercise good judgment when questions of a professional or ethical nature arise.

NJMS student responsibilities include, but are not limited to, the following:

- to be aware of and to abide by all applicable federal, state and local civil and criminal laws and regulations;
- to be aware of and to abide by all applicable University, RBHS, and School policies, rules, procedures and standards, both general and academic; to be responsible for personal and professional integrity and honesty in all academic activities; to treat all members of the community (faculty, staff, students,

patients) with respect and understanding and to resolve conflicts with other members of the NJMS community in a respectful and constructive manner.

- to hold themselves to high standards of academic integrity. This includes the accurate and honest reporting of clinical and research data, as well as ensuring that the rules regarding all examinations and coursework are adhered to.
- to do their utmost to ensure a safe and friendly environment for patients. This includes maintaining accurate notes, following up promptly on results of diagnostic studies and serving as a patient advocate. Additionally students will maintain strict confidentiality regarding patient information.
- to adhere to all generally recognized standards of professional and ethical conduct and to help ensure that high standards of professional and ethical conduct are upheld by fellow students, colleagues and peers by reporting incidents of academic and professional dishonesty observed in others.

## SECTION II – Violations

It is expected that by this point in their education, medical students should already be aware of what constitutes a breach of academic integrity and inappropriate professional behavior. The following behaviors are examples of breaches in professional conduct.

A. **Cheating:** the use of inappropriate or unacknowledged materials, information, or study aids for any written or clinical exam. Students must obey rules governing NJMS departmental examinations and NBME examinations and their administration. The use of books, notes, tape recorders, electronic devices, calculators, or conversation with others is prohibited, unless specifically noted otherwise. Students may not request others (including commercial term paper companies) to conduct research or prepare any work for them without crediting the source for the work that was used. Students may not submit identical work or portions thereof for credit without approval of the instructor.

B. **Stealing:** to take something without right or permission, usually in a surreptitious way, e.g., to take another student's personal belongings, or to take equipment from the hospital for personal use.

C. **Forging:** falsely making or altering a document, e.g., to sign an attending physician's name on a prescription or a written report.

D. **Fabrication:** the invention of any information or citation in an academic exercise. "Invented" or changed information may not be used in any laboratory experiment or other academic exercise without authorization from the instructor, e.g., it is improper to analyze one sample in an experiment and then "invent" data for other required analyses based on that one sample. Similarly, it is improper to report laboratory values or chest radiographs as normal if the appropriate tests were never ordered or performed.

E. **Plagiarism:** the representation of the works or ideas of another as one's own. To avoid plagiarism, every direct quotation must be identified by quotation marks or by appropriate indentation and must be cited in the text or by a footnote or endnote. (Student Note Service is exempt for the purpose of this Code, provided it adds an appropriate disclaimer prior to distribution.) Plagiarism can often be a subtle issue. Any questions as to what constitutes plagiarism should be discussed with a faculty member.

F. **Denying Others Access to Information or Material:** to deliberately impede the progress of another student or scholar or deny them access to scholarly resources intended for general consumption, e.g., intentionally giving other students false or misleading information; making library material unavailable to others by stealing,

defacing, or hiding books or journals, or by deliberately misplacing or destroying reserve materials; or by intentionally altering computer files that belong to another.

G. Unprofessional Conduct: Students must conduct themselves appropriately as befits a member of the medical community. Unprofessional conduct includes, but is not limited to, a pattern of: unmet professional responsibilities; a lack of effort towards self-improvement and adaptability; diminished relationships with faculty, staff, and peers; and diminished relationships with patients and families.

H. Vandalism: The defacing of campus property or destruction of property of members of the community is considered unprofessional behavior and in violation of the Code.

I. Unauthorized Use of Drugs and/or Alcohol are in violation of the Code. It is unprofessional to participate in patient care while impaired.

J. Improper use of Information Technology resources/networking- Improper use includes using email to harass members of the Rutgers community, disrupting operation of networks through illegal acts, using unauthorized accounts, and inappropriately taking equipment/materials from computer laboratories.

### Section III - Committee on Academic Integrity

The Committee on Academic Integrity (CAI) will be responsible for educating the students and faculty regarding ethical issues, monitoring the academic integrity policy and serving as the hearing body for all student disciplinary actions at NJMS. The committee shall meet at least once a semester on a schedule to be publicly announced, and as needed to deal with cases referred by the Dean.

A. Composition: The committee will be composed of six medical students and five faculty members of whom at least two are administrators, one a clinical faculty member, and one a basic science faculty member, for a total of eleven members. The members will elect one student member and one faculty member to serve as co-chairs.



## B. Selection Process

### 1. Students:

The Student Council Appointments Committee will select students who will serve until their graduation. Each appointed student must be in good academic standing at the time of appointment, and must maintain good academic standing in order to serve on the Committee. Alternates will be selected for each position in the event that a committee member becomes personally involved in a hearing, falls out of good academic standing, or chooses to withdraw from the Committee for personal or professional reasons.

2. Faculty: Faculty members of the committee will be chosen by the Dean. There will be no term limits for any of the faculty positions. Alternates will be selected for each position in the event that a committee member becomes personally involved in a hearing, is on a temporary leave of absence, or chooses to withdraw for personal or professional reasons.

## Section IV – Committee Procedures

The primary procedural guidelines for the Committee are described in the RBHS Policy on Student Rights, Responsibilities and Disciplinary Procedures. Students should refer to this Policy for the procedures to be followed. In case of discrepancy, the Policy is to be considered the overriding document. An outline of the procedure is as follows:

A. A request for disciplinary action against a student may be made in writing to the Dean by any student, faculty member, or administrative officer within thirty (30) working days of an alleged infraction or the discovery of an infraction.

B. The Dean or his/her representative may attempt to resolve the matter informally through mediation by an administrative officer of the School or by some other means. If the Dean or his/her representative concludes that the matter cannot or should not be resolved in this manner, he/she shall refer it to the Hearing Body of the School (i.e., the Committee on Academic Integrity) within ten (10) working days of the Dean's decision.

C. Following receipt of the request, the Committee will meet to review the case and schedule a hearing. If the Committee has questions concerning the Dean's request or the basis for the charges, it may seek clarification from the Dean prior to scheduling a hearing.

D. The Committee shall forward to the Accused and to the Complainant written notice of the complaint and of the time, date and place of the hearing, which shall be held within fifteen (15) working days of receipt of a request from the Dean. This time may be extended at the request of the Accused if the Accused is unable to appear, but the accused must provide the Committee with a suitable date within a reasonable time frame.

E. The Committee shall convene to hear the complaint and make recommendations for action to the Dean. A complete description of hearings procedures can be found in the University Policy section V.F.4, and are summarized below.

1. Quorum: At least 7 members (2 of whom must be faculty members) must be in attendance. In order to vote, a member must be present for the entire proceeding. Those members not present for the entire proceeding may offer their opinions during deliberations, but may not vote. Non-voting members do not count toward the above quorum requirements. The student co-chair will not vote, except in case of a tie.

2. Hearing Procedures: The hearing will be conducted according the guidelines set out in the Policy, as follows:

- a. Witnesses may be called by any participant. Relevant materials may be presented if advance copies are provided to each participant. The Committee may at any time request submission of documents or an appearance by anyone involved in the matter, and may conduct as many hearing sessions as necessary to complete its consideration of the Complaint, within the time period designated in this procedure.
- b. Students may consult private legal counsel at any time for advice. Students or legal counsel may submit to the Committee any documents or other evidence relevant to the matter at any time prior to the conclusion of the hearing. However, legal counsel shall not be permitted to appear at the proceedings of the Committee.
- c. The burden of proof shall rest with the Complainant.
- d. The Chair of the Committee shall rule on all procedural matters in accordance with this policy, with the procedural rules of the School, and with generally accepted terms of fundamental fairness. Whenever necessary, the Chair may seek the advice of the Office of General Counsel in procedural matters. Committee procedures shall, at a minimum, insure:
  - i. that witnesses be heard in the presence of the Accused, but outside the presence of other witnesses; the Hearing Body may request the presence of the Complainant during the testimony of other witnesses, in whole or in part.
  - ii. that tape recordings of the hearing, excluding all deliberations by the Committee, shall be made by the School; any participant may, at his/her own expense, obtain a copy of the recording or a transcript, or employ a court stenographer during the hearing.

3. Completion of the Hearing: The Committee will complete its hearing procedures within forty (40) working days of the commencement of the hearing, and submit to the Dean, with copies to the complainant and to the accused, within seven (7) working days thereafter, a written recommendation, including any findings of fact made by the Committee, and a reporting of the total vote tally of the Committee's decision, without reference to individual votes.

4. Recommendations: The recommendations of the Committee may consist of any or no disciplinary action as outlined in Section V of the Code and should be based on the factual findings, the severity of the violation, and any procedures, policies or codes of the School or of the University.

5. All notices and correspondence to the Accused shall be sent by certified mail, return receipt requested or hand-delivered with a receipt to be signed; receipts shall be retained by the School.

6. Exceptions: After the Committee makes its recommendation, but before a final decision by the Dean, all parties may submit requests for exception in writing. As per the policy these must be submitted within five (5) working days of the Committee's recommendations.

7. Decision: The Dean or his/her designee shall render, within a reasonable period of time, a final decision on disciplinary action to be taken and shall provide written copies of the decision to the Accused, the Complainant and the Committee.

8. Appeals: Within five (5) working days of receipt of the Dean's decision, the student may submit a written appeal to the RBHS Chancellor. The RBHS Chancellor may, at his or her discretion, seek information and consult with any other party, including the Accused, Complainant, Committee and the Dean, and shall render, within a reasonable period of time, a written decision and shall provide written copies of the decision to the Accused, the Complainant, the Committee and the Dean. The decision by the RBHS Chancellor is not subject to appeal.

9. Confidentiality: All proceedings of the Committee are considered confidential, and all parties involved, including the Complainant and Accused are expected to maintain confidentiality. Failure to do so will be considered a breach of professional behavior and is itself a violation of the Code.

## SECTION V - Recommended Sanctions

Academic dishonesty is a serious offense and is therefore subject to appropriate disciplinary action. Violations will be reviewed by the Committee in accordance with the procedure stated in the Policy. This body will assess the nature and severity of the violation(s) and report its findings to the Dean, including any recommendations for action. Depending on the severity of the offense as determined by the hearing body, one of the suggested levels of disciplinary action cited below may be recommended to the Dean. A majority vote will be required to recommend such sanctions with the exception of Level V Disciplinary Actions, which will require a two-thirds vote of the Committee. The description of these sanctions is not all-inclusive. The Dean will make the final decision on any violation.

The following list is a description of the levels of sanctions that the Committee may recommend to the Dean. Recommendations for sanctions will be made on an individual basis.

### No Action

In the event that the student is found innocent of the allegations brought against him/her, the matter will be dropped with no further action taken. Furthermore, all information pertaining to the case will be destroyed and no record shall be kept of the incident or the proceedings. The hearing body (i.e., Committee on Academic Integrity) shall reserve the right to terminate the investigation or dismiss the proceedings at any time should they feel such action is warranted. In the event that the Committee finds a student guilty of an infraction for which no action is deemed necessary by the Committee, the Committee will recommend that finding to the Dean.

### Level One

The student shall receive both a written and an oral reprimand from the Dean or his/her representative concerning the offense. A record of the incident will be kept in the Committee's files until the student graduates. The Committee's files may not be used to prepare any official written or oral communications about the student, including dean's letters. If the incident involves a course assignment or requirement, there may be a recommendation that either no credit be given for the assignment/requirement or a make-up assignment be given if appropriate.

### Level Two

The student shall receive both a written and an oral reprimand from the Dean or his/her representative concerning the offense. A record of the incident will be kept in both the committee's files and the student's

official file until the student graduates. As above, a recommendation may be made that either no credit be given for an assignment/requirement or a make-up assignment be given if appropriate. A failing grade may also be recommended for the assignment or relevant portion of the involved course.

#### Level Three

The student shall receive both a written and an oral reprimand from the Dean or his/her representative concerning the offense. A record of the incident will be kept in both the committee's files and the student's official file until the student graduates. A notice will be placed in the student's official file that s(he) is considered to be on "Academic Disciplinary Probation" until graduation. A recommendation will also be made that the student receive a failing grade for the assignment, examination or course involved if appropriate.

#### Level Four

The student shall receive both a written and an oral reprimand from the Dean or his/her representative concerning the offense. A record of the incident will be kept in both the committee's files and the student's official file until the student graduates. The student will be suspended for a minimum of one semester from the medical school. A notice of "Academic Disciplinary Suspension" will be placed in the student's official file and remain for the designated period. A permanent indication of the violation will be included in the student's file. If the recommended sanction involves failure of a course or suspension, an explanatory note will be included on the student's transcript. Readmission is automatic. The faculty determines the level at which academic level the student will re-enter.

### Level Five

Violations at this level represent the most serious breaches of academic integrity and will result in the expulsion of the student from the School, defined as a severing of affiliation between the student and the New Jersey Medical School. A permanent indication of both the violation and the expulsion will be placed in the student's official file as well as the committee's files.

### Section VI - Status of the NJMS Code of Professional Conduct

Amendments to the NJMS Code may be proposed by the Committee on Academic Integrity on its own motion at any time. All proposed amendments will be circulated to the Student Council for review/comments before being voted upon by the Committee. A proposed amendment must be approved by majority vote of the committee members, and then forwarded to the Committee on Student Affairs and Faculty Council for review and approval. To insure that all NJMS students are knowledgeable about the contents and provisions of the Code, it will be published in the NJMS Student Handbook and presented during orientation for first-year students.

By Direction of the Dean:

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Associate Dean for Student Affairs

## **NJMS Standards of Professionalism**

Appropriate professional behavior is a fundamental component of preclerkship and clinical competency. In addition to clinical performance and medical knowledge, interpersonal skills need to meet New Jersey Medical School standards. Interpersonal skills are described here as including (1) professional attributes and responsibilities; (2) self-improvement and adaptability; (3) effective relationships with patients; and (4) effective relationships with other members of the faculty, student body and members of the health care team. Each student should be familiar with the NJMS Guide to Professional Conduct and the NJMS Code of Conduct, the companion documents to this policy.

We must set a standard for the attainment of professionalism that is as high as those for the attainment of the cognitive skills. While cognitive competencies are judged in blocks of time (courses and clerkships), professionalism must be assessed and tracked over the continuum of the student's medical education and career. Accountability for the professional development of students and the evaluation of their professionalism is the responsibility of all preclinical and clinical evaluators, despite the relatively short course/clerkships, changing sites and the perception that this is a subjective area.

To address lapses in professionalism, New Jersey Medical School employs a multi-tiered, developmental approach. A student whose behavior does not meet a standard, as defined above, is reported on either the Pre-Clerkship and Clinical Years or Institutional Professionalism Form. Subsequent action is taken in a manner appropriate to both the severity of the infraction and the student's position along the continuum of the curriculum. The language on the forms was chosen to define the minimum standard of behavior the student has not met. The intent of each form is to identify a student with behavior(s) that does not meet a standard so that a plan of professional development may be instituted promptly.

**If you have an experience with a student that does not meet the standards stated above, the following steps must be taken:**

1. Discuss the situation with the Associate Dean for Student Affairs (ADSA) and through this consultation decide if it is appropriate to complete a Professionalism Form. If appropriate, the form is completed by the Course Director/Clerkship Director/Faculty/Administrator **fifteen (15) business days** from the clerkship or course end date or the date of incident, whichever is later.
2. The Course Director/Clerkship Director/Faculty/Administrator must discuss the form with the student. The student must sign to acknowledge receipt of the form.
3. The form is submitted to the ADSA who meets with the student to design and implement the plan for professional development.
4. The ADSA provides feedback to the Course Director/Clerkship Director/Faculty/Administrator as to the outcome of the report and involves faculty in the plan for professional development as necessary.
5. The form is placed in the student's file.

**For students in the pre-clerkship years:**

- a. If one or two professional forms are submitted for a student in the first two curricular years, the student is required to be counseled by the ADSA, who will arrange a plan for professional development. The form and the plan for professional development will not be referenced in the MSPE (Medical Student Performance Evaluation). The ADSA will report on these students to the CSA (Committee on Student Affairs) on a bi-monthly basis.
- b. If a student receives more than two forms in the first two curricular years then the student will be required to appear before the CSA. After meeting with the student, the CSA will decide whether or not the content of the forms, the professional development plan(s), and the meeting with the CSA will be referenced in the MSPE.
- c. If a student receives more than two forms in the first two years and a subsequent form in the third or fourth year then the student is required to appear before the CSA and the forms, the professional improvement plan(s), and the meeting with the CSA shall be mentioned in the MSPE.

**For students in the clerkship years:**

- a. If student receives only one form in the third or fourth year and has had no prior forms submitted on his/her behalf, the student is required to be counseled by the ADSA, who will arrange a plan for professional development. The form and the plan for professional development will not be referenced in the MSPE (Medical Student Performance Evaluation).
- b. If the student receives two or more forms in the third/fourth years then the student is required to appear before the CSA and the forms, the professional development plan(s), and the meeting with the CSA will be mentioned in the MSPE.

**New Jersey Medical School  
Professionalism Evaluation Form  
Pre-clerkship and Clinical Years**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Course/Clerkship Title

\_\_\_\_\_  
Course Director/Clerkship Director/Faculty

\_\_\_\_\_  
Date of incident(s) & location

\_\_\_\_\_  
Course Dir./Clerkship Dir./Faculty Signature

\_\_\_\_\_  
Date

Date this form was discussed with the student \_\_\_\_\_

Other staff present \_\_\_\_\_

A student with a pattern of the following behavior has not sufficiently demonstrated professional and personal attributes for meeting the standards of professionalism inherent in being a physician:

***Circle the appropriate category(ies). Comments are required.***

1. Unmet professional responsibility:

- a. The student cannot be relied upon to complete assigned tasks.
- b. The student needs continual reminders in the fulfillment of responsibilities to patients or to other health care professionals.
- c. The student has unexcused absences from course/clerkship requirements.
- d. The student is frequently tardy for course/clerkship requirements.
- e. The student does not work cooperatively with his/her peers.
- f. The student is disruptive in the learning environment.
- g. The student did not report a violation of the NJMS Code of Professional Conduct.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



2. Lack of effort toward self-improvement and adaptability:

- a. The student is resistant or defensive in accepting criticism.
  - b. The student remains unaware of his/her own inadequacies, and makes no effort to understand them.
  - c. The student resists considering or making changes in his/her behavior.
  - d. The student does not accept blame for failure, or responsibility for errors.
  - e. The student is abusive or overly critical.
  - f. The student demonstrates arrogance.
- 
- 
- 

3. Diminished relationships with patient and families:

- a. The student inadequately establishes rapport with patients or families.
  - b. The student is often insensitive to the patients' or families' feelings, needs, or wishes.
  - c. The student lacks empathy towards his/her patient or family members.
  - d. The student has inadequate personal commitment to honoring the wishes of the patients.
- 
- 
- 

4. Diminished relationships with members of the health care team:

- a. The student does not function well within a health care team.
  - b. The student is insensitive to the needs, feelings, and wishes of the health care team members.
  - c. The student does not communicate well with his/her peers or other members of the health care team.
  - d. The student does not cite/note proper credit and responsibility to colleagues and others who participated in research when publishing and presenting his/her reports.
- 
- 
- 

**Course Director/Clerkship Director/Faculty:** Please make suggestions below regarding essential components of the professional development plan.

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**To be completed by the student**

I have read and discussed this evaluation with the Course Director/Clerkship Director/Faculty. By my signature, I acknowledge receipt of this form.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

My comments (optional):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To be completed by the Associate Dean of Student Affairs**

Received: \_\_\_\_\_

Discussed with student: \_\_\_\_\_

Professional Development plan:

\_\_\_\_\_  
\_\_\_\_\_

# New Jersey Medical School Institutional Professionalism Evaluation Form

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date of incident(s) & location

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

Date this form was discussed with the student \_\_\_\_\_

Other staff present \_\_\_\_\_

A student with a pattern of the following behavior has not sufficiently demonstrated professional and personal attributes for meeting the standards of professionalism inherent in being a physician and a student at NJMS:

***Circle the appropriate category(ies). Comments are required.***

1. Unmet professional responsibility:
  - a. The student needs continual reminders in the fulfillment of administrative responsibilities, such as: immunization requirements, billing or financial aid deadlines, USMLE deadlines, registration tasks, FIT testing, annual corporate training and compliance duties, etc.
  - b. The student cannot be relied upon to complete assigned tasks by the given deadline.
  - c. The student communicates in a manner that is arrogant, abusive, or otherwise unprofessional.
  - d. The student has demonstrated a pattern of tardiness for an appointment or event without advance notification.
  - e. The student does not work cooperatively with administrative staff.
  - f. The student is disruptive in various settings.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Administrator:** Please make suggestions below regarding essential components of the professional development plan.

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**To be completed by the student**

I have read and discussed this evaluation with the administrator. By my signature, I acknowledge receipt of this form.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

My comments (optional):

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**To be completed by the Associate Dean of Student Affairs**

Received: \_\_\_\_\_

Discussed with student: \_\_\_\_\_

Professional Development plan:

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## **Policy on Medical Student Duty Hours**

Medical students in the final two years of their education should be expected to assume a level of supervised patient care responsibility commensurate with their level of training and their demonstrated clinical skills. In order to advance their clinical competency and prepare them for postgraduate medical education, this level of responsibility should be established at the highest level that is consistent with exemplary patient care and safety.

In addition to advancing their clinical skills, medical students must have ample opportunity to consolidate their learning through self-study. Their level of clinical responsibility should allow adequate time for study, review, and preparation for required formative and summative evaluations. Finally, student responsibilities should be commensurate with a balanced life-style that allows adequate time for other non-educational tasks and healthy behaviors.

NJMS recognizes the effects of fatigue and sleep deprivation on learning, clinical activities, and health and safety. Therefore, we are committed to providing meaningful educational experiences within the limits of the following medical student duty hour standards:

- Student duty hours should conform to the current ACGME standards applied to resident education. Specifically, students should not exceed an AVERAGE 80 hour weekly schedule across any four week period. All required clinical and scheduled educational and assessment activities are to be included in the duty hour estimates. Students should not be required to exceed 24 continuous duty hours plus 4 additional hours for patient turnover.\*
- Students must be allowed 1 full day off in 7 averaged over 4 weeks. Teaching days, examination days, and other scheduled educational activities do not count as days off. However, time spent on reading and independent self-study does count as time off from scheduled duty hours.
- Students must not be required to complete overnight call on the evening prior to an examination or performance-based assessment.
- Duty- free intervals between assigned clinical/educational activities should be at least 8 hours long.
- Mandatory NJMS holidays (these apply to third year students ONLY) may be counted as days off in compliance with the “1 in 7” policy.
- Call rooms will be available for all students who feel too fatigued to safely get home.

\*Limited and carefully justified exceptions to this policy may be permissible. It is recognized that students do not work the consistently demanding and lengthy hours of resident physicians. In addition, their educational experiences in many areas are of limited duration. Maximizing their opportunity to experience some clinical or educational opportunities may from time to time justify exceeding the normal duty hours policy. Examples of justifiable exceptions might include, but are not limited to, the following :

- A student-initiated request to participate in or observe a medical activity or procedure that must occur beyond the 80 hour policy.
- A student-initiated request to waive or alter the ‘days off’ policy in order to accommodate a special event (e.g. attend a special conference, attend a wedding, birth, or funeral, etc) or ensure continuity of care or experience with a particularly valuable or interesting clinical case.

*This policy was revised by the NJMS Clinical Curriculum Advisory Subcommittee on 5/7/14; approved by the Committee on Curriculum and Academic Programs and Policies 5/2014 and by Faculty Council on 5/14/14.*

**POLICY ON THE TEACHER-LEARNER RELATIONSHIP  
AND THE LEARNING ENVIRONMENT IN MEDICAL EDUCATION**

**I. PURPOSE**

Rutgers New Jersey Medical School has a responsibility to foster the development of professional and collegial attitudes needed to provide caring and compassionate health care by all members of the New Jersey Medical School community, including medical students, graduate students, resident physicians, faculty, volunteers and other staff who participate in the educational process. We believe that teaching and learning should take place in a climate of mutual respect where students are evaluated based upon accomplishment, professionalism and academic performance. We are committed to maintaining a positive learning environment and the highest standards of behavior in the teacher-student relationship. The diversity of members of the academic community, combined with the intensity of interactions that occur in the health care setting, may lead to incidents perceived as or actually of mistreatment or unprofessional behavior. New Jersey Medical School maintains its commitment to preventing student abuse and the highest standards of professionalism through education, by providing support for those who are subjected to mistreatment, and by responding with corrective action to incidences of abuse and unprofessionalism. This policy addresses the behaviors required from all those who are in training sites, including faculty members, residents, nurses, staff, or students in a teaching role. It is intended to ensure an educational environment in which students, staff, volunteers, and faculty may raise and resolve issues without fear of intimidation or retaliation. The Dean of New Jersey Medical School oversees the implementation of this policy.

This policy on mistreatment prevention and response and the learning environment has four main components:

1. A statement of New Jersey Medical School's standards of behavior with regard to mistreatment, including: a definition of mistreatment; examples of types of mistreatment; persons who may be the object or perpetrator of mistreatment; and the purpose of the policy on mistreatment.
2. A plan for the ongoing education of the New Jersey Medical School community concerning these standards of behavior and professionalism and the process by which they are upheld.
3. A description of the New Jersey Medical School process for responding to allegations of mistreatment.
4. A description of options that are available to all members of the New Jersey Medical School for reporting incidences of unprofessional behavior exhibited by anyone in the learning environment.

**II. STANDARDS**

The following statement is excerpted from a report by the AMA Section on Medical Schools in cooperation with the AMA Student and Resident Sections and reflects the policy of the New Jersey Medical School:

The teacher-learner relationship should be based on mutual trust, respect and responsibility. This relationship should be carried out in a professional manner in a learning environment that places strong focus on education, high quality patient care, and ethical conduct.

In the teacher-learner relationship, each party has certain legitimate expectations of the other. For example, the learner can expect that the teacher will provide instruction, guidance, inspiration and leadership in learning. The teacher expects the learner to make an appropriate professional investment of energy and intellect to acquire the knowledge and skills necessary to become an effective physician. Both parties can expect the other to prepare appropriately for the educational interaction and to discharge their responsibilities in the educational relationship with unfailing honesty.

Certain behaviors are inherently destructive to the teacher-learner relationship. Behaviors such as violence, sexual abuse or harassment, inappropriate conduct or discrimination based on personal characteristics must never be tolerated. Other behavior can also be inappropriate if the effect interferes with professional development. Behavior patterns such as making habitual demeaning or derogatory remarks, belittling comments or destructive criticism fall into this category. On the behavioral level, abuse may be operationally defined as behavior by medical school faculty, residents, or students which is disapproved by society and by the academic community as either exploitive or punishing.

Examples of inappropriate behavior or situations that would be unacceptable include:

- Physical contact, including any physical mistreatment or assaults such as hitting, slapping, kicking, throwing objects or threats of the same nature
- Verbal abuse (attack in words, or speaking insultingly, harshly)
- Comments and jokes of stereotypic or ethnic connotation, visual harassment (display of derogatory cartoons, drawings or posters)
- Inappropriate or unprofessional conduct that is unwarranted and reasonably interpreted to be demeaning or offensive
- Requiring a student to perform 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
- Purposeful neglect or exclusion from learning opportunities as means of punishment
- Sexual assault or other acts of sexual violence
- Sexual harassment
- Disregard for student safety

While constructive criticism is appropriate in certain circumstances in the teacher-learning process, it should be handled in such a way as to promote learning, avoiding purposeful student humiliation. Feedback that has negative elements is generally more useful when delivered in a private setting that fosters discussion and behavior modification. All feedback should focus on behavior rather than personal characteristics and should avoid pejorative labeling.

### **III. EDUCATION AND PREVENTION**

- A. To promote an environment respectful of all individuals, the New Jersey Medical School will provide ongoing education to students, residents, fellows, faculty, and other staff that emphasizes the importance of professional and collegial attitudes and behavior. The materials and methods for providing this education will be the responsibility of the Vice Dean, the Associate Dean for Student Affairs and the New Jersey Medical School Office of Education.
- B. Education of the New Jersey Medical School community concerning mistreatment and professional behavior serves to promote a positive learning environment. This is characterized by attitudes of mutual respect and collegiality. Education will alert all members of the New Jersey Medical School community

to expected standards of behavior. Education will also inform persons who believe they have been mistreated of the avenues for redress and will inform all concerned parties of the policies and processes for responding to allegations of mistreatment and unprofessional behavior.

- C. The methods for disseminating and providing information and education to the specific groups are described below, subject to annual review by the Vice Dean:
1. Medical Students
    - a. The policy will be included in the Student Handbook.
    - b. The topic will be addressed at all orientations.
    - c. Each department will be required to include this topic in the course policies for each preclinical course and each clinical rotation.
  2. Resident Physicians and Fellows
    - a. The policy will be included in the Resident Handbook.
    - b. The topic will be addressed at the annual resident physician orientation.
    - c. The clinical department chairs will be encouraged to ensure all their fellows and residents are cognizant of the policy.
  3. Faculty and Graduate Students
    - a. An informative written message will be sent each year from the Dean's Office to all departmental chairs.
    - b. The Dean will direct the chairs to distribute the information to all faculty and graduate students within their respective departments and a member of the Dean's Office will present the policy at departmental meetings on an annual basis.
    - c. Chairs will also direct the course directors, clerkship directors, and program directors to convey this information to all adjunct faculty who participate in the teaching process in order to ensure that all faculty are cognizant of the policy.
  4. Nursing and Other Clinical/Support Staff

An informative written message will be sent each year from the Dean's Office to the Chief Executive Officer and Chief Medical Officer at University Hospital to explain the policy and to request its distribution to all staff interacting with New Jersey Medical School trainees.
  5. Faculty and Staff at All Affiliate Sites

Affiliation agreements with all training sites will reference the policy and delineate expectations regarding distribution of the information contained in the policy to faculty and staff at the site. An informative written message will be sent each year from the Dean's Office to the Associate Dean or designated educational site director and Chief Medical Officer at each training site to explain the policy and to request its distribution to all staff interacting with New Jersey Medical School trainees.
- D. The Learning Environment Subcommittee of the Curriculum, Academic Programs and Policies Committee will monitor influences (positive and negative) throughout the learning environment. They will meet quarterly and report to the Curriculum, Academic Programs and Policies Committee. They will review the results of student evaluations of courses and clerkships as it relates to the learning environment and may choose to survey students and other groups to ascertain further information regarding positive and negative influences in this arena. They also will review the AAMC GQ results relating to the learning environment. At these quarterly meetings the Associate Dean for Student Affairs and the Vice Dean will report on incidents that have been brought to them regarding concerns about the learning environment and unprofessional behavior with personal identifiers redacted. Based on these sources of information the Learning Environment Subcommittee will make recommendations regarding the need for interventions (e.g., faculty and staff education and development) to address issues that are leading to a sub-optimal learning environment and these will be presented to the Curriculum, Academic Programs and Policies Committee for consideration. The decision and final recommendations of this committee will be presented to the Faculty Council and Dean for



consideration. Feedback on the success of implemented changes and programs is monitored by the Curriculum, Academic Programs and Policies Committee, the Faculty Council and Dean.

#### **IV. COMMUNICATION OF COMPLAINTS AND RESOLUTION MECHANISMS**

Due to the sensitive nature of such complaints and the need to occasionally deal with these issues either without the consent of the reporter or without revealing the identity of the reporter, a number of mechanisms need to be in place for resolution and communication of the resolution of the issue.

The faculty and administration must be able to assure learners that they will be “protected” when making truthful reports of abuse or unprofessional behavior on the part of others, even when their identity must be disclosed. Such reporting is a professional obligation on the students’ part as members of our educational community. Members of our educational community including faculty and staff who witness others being abusive to learners or exhibiting unprofessional behavior are also expected to report these incidents. This will help to create a better learning environment for all.

A complaint should be reported as soon as possible but not more than 90 (ninety) days after the alleged incident. Several avenues (listed below) are open to the student who experiences an incident of inappropriate behavior and mistreatment or is the witness to unprofessional behavior. The same pathways may be used by faculty and staff who witness abusive and/or unprofessional behavior. In situations where the observed behavior does not involve a learner the faculty and staff members also have the option of addressing the issue with a supervisor of the person exhibiting the behavior.

##### **A. Informal Pathway**

###### **1. Addressing the Issue Directly**

The student may consider speaking directly with the person. If the behavior stems from a misunderstanding or a need for increased sensitivity, the person will often respond positively and stop. Open communication may clarify any misunderstanding or issue(s) and lead to a successful, informal resolution.

###### **2. Counseling and Guidance**

A student, who has concerns about the learning environment, may speak with the Course or Clerkship Director, the Associate Dean for Student Affairs, a Faculty Mentor, the New Jersey Medical School Ombudsperson, or a peer advisor. All involved parties must agree upon all informal resolutions. For tracking purposes, a written record of the resolution must be filed with the Associate Dean for Student Affairs; however, this can be done without reference to specific names.

###### **3. Consultation with the Associate Dean for Student Affairs**

If Steps 1 or 2 are not successful or appropriate, a student must refer the complaint to the Associate Dean for Student Affairs, who may make one last attempt at informal resolution.

##### **B. Formal Resolutions via University Policy**

Once an alleged mistreatment has been identified there are multiple tiers of formal resolution. Resolution of reported actions which are not egregious or reported in an anonymous fashion will be up to the discretion of the course or clerkship director and other members of NJMS administration. For tracking purposes, a written record of the resolution must be filed with the Associate Dean for Student Affairs. Any actions identified in the University Policies on sexual assault, sexual harassment, bullying and other types of harassment, or other violations of ethics or codes of conducts, must be reported and handled in accordance with policies that address these violations. Resolution of reported actions which are recurrent or egregious will be reviewed by the Vice Dean who will follow the procedures below:

## Initial Inquiry

1. Inquiry into a violation of these standards of conduct committed by any individual will be initiated after a written complaint is filed with the Vice Dean. The complaint should be filed within 90 (ninety) days of the violation.
2. The complaint must be detailed and specific, and accompanied by appropriate documentation. The Vice Dean has the responsibility to protect the position and reputation of the complainant.
3. Upon receipt of a properly documented complaint, which has been made in good faith, the Vice Dean shall inform the respondent of the nature of the charges and identify the complainant. The Vice Dean shall also appoint an inquiry officer, who may not be a member of the same department as, or collaborator with, the complainant or respondent. The inquiry officer shall have no conflicts of interest or appearance of conflict of interest in the matter and have appropriate background to judge the issues being raised. He/she must be a faculty member of the New Jersey Medical School. An inquiry officer will be appointed within two weeks of the receipt of a properly documented complaint and the complainant and respondent will be notified. The Vice Dean shall also make every effort to protect the identities of both complainant and respondent with respect to the larger community.
4. The inquiry officer shall gather information and determine whether the allegation warrants a formal investigation. He/she shall then submit a written report to the Vice Dean, the complainant, and the respondent. The report shall state what evidence was reviewed, summarize relevant interviews, and include conclusions. This report shall ordinarily be submitted within 30 calendar days of receipt of the written complaint by the Vice Dean. If the inquiry officer finds that a formal investigation is not warranted, the complainant shall be given the opportunity to make a written reply to the officer within 15 calendar days following receipt of the report to the Vice Dean. If the inquiry officer finds that a formal investigation is warranted, the respondent shall be given the opportunity to make a written reply to the report within 15 calendar days following submission of the report to the Vice Dean. Such replies shall be incorporated as appendices to the report. The entire preliminary inquiry process shall be completed within 60 calendar days of the receipt of a properly documented complaint by the Vice Dean unless circumstances clearly reveal that in the interests of the parties involved the process be expedited or warrant a delay. In such cases the record of inquiry shall detail reasons for the delay.
5. If the report of the inquiry officer finds that a formal investigation is not warranted, the Vice Dean may (i) initiate a formal investigation despite the recommendation of the preliminary inquiry officer, or (ii) not initiate a formal investigation, but take such other action as the circumstances warrant, or (iii) drop the matter. The Vice Dean ordinarily shall complete the review within 10 days of receipt of the report. The Vice Dean shall inform the concerned parties of the decision. In the event the Vice Dean determines not to initiate a formal investigation, the Vice Dean shall, as appropriate, protect the position and reputation of the complainant if the complaint is found to have been made in good faith.
6. If no formal investigation of the respondent is conducted, sufficient documentation shall be kept on file to permit a later assessment of the reasons that a formal investigation was not deemed warranted.
7. If the report of the inquiry officer finds that a formal investigation is warranted or the Vice Dean decides the matter should be pursued through a formal investigation the Vice Dean shall:
  - notify the complainant and respondent;
  - initiate a formal investigation as provided below:

Formal Investigation and Resolutions via University Policy (refer to [policies.rutgers.edu](http://policies.rutgers.edu) and <http://uhr.rutgers.edu/policies-resources/policies-procedures> for additional information)

At the present time there exist formal University Policies on Prohibiting Discrimination and Harassment, Equal Employment Opportunity and Code of Ethics. There is also an established process for reporting compliance

and ethics concerns which outline responsibilities of the student or employee, and the roles of the Office of Human Resources of the respondent, and of the supervisor of the respondent. Any formal investigation and resolution process must comply with the guidance offered in these policies. Appropriate investigatory procedures will be utilized in situations where a formal investigation is deemed necessary. All resolutions, including but not limited to the imposition of discipline, shall be approved by the Dean or his designee and will comply with the procedures set forth in University policies and/or applicable collective bargaining agreements. Student complaints against fellow students are governed by the Student Rights, Responsibilities and Disciplinary Procedures Policy.

#### Affiliate Sites

For faculty and staff at affiliate sites the Vice Dean will inform the Associate Dean or designated educational site director at the affiliated site responsible for overseeing the training of New Jersey Medical School students of any complaint that is brought and findings of the initial inquiry. Formal investigations and resolutions of these matters involving faculty and staff at affiliate sites will be determined by the appropriate administrators at those sites in keeping with their institutional policies.

#### Procedures

1. If the Associate Dean for Student Affairs or the Vice Dean is the respondent or in any other way has a conflict of interest or the appearance of a conflict of interest, he or she is obligated to remove him or herself from the case during any inquiry, investigation, or resolution, and the Dean shall appoint someone else to assume responsibility for monitoring and carrying out these procedures.
2. Complete records of all relevant documentation on cases treated under the provisions of this policy shall be preserved in the Office of the Vice Dean for at least ten years.
3. Retaliation against any member of the school community who comes forward with a complaint or concern is prohibited. If an individual believes that he or she is being subjected to retaliation as a result of coming forward with a concern or a complaint, he or she should refer the matter to the Vice Dean and/or the Ethics and Compliance Helpline.

#### False Complaints and Refusal to Cooperate:

The intentional filing of a false complaint is a violation of this and other University policies and may subject such person to discipline up to and including termination or, in the case of a student, dismissal from the School. Refusal to cooperate with/or participate in an investigation is a violation of this policy and may subject such person to discipline, except for refusal to participate by victims of sexual violence. Anyone who believes that he/she has been the subject of a false complaint may file a complaint with the Vice Dean and/or the Ethics and Compliance Helpline. If evidence of an intentional false complaint has been found, appropriate disciplinary action will be undertaken.

This provision is not intended to discourage complaints in those instances where an individual believes in good faith that discrimination, harassment and/or inappropriate conduct in the learning environment has occurred.

## **V. PLANS FOR MONITORING AND ASSESSMENT**

As indicated above, the Learning Environment Subcommittee of the Curriculum, Academic Programs and Policies Committee will monitor positive and negative influences on the learning environment and make recommendations regarding corrective interventions. These recommendations are considered by the

Curriculum, Academic Programs and Policies Committee and voted on and then are presented to the Faculty Council and Dean for consideration. A separate quarterly report will also be provided by the Vice Dean to the Faculty Council and Dean regarding incidents of mistreatment or problems in the learning environment that are reported via the formal channels delineated above.

**Rutgers New Jersey Medical School**  
**Policy on Pharmaceutical Support of Educational Activities**  
**(prepared in accordance with AMA and ACP position papers)**

Physicians and the pharmaceutical industry have a shared interest in advancing medical knowledge. Although partnerships often result in impressive medical advances, they can create opportunities for biases and unfavorable patient perceptions. The New Jersey Medical School Department of Medicine welcomes pharmaceutical company representatives but requires adherence to the following guidelines.

**General Rules Regarding Pharmaceutical Industry Gift-Giving:**

Gifts from pharmaceutical companies are not allowed. This includes pens, books, writing pads, beverages, snacks and meals.

**Morning Report:**

To protect the confidentiality of our patients, pharmaceutical company representatives are not allowed to attend morning report. Representatives may not give presentations before or after morning report.

**Noontime Conference:**

Representatives are not allowed to attend noontime conference. Representatives are not allowed to give a presentation at the beginning or end of the conference.

**Resident Lounge:**

Time spent by pharmaceutical representatives in the resident lounge will be limited to meeting with the Chief Medical Residents or leaving peer-reviewed journal articles.

**REQUEST FOR ACCOMMODATIONS  
PROCEDURE FOR ACCEPTED APPLICANTS AND STUDENTS**

1. Accepted applicants and students who wish to request accommodations to meet the “NJMS Minimum Technical Standards for Matriculation and/or Admission” must address this request in writing to the Associate Dean for Student Affairs (ADSA). This request must be
  - accompanied by recent (ordinarily within three years of request) documentation of the disability by a qualified healthcare provider, who is not a family member or an individual with a close personal relationship with the applicant or student
  - specific as to the nature of the disability, its current impact on the ability to perform essential functions, the accommodations being requested and any possible alternative accommodations
2. The ADSA will review the request for compliance with the above criteria. If further information is needed, the accepted applicant or student will be notified to provide any missing data to the ADSA.
3. Once the ADSA has determined that the request and all supporting documentation are complete, the ADSA will forward the complete portfolio to the members of The Accommodations Committee (TAC).
4. The TAC shall, at a minimum, be composed of an individual who is knowledgeable about all aspects of the NJMS curriculum, an individual who has expertise in the areas of disabilities and educational testing, and an administrator who has the ability to grant accommodations within NJMS and work with others at affiliated institutions as necessary to implement them. Additional individuals, as appropriate, may be asked to provide input to TAC.
5. The ADSA will inform the accepted applicant/student that the request will be processed as soon as possible, and that no permanent accommodations will be made until a final decision is rendered by the Committee. Interim adjustments may be made at the discretion of the ADSA, pending consideration of the request by the TAC.
6. The TAC will be responsible for evaluating the documentation presented to establish the presence of a disability and determine if the evaluation:
  - a. Was generated by an appropriately trained and experience professional
  - b. Was obtained using professionally accepted and appropriate methods
  - c. Clearly establishes the presence of a disability
  - d. Provides adequate support for the accommodation being requested
7. If the TAC determines that the above criteria are met, they must then evaluate the requested accommodation to determine if:
  - a. The accommodation will substantially alter the intended nature, purpose, or academic standard of the educational program

- b. The accommodation will cause a direct threat to the health or safety of him/herself or others
- c. The accommodation will create a significant undue hardship on the institution

8. If the TAC determines that any of the standards in Section 7 apply, it must consider whether alternate appropriate accommodations are available. This determination shall be made in consultation with the applicant or student and his or her health care provider(s), and may include consultation with the Rutgers Office of AA/EEO and the Rutgers Office of Legal Management.
9. The TAC may require additional information to render a final decision. This may include a request that an accepted applicant/student be evaluated by a specific evaluator chosen by the Committee. The cost of an additional evaluation requested by the TAC shall be borne by the School.
10. If accommodations are granted to an accepted applicant/student, the ADSA will notify the applicant/student in writing regarding the implementation of the accommodations at the beginning of each academic term. The ADSA may require the applicant/student to consult with course directors to notify them of the accommodations at the beginning of each academic term, and the ADSA may inform course directors and faculty directly.
11. The accepted applicant/student may appeal any determination by the TAC as to the presence of a disability or granting of accommodations to the Dean.
12. Alterations in accommodations may be requested by a student at any time and will be considered by the TAC in accordance with these procedures.
13. The ADSA and TAC shall maintain confidentiality of the information obtained pursuant to this procedure, except as necessary to carry out their functions. The ADSA shall maintain records concerning student/applicant requests and TAC proceedings separate from other academic files.



## **Appropriate Use of Passwords and Electronic Medical Records**

Your rights and responsibilities as they pertain to University-accessed electronic information systems; in particular, electronic medical records. As students, please be reminded that you may not access electronic patient medical records using another person's username and/or password. There are no circumstances that make accessing the electronic patient medical record under another person's username and/or password acceptable. In the event you are asked to review or annotate a patient's electronic medical record using another person's credentials, please immediately notify your clerkship/elective director or myself. Please also note that it is against the New Jersey State Board of Medical Examiner's regulations for medical students to act as "scribes" for others in the patient medical record. My overall goal is to ensure that we adhere to applicable University, State, and federal policies/regulations.

Recognizing the importance of your ability to document as an important part of your education the UH Medical Informatics Committee and the UH EPIC Steering Committee has approved medical student documentation in electronic medical records which will be implemented in the upcoming months.

Sincerely,

***SIGNATURE ON FILE***

Maria L. Soto-Greene, M.D.  
Vice Dean and Professor of Medicine



## **Statement on the Use of Electronic Devices in the Learning Environment**

Students are permitted and encouraged to use electronic devices to aid in patient care and/or medical education.

Students are permitted to carry cell phones and/or other electronic devices in their white coats or their pockets. Ringtones and ring volume should be appropriate for the learning environment. Phones should be kept on vibrate mode in the learning environment.

Electronic devices should be used sparingly, and NOT during lectures, conferences, grand rounds, and or attending rounds. Students should be respectful of others in the learning environment and use common sense when utilizing these devices.

Effective immediately, any student who is observed utilizing electronic devices for purposes other than patient care or medical education during conferences, lectures, and/or teaching rounds may be issued a Professionalism form.

Pictures may be taken at the behest of a patient that are social in nature, such as pictures taken for a patient of her newborn baby.

**3<sup>rd</sup> Year Clerkship Grading for Academic Year 2014-15**

<b>Assignment of Final Clerkship Grade</b>	<p><i>Honors: 90 and above</i>  <i>High Pass: 85-89.99</i>  <i>Pass: 70-84.99</i>  <i>Fail: &lt;70</i></p> <p>There will be NO ROUNDING of final grades.</p>
<b>Requirements to Honor Clerkship</b>	<ol style="list-style-type: none"> <li>1. Overall grade of 90 AND</li> <li>2. <b>Raw score</b> (before the curve) at least national 75<sup>th</sup> percentile rank on NBME Shelf for respective quarter (use lowest score over last 3 years) AND</li> <li>3. At least 85 or higher on remaining clerkship components</li> </ol> <p>*See below for further explanation of NBME Shelf percentile rank</p>
<b>Passing NBME Shelf Score</b>	<p>Pass = <b>Raw score</b> (before the curve) at least national 5<sup>th</sup> percentile rank for respective quarter on NBME Shelf (use lowest score over last 3 years)</p> <p>*See below for further explanation of NBME Shelf percentile rank</p>
<b>NBME Shelf Curve</b>	<p>Add 10 points to the raw score on the NBME Shelf in calculation of the final numerical grade. (*Please note – the raw score NOT the curved score is used as the basis for comparing to the National Percentile Ranks, i.e. 75<sup>th</sup> and 5<sup>th</sup> Percentile Ranks as listed above).</p>

**NBME Shelf Percentile Rank:**

The NBME provides percentile data for 4 quarters that correspond to the following quarters in the NJMS 3rd year curriculum schedule:

1. June, July, August
2. September, October, November
3. December, January, February
4. March, April, May

As explained by the NBME, “quarterly norms have been provided because it is common knowledge that scores in some clerkship exams are progressively higher for students of equivalent ability who take the relevant rotation later in the academic year.”

National NBME data from the 3 previous academic years are reviewed for each clerkship. For this academic year, 2010-11, 2011-12, and 2012-13 academic years were used as the reference. The lowest score at the 75<sup>th</sup> percentile rank for each quarter over the last 3 years is used as one of the requirements to honor the clerkship overall. The lowest score at the 5<sup>th</sup> percentile rank for each quarter over the last 3 years is used as the cutoff for passing the NBME shelf. Using the lowest scores for the 75<sup>th</sup> and 5<sup>th</sup> percentile ranks favors the student.

*This policy was revised by the NJMS Clinical Curriculum Advisory Subcommittee on 5/2/14; approved by the Committee on Curriculum and Academic Programs and Policies 5/6/2014 and by Faculty Council on 5/14/14.*

## **Student Grade Appeal Procedure**

Final grades submitted by faculty to the Office of the Registrar are presumed to be accurate and final. A student who has questions about a grade received in a course/clerkship should seek to resolve the issue by first consulting with the course/clerkship director. If the matter has not been resolved after consultation, and the student believes there are grounds for appealing the grade, the student must submit a written appeal to the respective Department Chair within thirty days (30) days of the date the final grade was recorded in the Office of the Registrar. The student must provide clear documentation that demonstrates an error in the grade calculation or the evaluation. The student must also provide evidence of the level of achievement in support of the particular grade that the student believes he/she should have been awarded. The Assistant Dean for Student Affairs/Registrar must be copied.

The Department Chair will have ten (10) business days to accept or reject the student's appeal. The Department Chair will notify the student and the Registrar's Office of his/her decision in writing. If a change in grade is warranted, the chair will submit a memo detailing the grade change to the Registrar under separate cover. After one month's time, no grade changes are permitted.

# Clerkship Student Evaluation

Student: \_\_\_\_\_ Preceptor/Site: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator(s): \_\_\_\_\_

Method of Evaluation:     Individual     Combined

*(If Combined is checked, please list the names of the faculty and residents who contributed to this evaluation on the line above.)*

Please complete **every category**. Check the box which best represents the student's level of performance.

For all NJMS goals and objectives, please refer to [http://njms.rutgers.edu/education/office\\_education/curriculum/index.cfm](http://njms.rutgers.edu/education/office_education/curriculum/index.cfm)

## Medical Knowledge

Fund of Knowledge for Patient Care	60 <input type="checkbox"/>	65	70 <input type="checkbox"/>	75	80 <input type="checkbox"/>	85	90 <input type="checkbox"/>	95	100 <input type="checkbox"/>
1.1h, 1.2e, f, 1.3c, d	<i>Inadequate</i> fund of knowledge	<i>Weak</i> knowledge base but shows <i>potential</i> for improvement		<i>Basic</i> overall knowledge base and showing <i>significant potential</i> for growth		<i>Solid</i> fund of knowledge		<i>Outstanding</i> fund of knowledge	
Ability to Integrate Information and Problem Solve in Patient Care	60 <input type="checkbox"/>	65 <input type="checkbox"/>	70 <input type="checkbox"/>	75 <input type="checkbox"/>	80 <input type="checkbox"/>	85 <input type="checkbox"/>	90 <input type="checkbox"/>	95 <input type="checkbox"/>	100 <input type="checkbox"/>
2.2 a, b, c, h 2.2 f 4 <sup>th</sup> year: 2.2h	<i>Unable</i> to integrate the elements of a clinical database; has <i>no or only rudimentary</i> problem solving ability	<i>Still learning</i> how to integrate the elements of a clinical database but shows <i>potential</i> for improvement		Able to synthesize <i>some</i> aspects of the clinical database into a differential diagnosis and/or overall plan		Able to synthesize <i>most</i> aspects of the clinical database into a solid differential diagnosis and/or overall plan		<i>Consistently</i> integrates <i>all</i> aspects of the clinical database completely and succinctly; produces cohesive differentials and/or plans	
Identifies Social, Economic, Psychological, and Cultural Factors that Contribute to Health and Disease	60 <input type="checkbox"/>	65 <input type="checkbox"/>	70 <input type="checkbox"/>	75 <input type="checkbox"/>	80 <input type="checkbox"/>	85 <input type="checkbox"/>	90 <input type="checkbox"/>	95 <input type="checkbox"/>	100 <input type="checkbox"/>
4.1 f 4.2 c, d, 4.3 g, i 6.5 d 4 <sup>th</sup> year: 4.3 j	<i>Consistently overlooks</i> one or more of these factors	<i>Frequently overlooks</i> one or more of these factors		Incorporates <i>basic</i> aspects of these factors		Incorporates <i>basic</i> aspects of these factors and <i>applies</i> them to the plan of care		Incorporates <i>detailed</i> aspects of these factors and <i>applies</i> them to the plan of care	

## Patient Care

History Taking and Interviewing skills	60 <input type="checkbox"/>	65	70 <input type="checkbox"/>	75	80 <input type="checkbox"/>	85	90 <input type="checkbox"/>	95	100 <input type="checkbox"/>
2.1 e, f, g 4 <sup>th</sup> Year: 2.1 h, i; 6.5 f	<i>Consistently incomplete and</i> disorganized	<i>Frequently</i> incomplete and/or disorganized for uncomplicated patients		Complete and organized for <i>uncomplicated</i> patients; some gaps for complicated patients.		Frequently complete and organized by system for both <i>complicated and uncomplicated</i> patients		<i>Consistently</i> complete and organized for both <i>complicated and uncomplicated</i> patients	
Physical Examination and Assessment	60 <input type="checkbox"/>	65 <input type="checkbox"/>	70 <input type="checkbox"/>	75 <input type="checkbox"/>	80 <input type="checkbox"/>	85 <input type="checkbox"/>	90 <input type="checkbox"/>	95 <input type="checkbox"/>	100 <input type="checkbox"/>
2.1 f, g 4 <sup>th</sup> year: 2.1 i	<i>Consistently</i> incomplete and/or inaccurate	<i>Frequently</i> incomplete and/or inaccurate		Performs <i>basic</i> physical exam correctly, and identifies <i>basic</i> abnormal findings; some gaps in comprehensive exam; physical exam is <i>relevant</i> to patient's illness		Performs a <i>comprehensive and appropriately focused</i> exam and <i>frequently</i> identifies and interprets abnormal findings		<i>Consistently</i> identifies and interprets normal and abnormal findings	
Formulation of Diagnosis and Treatment Plan	60 <input type="checkbox"/>	65 <input type="checkbox"/>	70 <input type="checkbox"/>	75 <input type="checkbox"/>	80 <input type="checkbox"/>	85 <input type="checkbox"/>	90 <input type="checkbox"/>	95 <input type="checkbox"/>	100 <input type="checkbox"/>
2.2 f, g 4.4 c 4 <sup>th</sup> year: 1.3 e, f; 2.2 j; 5.2 d	<i>Cannot</i> develop a <i>basic</i> management plan, <i>even with guidance</i> ; often misses common or critical diagnoses	<i>Requires more than expected</i> guidance to develop a <i>basic</i> management plan; inconsistent – at times misses basic or critical diagnoses		Formulates a <i>basic</i> management plan for common conditions/illnesses; attempts a differential diagnosis		Formulates a <i>comprehensive</i> differential diagnosis & management plan for common <i>and sometimes complex</i> conditions/illnesses		<i>Consistently</i> formulates a <i>comprehensive &amp; appropriate</i> differential diagnosis and management plan for both <i>common and complex</i> conditions/illnesses	

## Interpersonal and Communication Skills

Written Communications	60 <input type="checkbox"/>	65    70 <input type="checkbox"/> <input type="checkbox"/>	75    80 <input type="checkbox"/> <input type="checkbox"/>	85    90 <input type="checkbox"/> <input type="checkbox"/>	95    100 <input type="checkbox"/> <input type="checkbox"/>
2.2 d 3.3 c 6.6 d 4 <sup>th</sup> Year: 6.6 e, f, g * 6.6 g	Recorded findings are <i>inadequate</i> ; <i>major deficiencies</i> in analysis of problems	Recorded findings are <i>inconsistent</i> in quality and organization; <i>frequent omissions/inaccuracies</i> in analysis of problems	Recorded findings are <i>generally appropriate</i> with <i>some omissions/inaccuracies</i> in analysis of problems	Recorded findings are <i>appropriate and accurate</i> ; analyzes <i>primary</i> problems in a complete manner	<i>Recorded findings are well-organized, thorough and accurate; complete analysis</i> of all health care issues
Verbal Communications	60 <input type="checkbox"/>	65    70 <input type="checkbox"/> <input type="checkbox"/>	75    80 <input type="checkbox"/> <input type="checkbox"/>	85    90 <input type="checkbox"/> <input type="checkbox"/>	95    100 <input type="checkbox"/> <input type="checkbox"/>
2.3 d 3.3 c 6.3 e, f, g 4 <sup>th</sup> Year: 2.3 e	Presentations are <i>incomplete and/or unorganized</i> ; <i>major deficiencies</i> in characterization of clinical issues	Presentations are <i>variable, at times incomplete</i> ; <i>frequent omissions/inaccuracies</i> in characterization of clinical issues	Presentations are <i>generally complete</i> with <i>some omissions/inaccuracies</i> in characterization of clinical issues	Presentations are <i>complete with reasonable</i> characterization of clinical issues	Presentations are <i>complete with excellent</i> characterization of all clinical issues
Communicates Effectively with Patients and Families Across Diverse Cultural Backgrounds, including patient education	60 <input type="checkbox"/>	65    70 <input type="checkbox"/> <input type="checkbox"/>	75    80 <input type="checkbox"/> <input type="checkbox"/>	85    90 <input type="checkbox"/> <input type="checkbox"/>	95    100 <input type="checkbox"/> <input type="checkbox"/>
2.2 d; 2.4 d, e, f 3.1 c; 3.2 b; 3.3 b; 3.7 h 4.1 f 5.3 d 6.1 h, i, j; 6.4 d; 6.5 d 4 <sup>th</sup> Year: 2.4 g; 3.1 d; 3.3 d; 3.6 d, e; 6.1 k, l, m, n; 6.4 e	<i>Does not</i> establish rapport, use appropriate language, avoid jargon, and/or convey empathy	<i>Has difficulty</i> establishing rapport, using appropriate language, avoiding jargon, and conveying empathy	<i>Frequently</i> establishes rapport, uses appropriate language, avoids jargon, and conveys empathy	<i>Consistently</i> establishes rapport, uses appropriate language, avoids jargon, and conveys empathy	<i>Consistently</i> establishes rapport, uses appropriate language, avoids jargon, and conveys empathy, <i>even with challenging patients and families</i>
Team-Based Interpersonal and Communication Skills	60 <input type="checkbox"/>	65    70 <input type="checkbox"/> <input type="checkbox"/>	75    80 <input type="checkbox"/> <input type="checkbox"/>	85    90 <input type="checkbox"/> <input type="checkbox"/>	95    100 <input type="checkbox"/> <input type="checkbox"/>
3.1 b; 3.6 c; 3.7 f, g 5.3 c 6.3 g; 6.6 c 4 <sup>th</sup> Year: 3.6 f	Interpersonal skills are <i>deficient</i> ; <i>insensitive</i> to needs, feelings and wishes of interdisciplinary health care team members; <i>fails to integrate in the team</i>	<i>Inconsistent</i> in his/her rapport with the interdisciplinary health care team	Relates well to <i>most</i> of the interdisciplinary health care team members <i>most of the time</i> ; adapts to the team structure	Relates well to <i>most</i> of the interdisciplinary health care team members on a <i>consistent basis</i> ; <i>frequently takes initiative</i> to educate/learn from peers/team members	<i>Outstanding</i> in respecting the feelings, needs and wishes of <i>all</i> interdisciplinary health care team members; <i>consistently takes initiative</i> to educate/learn from peers/team members

## Practice-based Learning and Improvement

Identifies strengths, deficiencies, and limitations in one's knowledge and expertise	60 <input type="checkbox"/>	65    70 <input type="checkbox"/> <input type="checkbox"/>	75    80 <input type="checkbox"/> <input type="checkbox"/>	85    90 <input type="checkbox"/> <input type="checkbox"/>	95    100 <input type="checkbox"/> <input type="checkbox"/>
3.4 g, h, i, j 3.5 b, c	<i>No insight</i> into weaknesses; does not self assess	<i>Limited insight</i> into strengths and weaknesses	<i>Identifies gaps</i> in knowledge and skills; <i>strives for improvement</i>	<i>Identifies gaps</i> in knowledge and skills and <i>works effectively</i> to make improvements; <i>self-reflective</i>	<i>Consistently</i> identifies gaps in knowledge and skills and <i>works effectively</i> to make improvements; <i>insightful reflection</i>
Response to Feedback	60 <input type="checkbox"/>	65    70 <input type="checkbox"/> <input type="checkbox"/>	75    80 <input type="checkbox"/> <input type="checkbox"/>	85    90 <input type="checkbox"/> <input type="checkbox"/>	95    100 <input type="checkbox"/> <input type="checkbox"/>
3.4 j 3.5 b	<i>Rejects</i> feedback, <i>defensive</i> ; <i>no behavior change</i> or response to feedback.	<i>Resistant</i> to feedback, <i>defensive</i> , but <i>does</i> lead to change in behavior.	<i>Mature</i> response to feedback; generally <i>improves</i> with feedback.	Regularly <i>seeks</i> feedback; <i>strives to improve</i> .	Regularly <i>seeks</i> feedback and ways to improve; <i>continued self-assessment</i> leads to further growth.

Self-Directed Learning	60 <input type="checkbox"/>	65 <input type="checkbox"/>	70 <input type="checkbox"/>	75 <input type="checkbox"/>	80 <input type="checkbox"/>	85 <input type="checkbox"/>	90 <input type="checkbox"/>	95 <input type="checkbox"/>	100 <input type="checkbox"/>
5.1 d, e, f, g, h 4 <sup>th</sup> Year: 5.1 i, j, k	Makes <i>no effort</i> to improve; does not read independently or seek new knowledge	<i>Needs prompting; rarely</i> accesses appropriate resources to enhance knowledge base	Accepts ownership for <i>self-education</i> ; shows evidence of <i>independent</i> or supplemental reading to enhance knowledge base	<i>Sets own goals</i> frequently can assess and interpret the literature and begin to <i>apply</i> it to patient care	<i>Outstanding initiative</i> ; consistently incorporates evidence-based practice into the care of patients				

### Systems-Based Practice

	Developing	Appropriate	Exemplary	Not Assessed
Does the student recognize and appropriately coordinate patient care including inpatient, outpatient, and community resources across the continuum of care? 5.2 c; 6.6 c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Developing an understanding</i> of the discharge process and community and ancillary services available to improve patient care	<i>Understands</i> discharge planning, patient education, and/or the use of community and ancillary health services	<i>Coordinates</i> discharge planning, including providing patient education and arranging community/ancillary health services	
Does the student recognize and appropriately consider the impact of health inequality on their patients across the continuum of care? 3.7 h	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Developing an understanding</i> of the needs of patients and society, including the impact of health inequality on their patients	<i>Understands</i> the needs of patients and society, including the impact of health inequality on their patients	<i>Recognizes</i> the impact of health inequality on their patients and <i>incorporates</i> this into patient care	

### Professionalism

Please refer to the NJMS Code of Professional Conduct: [http://njms.rutgers.edu/education/student\\_affairs/documents/CodeofProfessionalConduct706.pdf](http://njms.rutgers.edu/education/student_affairs/documents/CodeofProfessionalConduct706.pdf).  
(NJMS Goals/Objectives: 3.3 a, c; 3.7 a-e; 6.5 c, d; 4<sup>th</sup> yr – 3.3 d; 3.7i)

Medical students must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Medical students are expected to demonstrate:

- 1) empathy, compassion, integrity, and respect for others including patients and their families, peers, faculty and health care team members;
- 2) responsiveness to patient needs and advocacy for patients;
- 3) respect for patient privacy and autonomy;
- 4) accountability to patients, society and the profession, including dependability and punctuality in team activities, patient care, truthful and accurate documentation and completion of assignments; and,
- 5) sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, economic status, race, religion, disabilities, and sexual orientation.

Has the student met minimal competency in ALL domains on professionalism appropriate for their level of training?	<input type="checkbox"/> No**	<input type="checkbox"/> Yes, but with concerns**	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, exceptional**
Please provide comments on any aspect of the student's <b>PROFESSIONAL BEHAVIOR</b> . Strengths or weaknesses can be noted. <b>For all items with **, comments are mandatory.</b>				

**SUMMARY COMMENTS - A REQUIRED PART OF THE EVALUATION.** In general terms, reflect on any of the above, or any other characteristics, skills, behaviors or attitudes. [to be included in Medical Student Performance Evaluation MSPE (Dean's letter)].

**CONSTRUCTIVE COMMENTS** (include areas in need of improvement). [For use by student and advisor in planning future study; **NOT for direct quotation in Medical Student Performance Evaluation MSPE** (Dean's letter)].

EVALUATOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

I have seen this evaluation.

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

STUDENT COMMENTS (OPTIONAL):