

RUTGERS

New Jersey Medical School

Student Policy Section

Student Handbook

Table of Contents

NEW JERSEY MEDICAL SCHOOL POLICIES	4
New Jersey Medical School Goals and Objectives	5
Essential Functions for Admission, Matriculation and Program Completion at the New Jersey Medical School.....	22
NJMS Access to Accommodations Policy	25
NJMS Code of Professional Conduct.....	25
NJMS Guide to Professional Conduct Policy	34
NJMS Standards of Professionalism Policy.....	38
NJMS The Teacher-Learner Relationship and The Learning Environment in Medical Education Policy.....	45
NJMS Academic Equity in the Medical School Learning Environment	53
NJMS Student Dress Code Policy.....	54
NJMS Email, Use of NJMS Listservs, and Audio/Video Recording of Faculty and/or Teaching Sessions Policy	55
NJMS Advancement and Promotion Policy.....	56
NJMS Advancement and Promotion Policy for 3-Year MD Students.....	68
NJMS Due Process Policy.....	79
NJMS Recusal Policy.....	80
NJMS Satisfactory Academic Progress Policy	81
USMLE Step 1 and Step 2 CK Policy	84
NJMS Grading Policy	88
NJMS Student Grade Appeal Procedure Policy.....	92
Appeals of Online Examinations Due to Technical Difficulties Policy.....	93
Education Integrity and Conflict of Interest Policy	94
Universal Precautions Acknowledgment Policy	95
Pre-clerkship Attendance Policy	101
Attendance Policy for Clinical Clerkships	102
NJMS Expectations to Travel to Educational Training Sites Policy	105
NJMS Scheduled Hours for Pre-Clerkship Student Curricular Activities Policy	106
NJMS Medical Student Duty Hours Policy	107
NJMS Changes in Training Site Assignment.....	109
Medical Student Assessment in Courses and Clerkships: Narrative Assessment Policy	110
Mid-Course and Clerkship Feedback Policy.....	111
Medical Student Supervision Policy	113
Residents as Teachers Policy	117

NJMS Good Standing and Participation in Academic and Extracurricular Activities Policy	119
NJMS Taking Time for Scholars Experience Policy	120
NJMS Guidelines for Students Attendance at Conferences Policy.....	121
NJMS Procedure to Request a Leave of Absence Policy.....	122
NJMS Procedure to Request a Withdrawal Policy.....	125
NJMS Deregistration Policy.....	126
NJMS Tuition and Refund Policy	127
NJMS Policy on Student Privacy, Student Records Access, and Amendment of Student Records	128
NJMS Policy and Procedures for Student Record Access: Instructions to Faculty and Staff.....	130
NJMS Policy on Diversity, Equity, and Inclusion (DEI)	132
NJMS Policy on Scholars Experience.....	134
RUTGERS BIOMEDICAL AND HEALTH SCIENCES POLICIES AND PROCEDURES	135
Students Rights, Responsibilities, and Disciplinary Procedures	136
Disabilities and Students/Applicants of RBHS	146
Student and Housestaff Ombuds at RBHS.....	150
Student Accident and Health Insurance	155
Student Use of Personally Owned Mobile Communication Devices/Recording Devices.....	156
Procedures for Adjudicating Alleged Violations of Academic Integrity in RBHS Schools.....	158
RUTGERS UNIVERSITY POLICIES	166
Policy Prohibiting Discrimination and Harassment	167
Policy Prohibiting Sexual Harassment, Sexual Violence, Relationship Violence, Stalking, and Related Misconduct by Employees and Third Parties.....	174
Academic Integrity Policy.....	186
GUIDANCE	195
Appropriate Use of Passwords and Electronic Medical Records.....	196
NJMS Statement on the Use of Electronic Devices in the Learning Environment Policy	197

NEW JERSEY MEDICAL SCHOOL POLICIES

New Jersey Medical School Goals and Objectives

GOAL #1: Mastery and Integration of Clinical, Basic and Health Systems Sciences

Objective #1: To demonstrate comprehension of core basic science knowledge

At the end of Phase 1, students should be able to:

- 1.1a) Demonstrate knowledge of the basic principles of biochemistry, human genetics, human anatomy and physiology, at the organ and system level.
- 1.1b) Describe the molecular, biochemical, and cellular mechanisms for homeostasis.
- 1.1c) Demonstrate mastery of both basic and advanced principles of host defense mechanisms, pathology, pathophysiology, and pharmacology at the organ and system level.
- 1.1d) Demonstrate an understanding of patterns of disease in populations and be able to apply these principles to disease prevention and amelioration, at both the individual and the community level.
- 1.1e) Define the current concepts and methods in clinical and public health nutrition.
- 1.1f) Demonstrate knowledge of the use of quantitative data and techniques in reading and interpreting the medical literature.
- 1.1g) Describe the impact of aging on normal physiology, immune function and disease processes.

At the end of Phase 2, students should also be able to:

- 1.1 h) Demonstrate an ability to integrate cellular and molecular events, and anatomical and physiological conditions that manifest in disease.

Objective #2: To demonstrate comprehension of core clinical knowledge

At the end of Phase 1, students should be able to:

- 1.2 a) Describe the normal structure and function of the body and its organ systems.
- 1.2b) Demonstrate knowledge of normal and abnormal human behavior and common psychiatric diseases

- 1.2c) List the various causes (genetic, developmental, metabolic, toxic, environmental, microbiologic, autoimmune, neoplastic, degenerative, traumatic, and functional) of diseases and the ways that they affect the body (pathogenesis).
- 1.2d) Describe the pathology and pathophysiology of the major organ systems of the body as seen in various diseases and conditions.

At the end of Phase 2, students should also be able to:

- 1.2e) Apply an understanding of the underlying pathophysiologic basis for disease to clinical medicine.
- 1.2f) Describe the basis for current treatments of disease and the effects on the relevant systems in the body.

At the end of Phase 3, students should also be able to:

- 1.2g) Integrate knowledge obtained in the first three years to function successfully as a competent acting intern.
- 1.2h) Integrate subspecialty knowledge with knowledge obtained in the first three years

Objective #3: To demonstrate an ability to utilize basic science knowledge to explain normal and abnormal physical findings

At the end of Phase 1, students should be able to:

- 1.3 a) Demonstrate an understanding of the basic science principles of the organ systems to normal physical findings.
- 1.3b) Apply an understanding of the principles of host defense mechanisms, pathology, pathophysiology, and pharmacology to abnormal physical findings.

At the end of Phase 2, students should also be able to:

- 1.3c) Describe the pathophysiological basis for patient specific findings.
- 1.3d) Demonstrate knowledge of biochemistry, microbiology, immunology, and genetics in understanding and interpreting laboratory test results.

At the end of Phase 3, students should also be able to:

- 1.3e) Apply evidence provided by clinical research to develop comprehensive treatment plans.
- 1.3 f) Apply evidence provided by basic science research in the diagnosis, treatment and management of disease.

Objective #4: To demonstrate an awareness of and responsiveness to the larger context and system of health care

At the end of Phase 2, students should be able to:

- 1.4 a) Demonstrate an understanding of various types of health care systems, their role and their impact on health care delivery and patient outcomes.
- 1.4b) Perform effectively as a member of the healthcare team and call on interprofessional resources (case workers, nurses, physical therapists, etc.) to provide optimal and comprehensive patient care.
- 1.4c) Recognize the importance of patient safety and participate in identifying system errors and quality improvement efforts with potential systems solutions.

At the end of Phase 3, students should be able to:

- 1.4d) Demonstrate an understanding of the principles of value-based care, including how health policy, quality and cost impact health care outcomes
- 1.4e) Recognize the importance of Clinical Informatics, security of patient data and utilization of data to improve health.

GOAL #2: Excellence in Clinical Skills

Objective #1: To perform a comprehensive history and physical including obtaining a complex biopsychosocial history

At the end of Phase 1, students should be able to:

- 2.1a) Perform a comprehensive history (including psychosocial, sexual, functional, etc.) based on a single presenting symptom.
- 2.1b) Perform a comprehensive physical and mental status examination and be able to identify common abnormal physical findings

At the end of the Phase 2, students should also be able to:

- 2.1c) Perform a comprehensive history on a patient with multiple presenting symptoms in each of the required clinical disciplines.
- 2.1d) Perform a comprehensive physical and mental status examination and be able to identify discipline-specific abnormal physical findings in each of the required clinical clerkships.
- 2.1e) Demonstrate a systematic method for focusing history and physical examinations.

At the end of the Phase 3, students should also be able to:

- 2.1 f) Perform a comprehensive history on undifferentiated patients with complex biopsychosocial and sexual problems.
- 2.1 g) Perform a comprehensive physical and mental status examination on undifferentiated patients with abnormal physical findings.

Objective #2: To formulate differential diagnoses and therapeutic plans

At the end of Phase 1, students should be able to:

- 2.2 a) Identify the patient's main presenting problem.
- 2.2b) Develop a problem list based on the history and physical.
- 2.2c) Demonstrate a systematic approach to the differential diagnosis.
- 2.2d) Describe patient, physician and system barriers to successfully negotiating treatment plans and patient adherence, including physician contribution, and what strategies may be used to overcome these barriers.
- 2.2e) Develop a basic therapeutic plan for a single presenting diagnosis.

At the end of Phase 2, students should also be able to:

- 2.2f) Generate and pursue multiple hypotheses in the interview and physical examination, linking the development of clinical reasoning with pathophysiology.
- 2.2g) Develop a complete therapeutic plan on a patient with multiple presenting problems.

At the end of Phase 3, students should also be able to:

- 2.2h) Develop a thorough but concise problem list based on history and physical.
- 2.2i) Describe what is meant by an undifferentiated patient complaint.
- 2.2j) Develop a complete therapeutic plan on a patient with complex biopsychosocial problems including potential therapeutic options.

Objective #3: To present a patient in a comprehensive, logical analytical fashion

At the end of Phase 1, students should be able to:

- 2.3 a) Present a complete history and physical based on a single presenting symptom in an organized manner using basic medical terminology.

At the end of Phase 2, students should also be able to:

- 2.3b) Present a thorough history and physical based on multiple presenting problems in a concise and organized manner including pertinent positives and negatives using medical terminology.

At the end of Phase 3, students should also be able to:

- 2.3c) Present a thorough history and physical based on multiple presenting problems in a confident, concise, and organized manner including pertinent positives and negatives using medical terminology.

Objective #4: To demonstrate ability to counsel patients

At the end of Phase 1, students should be able to:

- 2.4a) Educate patients in basic health promotion and disease prevention.
- 2.4b) Demonstrate how to work with different cultural groups to increase adherence to health-care regimens.
- 2.4c) Educate patients about their disease management process for common illnesses, such as hypertension, asthma, and diabetes mellitus.

At the end of Phase 2, students should also be able to:

- 2.4d) Explain disease processes to patients.
- 2.4e) Convey the management plan to patients.
- 2.4f) Educate the patient on how to adhere to recommended management plan

At the end of Phase 3, students should be able to:

- 2.4g) Demonstrate methods of achieving consensus for the management plan: confirming common understanding by summarizing and checking, educating patients, tailoring regimen to meet patient's individual circumstances, cueing, patient self-monitoring, contingency contracting, patient empowerment, patient self-efficacy.

Objective #5: To demonstrate competency in basic clinical procedures

At the end of Phase 1, students should be able to perform:

- 2.5a) Blood Pressure and vital sign measurements

At the end of Phase 2, students should also be able to perform:

- 2.5b) Intradermal injections
- 2.5c) Subcutaneous injections
- 2.5d) Intramuscular injections
- 2.5e) Basic life support

- 2.5f) Venipuncture
- 2.5g) Intravenous insertion

At the end of Phase 3, students should also be able to perform:

- 2.5h) Pelvic exam
- 2.5i) An arterial puncture
- 2.5j) Suturing simple lacerations
- 2.5k) Foley catheter insertion (Male and/or Female)

GOAL #3: Excellence in Professionalism and Humanism

Objective #1: To demonstrate respect for the patient, patient's family and all members of the health care team

During Phase 1, students should be able to:

- 3.1a) Relate respectfully with individuals of diverse backgrounds.

During Phase 2, students should also be able to:

- 3.1b) Relate respectfully with all members of the health care team.
- 3.1c) Demonstrate the ability to establish rapport with patients and families.

During Phase 3, students should be able to:

- 3.1d) Advocate for the best possible care for their patients.

Objective #2: To demonstrate ability to listen to the patient in a judgment and value-free manner

During Phase 1, students should be able to:

- 3.2a) Identify personal values that may impact adversely on their ability to provide patient care.

During Phases 2 & 3, students should be able to:

- 3.2b) Demonstrate the ability to relate with patients in a judgment-free manner.

Objective #3: To demonstrate moral and ethical behavior at all times and recognize and follow the NJMS Code of Professional Conduct

Throughout ALL Phases students should be able to:

- 3.3 a) Recall and adhere to the NJMS Code of Professional Conduct.

At the end of Phase 3, students should also be able to:

- 3.3b) Demonstrate and value confidentiality in patient care peers, and staff.
- 3.3c) Document and present information that is truthful and accurate.
- 3.3 d) Demonstrate a commitment to ethical principles with regard to provision or discontinuation of non-beneficial care, confidentiality, and informed consent.

Objective #4: To recognize and learn from mistakes

During all phases, students should be able to:

- 3.4 a) Demonstrate responsibility for errors and generate a plan with an openness to change.
- 3.4b) Reflect critically on their own performance and develop a plan for self- improvement.
- 3.4 c) Describe methods by which medical errors can be minimized and strategies for disclosure for medical errors

Objective #5: To display a kind and caring manner with patients, colleagues and other members of the medical team

During all phases, students should be able to:

- 3.5 a) Relate respectfully with patients, faculty, and colleagues.
- 3.5b) Demonstrate empathy with patients, faculty and colleagues.

At the end of Phase 2, students should also be able to:

- 3.5c) Demonstrate excellent interpersonal and communication skills.

At the end of Phase 3, students should also be able to:

- 3.5d) Demonstrate confidence and trust.
- 3.5e) Demonstrate sensitivity to the feelings, needs and wishes of patients and their families.
- 3.5 f) Demonstrate sensitivity to needs, feelings and wishes of the health care team members.

Objective #6: To practice high standards for behavior for oneself and model them for one's peers

During all phases students should be able to:

- 3.6 a) Demonstrate ability to meet commitments in a timely manner.
- 3.6b) Model appropriate appearance and dress.
- 3.6c) Demonstrate participation in the learning experience.
- 3.6d) Demonstrate a commitment to collegiality, including respectful communication and for privacy with classmates.
- 3.6e) Demonstrate a commitment to volunteerism and community service.
- 3.6f) Manage criticism and respond in a professional and thoughtful manner.

At the end of Phase 2, students should also be able to:

- 3.6g) Demonstrate ability to function well within a health care team.
- 3.6h) Illustrate excellent interpersonal and communication skills.
- 3.6i) Respond to the needs of patients and community in a way that supersedes self- interest.

At the end of Phase 3, students should also be able to:

- 3.6j) Role-model responsible behavior.
- 3.6k) Respond to the health care needs of society.
- 3.6l) Demonstrate confidence and engender trust.

GOAL #4: Commitment to the Health of the Community and Appreciation of Social and Cultural Diversity

Objective #1: To demonstrate the ability to obtain a history and physical that accommodates a patient's belief systems

At the end of Phase 1, students should be able to:

- 4.1a) Perform a structured history that explores the patient's perspective, helps develop a diagnosis and prepares the student to explain their findings.
- 4.1b) Apply knowledge of different social conditions to effectively elicit a history from patients of diverse groups (gender, race/ethnicity, sexual orientation, culture, religion, socioeconomic status, disabilities, and underserved populations).

- 4.1c) Demonstrate value and respect for the patient's cultural background and beliefs while performing the normal physical exam.
- 4.1d) Demonstrate communication skills to elicit an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments.
- 4.1e) Perform a comprehensive history based on a single symptom while incorporating all the components of the ETHNIC framework (a framework applicable to all patients, to enhance culturally competent clinical practice. E- explanation, T-treatment, H- healers, N- negotiation, I-intervention, C- collaboration).

At the end of Phase 2, students should also be able to:

- 4.1 f) Communicate to the patient their findings, assessment and treatment plan taking into account the culture and belief systems of the patient.

Objective #2: To demonstrate the ability to develop a treatment plan that accommodates the gender, cultural, and socio-economic context of the patient

At the end of Phase 1, students should be able to:

- 4.2 a) Explain the impact that gender, race/ethnicity, sexual orientation, culture, religion, socioeconomic status, disabilities, literacy level, and health disparities have on creating a treatment plan.
- 4.2b) Develop an assessment and early treatment plan that takes into account factors such as gender, race/ethnicity, sexual orientation, culture, religion, socioeconomic status, disabilities and literacy level.

At the end of Phase 2, students should also be able to:

- 4.2c) Describe the total health needs of their patients and the effects that social and cultural circumstances have on their health and their community.
- 4.2d) Negotiate with the patient a treatment plan that is compatible with the patient's beliefs, needs, and desires while being medically appropriate.

Objective #3: To demonstrate cultural and linguistic competency by the recognition and mitigation of bias

At the end of Phase 1, students should be able to:

- 4.3 a) Define the terms frequently used in cultural/linguistic competency development.
- 4.3b) Recognize through development of self-awareness, how to appropriately address gender, sexual orientation, race/ethnicity, religious, socioeconomic status, disability, and cultural biases in themselves.

- 4.3c) Identify their own personal biases that may impact on patient care.
- 4.3d) Recognize and appropriately address gender, sexual orientation, race/ethnicity, religious, socioeconomic status, disability, and cultural biases in patients 4.3d) recognize and appropriately address gender, sexual orientation, race/ethnicity, religious, socioeconomic status, disability, and cultural biases in patients, peers, and other healthcare professionals.
- 4.3e) Interpret the impact of provider bias on the physician-patient relationship and on health outcomes.
- 4.3f) Apply the INTERPRET framework (a framework for providers and interpreters. I- introductions, N-non-citizens, T-trust, E-effectiveness, R-roles, P-positioning, R- resources, E-ethics, T-timeframe), in order to effectively work with limited English- speaking patients.
- 4.3g) Describe health care access and quality issues both at individual and community levels.

At the end of Phase 2, students should also be able to:

- 4.3h) Recognize and appropriately address gender, sexual orientation, race/ethnicity, religious, socioeconomic status, disability, and cultural biases in healthcare delivery.
- 4.3i) Identify ways to eliminate provider bias in the physician-patient interaction and the healthcare system.

At the end of Phase 3, students should also be able to:

- (4.3j) Identify gender, sexual orientation, race/ethnicity, religious, socioeconomic status, disability, and cultural biases in another healthcare professional and respond appropriately.

Objective #4: To demonstrate the ability to perform a functional history and physical, and develop treatment plan for individuals with disabilities and chronic diseases.

At the end of Phase 1, students should be able to:

- 4.4 a) Perform a history and focused physical examination on individuals from vulnerable populations (such as disabilities, sexual and gender minorities, chronic illness, mental illness, and prisoners).
- 4.4b) Identify health inequity in a vulnerable patient.

At the end of Phase 3, students should also be able to:

- 4.4 c) Develop sophisticated treatment plans that take into account the individualized social and cultural needs of vulnerable patients.

Objective #5: To demonstrate an understanding of social responsibility and a commitment to service.

At the end of Phase 2, students should be able to:

- 4.5 a) Explain the impact of external sociocultural constructs on the health of the community.
- 4.5b) Identify healthcare access and quality issues both at the individual and community levels.

At the end of Phase 3, students should be able to:

- 4.5c) Formulate strategies to overcome healthcare access and quality issues at an individual and community level.
- 4.5d) Demonstrate a commitment to service as a means to promote the health of the community.
- 4.4e) Recognize and appropriately address health inequity.

Objective #6: To demonstrate the ability to identify and address the health effects of structural racism

At the end of Phase 1, students should be able to:

- 4.6a) Define race, racism, structural racism, anti-racism, oppression, and stereotype threat.
- 4.6b) Recognize the relationship between structural racism, implicit bias, microaggressions, and health outcomes.

At the end of Phase 2, students should be able to: (Effective May 2021)

- 4.6c) Incorporate into their assessment and plan, the effects of structural racism on the health status and health care of their patients
- 4.6d) Identify the role of physician advocacy in addressing structural racism

At the end of Phase 3, students should be able to: (Effective May 2021)

- 4.6e) Formulate a potential solution(s) to reshape health care and health policy systems that address structural racism incorporating physician advocacy

GOAL #5: Dedication to Lifelong Learning and Personal

Wellness Objective #1: To practice evidence-based medicine

At the end of Phase 1, students should be able to:

- 5.1a) Demonstrate facility in using electronic databases and literature retrieval services.

- 5.1b) Apply knowledge of study designs and statistical methods to appraise information about diagnostic tests and therapeutic interventions.
- 5.1c) Identify information pertinent to the care of patients.

At the end of Phase 2, students should also be able to:

- 5.1d) Identify, appraise, and assimilate evidence from clinical guidelines, systematic reviews, and articles related to patients' problems.
- 5.1e) Demonstrate the use of web sites, on-line search engines, PDA-based programs, information services, and journals to locate information related to patients' health needs.
- 5.1f) Demonstrate clinical problem-solving skills using information resources.
- 5.1g) Demonstrate skills in hypothesis-building and deductive problem solving.
- 5.1h) Demonstrate the ability to appraise suitability of the information for clinical questions.

At the end of Phase 3, students should also be able to:

- 5.1i) Critically assess the medical literature.
- 5.1j) Demonstrate the ability to assimilate the new information into care for health problems.
- 5.1k) Utilize evidence-based medicine methodology to address patient care issues.

Objective #2: To recognize when to seek consultation

At the end of Phase 1, students should be able to:

- 5.1 a) Identify the major disciplines in medicine.
- 5.2 b) Identify the major diseases in each of the disciplines of medicine.

At the end of Phase 2, students should be able to:

- 5.2c) Discuss the situations in which a consultant should be called.

At the end of Phase 3, students should be able to:

- 5.2 d) Integrate the input from consultations into a coherent diagnostic and treatment plan for their patients during the acting internship.

Objective #3: To demonstrate ability to learn from patients and all members of the health care team

At the end of Phase 1, students should be able to:

- 5.3 a) Perform effectively in small group settings and laboratories.

- 5.3b) Define the roles of social workers, physician assistants, nurses, physical therapists, etc. in the care of patients.

At the end of Phase 2, students should also be able to:

- 5.3c) Describe the advantages of an inter-professional approach to patient care.
- 5.3d) Demonstrate recognition of the patient's role as an integral member of the health care team.

At the end of Phase 3, students should also be able to:

- 5.3e) Demonstrate an ability to work effectively with all members of the healthcare team during their acting internship.

Objective #4: To develop an understanding of one's own strengths, weaknesses, biases and fears

At the end of Phase 1, students should be able to:

- 5.4a) Identify their optimal learning style.
- 5.4b) Identify methods which enable them to learn most effectively in a variety of educational modalities-lecture, small group, laboratory.
- 5.4c) Identify gaps in their knowledge of the basic sciences.
- 5.4d) Identify weaknesses in their ability to perform a simple history and physical.

At the end of Phase 2, students should also be able to:

- 5.4e) Identify areas of weakness in their ability to perform a complex history and physical.
- 5.4f) Identify areas of weakness in their communication skills.
- 5.4g) Identify areas of weakness in their clinical knowledge.
- 5.4h) Acknowledge one's own errors and reflect critically on one's own performance.

Objective #5: To develop the skills to attain self-awareness and maintain personal wellness.

At the end of Phase 2, students should be able to:

- 5.5a) Develop self-care practices to maintain personal wellness in their physical, emotional, spiritual, intellectual and social spheres.
- 5.5b) Develop stress management and personal resilience strategies.
- 5.5c) Identify personal maladaptive behaviors including substance abuse and psychological issues; identify appropriate resources and networks for support and seek care as needed.

5.5d) Recognize the importance of advocating for themselves and others.

5.5e) Identify resources to establish and maintain financial wellbeing.

At the end of Phase 3, students should also be able to:

5.5f) Utilize resources to enhance personal wellness to promote and maintain a sustainable work-life balance that will allow for optimal patient care.

GOAL #6: Development of Effective Skills in Education and Communication

Objective #1: To teach patients how to maximize wellness, prevent disease and manage illness

During Phase 1, students should be able to:

6.1a) Demonstrate greeting the patient appropriately.

6.1b) Demonstrate a respectful attitude.

6.1c) Demonstrate caring and respectful behaviors when interacting with patients and their families.

6.1d) Elicit the patient's view of health problem(s).

At the end of Phase 2, students should also be able to:

6.1e) Respond on appropriate level to patient concerns and expectations.

6.1f) Discuss how the health problem(s) affect the patient's life.

At the end of Phase 3, students should also be able to:

6.1g) Communicate medical information to a patient appropriate to the patient's ability to understand.

6.1h) Recognize the importance of the patient-physician relationship as the cornerstone of medical care.

6.1i) Elicit patient requests, concerns, and expectation from a range of patients diverse in age, gender, and socio-cultural background.

6.1j) Demonstrate validation of the patient's feelings.

At the end of Phase 3, students should also be able to:

6.1k) Counsel patients regarding disease processes, management plans and preventive care.

- 6.1l) Formulate a common understanding with the patient on an elementary description of diagnosis, prognosis, and treatment plan.
- 6.1 m) Support the patient's self-efficacy, such as acknowledging and reinforcing positive patient behavior.

Objective #2: To effectively teach junior students and peers

At the end of Phase 1, students should be able to:

- 6.2 a) Participate actively in small group discussions.
- 6.2b) Discuss the principles of adult learning theory.
- 6.2c) Discuss the principles of effective small group teaching.
- 6.2d) Discuss laboratory findings in lab and small group exercises. 6.2e) prepare and deliver effective presentations.

At the end of Phase 2, students should also be able to:

- 6.2e) Educate other members of the health care team on patient's disease processes.

At the end of Phase 3, students should also be able to:

- 6.2f) Serve as a facilitator in case-based small group discussions.
- 6.2 g) Teach history-taking and physical examination skills to junior students.

Objective #3: To deliver organized and concise oral presentations

At the end of Phase 1, students should be able to:

- 6.3 a) Discuss clear, well-thought out answers in problem-solving recitation sessions.
- 6.3b) Critically evaluate an article from the current literature.
- 6.3c) Describe a comprehensive history and physical exam in a clear and concise manner in both written and oral format.

At the end of Phase 2, students should be able to:

- 6.3d) Present a patient at rounds.

At the end of Phase 3, students should also be able to:

- 6.3e) Communicate medical information orally to other members of the health care team (e.g. nurses, social workers, case managers, home health facilitators).
- 6.3f) Research a topic and provide the best evidence for management of a clinical problem.

Objective #4: To demonstrate effective listening skills

At the end of Phase 1, students should be able to:

- 6.4a) Elicit a structured medical history.
- 6.4b) Elicit a comprehensive history.
- 6.4c) Demonstrate eye contact at comfortable intervals throughout interview.

At the end of Phase 2, students should also be able to:

- 6.4d) Use appropriate facilitation skills, encouraging the patient to continue speaking.

At the end of Phase 3, students should also be able to:

- 6.4e) Use silence and non-verbal facilitation to encourage the patient's expression of thought and feelings.

Objective #5: To communicate with others in a non-judgmental manner

At the end of Phase 1, students should be able to:

- 6.5 a) Participate actively in small group sessions, engaging in appropriate discourse on controversial issues with others with differing opinions.
- 6.5b) Demonstrate sensitivity to gender, racial and cultural diversity.
- 6.5c) Describe strategies for establishing positive patient-doctor relationships.
- 6.5d) Conduct a sexual history in a non-judgmental manner, with empathy, and without shame or embarrassment.
- 6.5e) Recognize physician barriers to obtaining a sexual history and the consequences that might result from such an omission.

At the end of Phase 2, students should also be able to:

- 6.5f) Understand that physicians and patients bring attitudes, emotions, beliefs, and culture to encounters that may have significant impact upon patient-doctor interactions and outcomes.

At the end of Phase 3, students should also be able to:

- 6.5 g) Describe patient, physician, and system barriers to effective communication.

Objective #6: To write articulate, legible and interpretable histories, physicals and progress notes.

At the end of Phase 1, students should be able to:

- 6.6 a) Accurately and legibly document information obtained from a structured medical history.
- 6.6b) Accurately and legibly document information obtained from a complete medical history and physical exam.

At the end of Phase 2, students should also be able to:

- 6.6c) Communicate medical information in written format to other members of the health care team (e.g. nurses, social workers, case managers, home health facilitators).
- 6.6d) Document daily information accurately and concisely in the medical chart in the form of a problem-oriented progress note.

At the end of Phase 3, students should also be able to:

- 6.6e) Demonstrate the ability to write medical orders, when permitted.
- 6.6f) Demonstrate the ability to dictate discharge summaries and/or basic operative reports and procedures, when permitted “done in a mock format”.
- 6.6g) Demonstrate ability to use electronic medical records and order-writing technology, when permitted.
- 6.6h) Demonstrate ability to write prescriptions.



Section: Office of Student Affairs

Policy Name: Essential Functions for Admission, Matriculation and Program Completion at the New Jersey Medical School

Prepared and Approved by: Committee on Student Affairs **Date:** 08/03/2020

Approved by: Faculty Council **Date:** 08/21/2020

Students who are accepted for admission by Rutgers New Jersey Medical School (NJMS) and who matriculate as candidates for the M.D. degree must be able to demonstrate skills and abilities that will enable them to complete the Medical School curriculum. Upon completion of the required curriculum, NJMS, as part of Rutgers Biomedical & Health Sciences recommends to the Board of Trustees that it grant the degree of M.D., which indicates that the holder of such a degree is prepared for entry into the practice of medicine within postgraduate training programs. Therefore, all applicants and matriculated students must be able to fulfill certain essential functions, with or without accommodations, required to complete the curriculum. Inherent in the granting of this degree is the fact that students have observational, communicational, motor, intellectual, conceptual, behavioral and social skills that enable them to practice their profession.

A candidate for the M.D. degree must have abilities and skills of five varieties including: observation; communication; motor; intellectual–conceptual abilities; behavioral and social attributes; and stamina. Candidates can request reasonable accommodations, if needed, to meet these essential functions by following the University policies and procedures and contacting the Office for Disability Services as outlined at the end of this document. Under all circumstances, a candidate should be able to perform these outlined essential functions in a reasonably independent manner. The use of a trained intermediary means that a candidate's judgment must be mediated by someone else's power of selection and observation. Therefore, the use of an intermediary in the clinical setting is ordinarily not permitted.

1. Observation

Candidates must be able to acquire a defined level of information in both the clinical and basic sciences. Such information is presented via demonstrations, experiences, lectures and small-group teaching exercises. Gaining such information will require the candidate to be able to observe material at a distance and close-at-hand (such as slides and overhead projections), and organisms and structures through a microscope. In first and second year clinical preceptorship and in the clinical sciences, candidates will be

required to observe a patient accurately at a distance and close-at-hand and to interpret radiographs and other graphic images and digital or analog representations of physiological phenomenon (such as EKGs). Hands-on experience will also be required in learning how to perform a complete physical examination on patients. The observation and information acquisition noted above will require candidates to have functional use of visual, auditory and somatic sensations or the functional equivalent.

2. Communication

A candidate should be able to communicate effectively and efficiently, and to observe patients in order to elicit information, describe changes in mood, activity, and posture, and perceive nonverbal communications. A candidate must be able to respectfully communicate effectively, efficiently and sensitively with patients, their families, faculty, peers and all other members of the health care team. Communication includes not only speech but reading and writing or the functional equivalent.

3. Motor

Candidates must be able to directly perform palpation, percussion, auscultation, and other basic diagnostic procedures. Candidates must be able to execute motor movements reasonably required to provide basic medical care, such as airway management, placement of catheters, cardiopulmonary resuscitation, and application of pressure to control bleeding, simple obstetrical maneuvers. Such actions require coordination of gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision or the functional equivalent.

4. Intellectual-Conceptual Abilities

Candidates must possess measurement, calculation, reasoning, analysis and problem-solving ability. They must have the intellectual capability to increase their fund of information and knowledge base through various media as well as from course materials, scheduled conferences, lectures, rounds, current literature and journals; and to make appropriate evaluations of clinical circumstances. Analytical problem-solving skills are critical in medicine and candidates must be able to perform in a timely manner, tasks utilizing such skills.

5. Behavioral and Social Attributes

Candidates must possess the emotional and physical health required for full utilization of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients. Candidates must be able to function effectively under stress. Compassion, integrity, concern for others, appropriate hygiene and appearance, interpersonal skills, interest, and motivation are all personal qualities that are assessed during the admissions and education processes. Students will be judged during the course of study on their acquisition of the knowledge necessary for the practice of medicine, their ability to perform the essential skills noted above, and their intellectual, physical and behavioral capacities to meet the requirements of the School's curriculum.

6. Stamina

Candidates must possess the stamina, energy and endurance to complete the full curriculum of required courses, electives and other activities under the established School policies. Candidates must be able to tolerate physically taxing workloads, adapt to changing environments, display flexibility, and to learn to function in the face of uncertainties inherent in the clinical findings of many patients. NJMS complies with all applicable laws concerning applicants and students with disabilities. NJMS will endeavor, if requested, to provide reasonable accommodations to otherwise qualified applicants and matriculated students with disabilities unless: (a) such accommodations impose undue hardship to the institution, or (b) direct threats of substantial harm to the health and safety of others due to the disability and cannot be eliminated by any reasonable accommodations, or (c) such accommodations fundamentally alter the educational program or academic standards. Technological accommodations may be available to assist individuals with a variety of disabilities and may be permitted, but ordinarily the use of human intermediaries who may substitute their power of selection and observation in place of the student's will not be permitted. A student whose behavior or performance raises questions or concerns pertaining to his or her ability to fulfill the essential functions may be required to obtain evaluation and/or testing by a health care provider designated by the School, and to provide the results to the Campus Student Health Service, the Dean of the New Jersey Medical School and/or the Associate Dean for Student Affairs of the New Jersey Medical School for the purpose of determining whether the student is fit to pursue the educational program. If the student is deemed fit to pursue the program, the School reserves the right to require actions recommended by the health care provider, including further testing, counseling, monitoring, leave of absence, etc.

Note about Immunizations:

Enrollment and continued enrollment of accepted students at Rutgers New Jersey Medical School is conditional, based on the results of certain laboratory tests and fulfillment of current immunization and health requirements (as determined by Rutgers and/or NJMS) in order to determine their ability to perform all essential functions. I have read and understand the Essential Functions and Immunization requirements for Admission, Matriculation and Program Completion at Rutgers New Jersey Medical School.

By submitting this document, I hereby certify that I am able to meet, with or without accommodations, the essential functions, which are required for admission, matriculation, and completion of the NJMS program. If I require any accommodation in order to perform these functions. I agree to request accommodation, if needed, by promptly following the established policies and procedures set forth by the University.

If you are in need of reasonable accommodations in order to meet the **Essential Functions for Admission, Matriculation and Program Completion policy**, please contact the RBHS Office of Disability Services at 973-972-5396 or email ODSRBHS@rutgers.edu. Additional information about the RBHS Office of Disability Services may be found at <http://ods.rbhs.rutgers.edu/>

If you have any general questions about this form or its contents, please send inquiry by email to: NJMSAccepted@njms.rutgers.edu



Section: Office of Student Affairs

Policy Name: NJMS Access to Accommodations Policy

Prepared and Approved by: Committee on Student Affairs **Date:** 08/03/2020

Approved by: Faculty Council **Date:** 08/21/2020

It is the policy of the Rutgers New Jersey Medical School that no otherwise qualified person will be excluded from participation solely by reason of disability status. The faculty of the medical school has established certain technical standards and essential requirements for admission and matriculation that must be met by applicants and students, with or without accommodations. Accommodations will be considered on a case-by-case basis.

To request accommodations for a documented disability, an accepted or matriculated student must contact the Director for RBHS's Office of Disability Services (ODS). The director or their designee will meet with the student and review the request for accommodation as per the policies and procedures of the ODS, and may convene an ad hoc committee as needed to address the request. The committee will be comprised of the Office of Education and Student Affairs deans, faculty involved in planning and monitoring the curriculum and academic progress, and medical experts as appropriate. The committee does not have the authority to make determinations about the admission, promotion, retention or dismissal of an applicant or student, and serves in an advisory capacity to the ODS as it relates to accommodations and NJMS technical standards and essential requirements.



Section: Office of Student Affairs

Policy Name: NJMS Code of Professional Conduct

Prepared and Approved by: Committee on Student Affairs **Date:** 08/03/2020

Approved by: Faculty Council **Date:** 08/21/2020

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

RBHS Policy: Student Rights, Responsibilities and Disciplinary Procedures (refer to <https://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:

Associate Dean for Student Affairs

Section: Office of Student Affairs

Policy Name: NJMS Guide to Professional Conduct Policy

Prepared and Approved by: Committee on Student Affairs

Date: 08/03/2020

Approved by: Faculty Council

Date: 08/21/2020

Students are expected to demonstrate professionalism as part of the requisite competencies for all courses in New Jersey Medical School. Since all of the attributes of professionalism cannot be tested on a written examination or an OSCE, patterns of behavior (as observed throughout the continuum of training and within the educational environment by faculty, staff, patients and residents) play an important role in making these determinations. The American Board of Internal Medicine (ABIM) defines professionalism in medicine as requiring the physician to serve the interests of the patient above his or her self-interest. Professionalism aspires to service, honor, altruism, respect for others, excellence, accountability, integrity and duty (SHARE AID). New Jersey Medical School celebrates these attributes in its students and expects the following behaviors at all times from students:

1. Characteristics and Responsibilities

- Attend required classes, laboratories, seminars, conferences, and clerkships unless you have an excused absence.
- Report all absences immediately to your course director and supervising physician.
- Complete all assignments accurately, thoroughly, legibly, and in a timely manner.
- Check email and regularly for course and school assignments and other school related obligations.
- Fulfill responsibilities to patients and healthcare professionals promptly.
- Be open, positive, truthful, and non-judgmental.
- Do not be arrogant, abusive, or condescending.
- Do not abuse alcohol or drugs.
- Dress in a neat, clean, professionally appropriate manner.
- Do not harass others physically, verbally, psychologically, or sexually.
- Do not discriminate on the basis of age, sex, race, religion, disability, or sexual orientation.
- Use communal resources (equipment, supplies, and funds) responsibly and equitably.
- Adhere to regulations and policies such as those governing fire safety, hazardous waste disposal, and universal precautions.
- Avoid providing professional care to members of your family or intimate friends.
- Do not misrepresent or falsify actions and/or information (e.g. patient, laboratory tests, research data).
- Report any violations of the NJMS Honor Code to course director or Dean of Student Affairs.

2. Self-Improvement and Adaptability

- Acknowledge your strengths and weaknesses in the area of professional conduct.
- Identify ways to correct your weaknesses.
- Seek advice from faculty, peers, or others if you need help to make changes.
- Accept responsibility for errors. You are not expected to be perfect. Just acknowledge the error and take any necessary steps to correct the situation.
- Do not react with abuse, anger, or defensiveness when receiving criticism.
- Do not respond to criticism by blaming yourself or by blaming others
- Do respond to criticism with self-esteem: “Here’s a chance to learn something. I’ll ask for additional feedback, define the problem, and propose a solution.”
- Learn from experience so you won’t make the same mistake repeatedly—and so you will more quickly achieve professional competence.
- Explore your own feelings about topics such as cultural diversity, sexuality, spirituality, and death and dying so you can better deal with such topics.
- Maintain professional composure despite fatigue and stress.
- Do not be overly critical or verbally abusive during times of stress.
- Notify the responsible supervisor if anything interferes with your ability to perform clinical tasks effectively.
- Develop a support system, good dietary habits, recreation, disease prevention, exercise, and outside interests to optimize your physical and emotional health.

3. Relationships with Patients

- Establish rapport with patients and their families--and be sensitive to their feelings, needs, and wishes.
- Be considerate of each patient’s privacy and modesty, and respect each one’s cultural, psychological, and spiritual values.
- Treat patients with kindness, gentleness, empathy, and compassion.
- Do not have romantic or sexual relationships with patients or their family members.
- Be familiar with University Hospital’s “Patient’s Bill of Rights.”
- Clearly identify yourself and your level of training to patients and staff. (i.e., “I am a first-year medical student from New Jersey Medical School.”)
- Never be verbally or non-verbally rude, arrogant, or patronizing.
- Allow time for patients to give information, express opinions, and ask questions.
- Take time to answer questions from patients and their family members.
- Speak clearly and directly to the patient--and use words the patient can understand.
- Work with an interpreter whenever necessary.
- Resolve misunderstandings quickly.
- Obtain permission before doing anything that might be unpleasant or painful to the patient and warn the patient if a procedure will cause discomfort or pain.
- Share patient information only with members of the health care team that are involved in the patient’s care—and do so only where you will not be overheard (i.e. not in an elevator).
- Do not engage in unsupervised patient care in areas or situations where you are not adequately trained.

4. Relationships with Healthcare Team Members

- Function appropriately and cooperatively within the healthcare team.
- Exhibit verbal and non-verbal behavior that is not rude, arrogant, or patronizing.
- Be punctual, and apologize when late or give reason for being so.
- Speak clearly and directly to team members.
- Give specific, constructive, non-judgmental feedback to others.
- Identify and attempt to resolve misunderstandings.
- Accept and discuss emotional issues when appropriate.
- Complete assigned tasks or negotiate alternatives if unable to do so.
- Give prior notice of intended absence.
- Report research results honestly in scientific and scholarly presentations and publications.
- Give proper credit and responsibility to colleagues and others who participated in research when publishing and presenting reports.
- Identify team members who may need help due to stress or substance abuse.

Adapted from "A Strategy for the Detection and Evaluation of Unprofessional Behavior in Medical Students", *Academic Medicine*, Vol. 74, No. 9, September 1999, with the introduction adapted from the American Board of Internal Medicine Project Professionalism materials.



Section: Office of Student Affairs

Policy Name: NJMS Standards of Professionalism Policy

Prepared and Approved by: Committee on Student Affairs

Date: 10/05/2020

Approved by: Faculty Council

Date: 10/06/2020

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 pre-clerkship and clerkship 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 Clerkship 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. Each step of the process allows the student to appeal any decisions and actions taken. 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. The Course Director/Clerkship Director/Faculty/Administrator must discuss the situation with the student and inform them that they are going to present the incident(s) to the Pre-Clerkship or Clerkship Professionalism Subcommittee.
2. The incident should be presented to a subcommittee of the Pre-Clerkship Curriculum Committee or Clerkship Curriculum Committee depending on the student's phase in the curriculum. The subcommittee will be made up of all faculty members of these

committees.

- a. The student will meet with the Chair of the relevant subcommittee to be informed of the subcommittee process and their rights.
 - b. The subcommittee will meet within 10 days of the experience that led to the concern.
 - i. The Course Director/Clerkship Director/Faculty/Administrator bringing the incident(s) to the relevant committee will describe the situation.
 - ii. The student will be asked to address the committee to explain their perspective on what happened and any factors that the committee needs to consider.
 - c. The relevant committee will 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.
3. The student must sign to acknowledge receipt and review of the form.
 4. The form is submitted to the Office of Student Affairs and 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 under the adverse action question in the academic history section.
- 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 under the adverse action question in the academic history section.

For students in the clerkship years:

- a. If student receives one form in the third or fourth year and has had no prior forms submitted on their 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 under the adverse action question in the academic history section.

For students who will have professionalism forms mentioned in the MSPE:

The student may appeal having the professionalism forms in their MSPE by writing the Dean within 10 business days of the CSA meeting. The Dean will review the professionalism forms, the committee's decision, the student's written appeal, and will decide whether the CSA action will stand and the forms will be mentioned in the MSPE.

For students not receiving a form:

If the Pre-Clerkship or Clerkship Professionalism Subcommittee decides not to complete a form, but believes the student would benefit from counseling by the ADSA, they will refer the student without this being a part of the student's record.

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

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.

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.

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):

To be completed by the Associate Dean of Student Affairs

Received: _____

Discussed with student: _____

Professional Development plan:

Section: Office of Student Affairs

Policy Name: NJMS The Teacher-Learner Relationship and The Learning Environment in Medical Education

Prepared and Approved by: Committee on Student Affairs **Date:** 12/5/2022

Approved by: Faculty Council **Date:** 12/6/2022

I. PURPOSE

Rutgers New Jersey Medical School has a responsibility to foster professional development with the goal of providing humanistic 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. In addition, negative, disrespectful, or demeaning comments about or references to patients, families, or other members of the health care team are inappropriate. 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.

The NJMS Teacher-Learner Relationship and The Learning Environment in Medical Education 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 a psychologically safe educational environment in which students, staff, volunteers, and faculty may raise and resolve issues without fear of intimidation or retaliation

As per the NJMS Academic Equity in the Medical School Learning Environment Policy, students who believe that assessment of their performance may have been negatively affected by bias should report this to either course or clerkship/site director, Associate/Assistant Deans for Education, the Associate Dean for Students Affairs or Executive Vice Dean or through the Learning Environment and Professionalism reporting system.

AAMC Definition of Mistreatment: “Mistreatment either intentional or unintentional occurs

when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process.”

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
- Microaggressions are the daily, commonplace interactions (verbal, nonverbal, behavioral, environmental), whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults towards members of marginalized groups.

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 Executive 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 Executive 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 and Professionalism Subcommittee of the Curriculum, Academic Programs and Policies Committee (CAP2) will monitor influences (positive and negative) throughout the learning environment. The Subcommittee will develop and conduct appropriate strategies to enhance positive and mitigate negative influences, as well as identify and promptly correct violations of professional standards. The Subcommittee will meet quarterly and report to (CAP2). 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 Executive 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 and Professionalism 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 CAP2 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 CAP2, 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 by 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 Executive 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 Executive 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 Executive Vice Dean shall inform the respondent of the nature of the charges and identify the complainant. The Executive 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. They 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 Executive 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. They shall then submit a written report to the Executive 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 Executive 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 Executive 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 Executive 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 Executive 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 Executive 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 Executive Vice Dean ordinarily shall complete the review within 10 days of receipt of the report. The Executive Vice Dean shall inform the concerned parties of the decision. In the event the Vice Dean determines not to initiate a formal investigation, the Executive 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 Executive Vice Dean decides the matter should be pursued through a formal investigation, the Executive 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 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 Executive 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 Executive Vice Dean is the respondent or in any other way has a conflict of interest or the appearance of a conflict of interest, they is obligated to remove themselves 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 Executive 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 they are being subjected to retaliation as a result of coming forward with a concern or a complaint, they should refer the matter to the Executive 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 they have been the subject of a false complaint may file a complaint with the Executive 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 and Professionalism Subcommittee will monitor positive and negative influences on the learning environment and make recommendations regarding corrective interventions. These recommendations are considered by CAP2 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 Executive 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.

Section: Office of Education Policy

Name: Academic Equity in the Medical School Learning Environment

Prepared and Approved by: Committee on Curriculum, Academic Programs and Policies Date: 6/16/21

Approved by: Faculty Council Date: 7/6/21

Participation in learning experiences is essential for the development of competent physicians.

1. Faculty with significant teaching, assessment, and educational leadership responsibilities, including course and clerkship directors, must complete training in diversity, equity, and inclusion.
2. Students who believe that assessment of their performance may have been negatively affected by bias should report this to either course or clerkship/site director, Associate/Assistant Deans for Education, the Associate Dean for Students Affairs or Executive Vice Dean or through the Learning Environment and Professionalism reporting system.
3. Review of assessment data occurs regularly at multiple levels for the purpose of ensuring equity in assessment and identifying inequities, which can be addressed.
4. In the event that national or local exigent events create a disruption to learning for a large number of students, the school will consider altering the curriculum delivery to allow student time to process these events while ensuring they meet milestones of academic achievement and graduation requirements. This will be communicated to all students.
5. Individual students who experience trauma from internal or external events related to race or other social-political factors which disrupt their learning, should contact the Associate Dean for Student Affairs for an excused absence or late-take of an exam without risk of incurring academic penalty.

Related LCME Standard

9.5 Narrative Assessment

9.8 Fair and Timely Assessment

Related Policies

NJMS The Teacher-Learner Relationship and The Learning Environment in Medical Education Policy

NJMS Advancement and Promotion Policy

NJMS Advancement and Promotion Policy for 3-Year MD Students

NJMS Grading Policy

NJMS Student Grade Appeal Procedure Policy

Pre-clerkship Attendance Policy

Attendance Policy for Clinical Clerkships

Section: Office of Student Affairs

Policy Name: NJMS Student Dress Code Policy

Prepared and Approved by: Committee on Student Affairs

Date: 08/03/2020

Approved by: Faculty Council

Date: 08/21/2020

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 training and is a courtesy to those around you. Students must be well groomed. When required, a clean white coat is to be worn during any contact with patients, conferences, clinic sessions, and 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

Saint Barnabas Medical Center

Veterans Administration

Newark Beth Israel Medical Center

Section: Office of Student Affairs

Policy Name: NJMS Email, Use of NJMS Listservs, and Audio/Video Recording of Faculty and/or Teaching Sessions Policy

Prepared and Approved by: Committee on Student Affairs **Date:** 08/03/2020

Approved by: Faculty Council **Date:** 08/21/2020

Email and Use of NJMS Listservs

Email is considered the official form of communication at Rutgers New Jersey Medical School. In order to keep informed about course material, school events, activities, administrative requirements, etc., students are expected to check their Rutgers email accounts at least once per day. Failure to read email is not an acceptable excuse for missing university, school or course deadlines or requirements.

When communicating in email, whether the email is addressed to an individual, group of people, or a class listserv, students are expected to use appropriate, professional language. Content and usage should conform to university standards, as set forth in the policy:

Rights and Responsibilities for the Use of University-Accessed Electronic Information Systems

https://academicaffairs.rutgers.edu/sites/default/files/RBHS%20Chancellor%20Policy_Student%20Use%20of%20Personally%20Owned%20Mobile%20Communication%20Devices%20Recording%20Devices_6.19.13.pdf

Audio/Video Recording of Faculty and/or Teaching Sessions

When personally owned communication/recording devices are used by students to record lectures and/or classroom lessons, such use must be authorized by the faculty member or instructor who must give either oral or written permission prior to the start of the class/clerkship/semester and identify restrictions, if any, on the use of mobile communication or recording devices.

Such devices must not disrupt classroom lecture/discussion or interfere in any way with others' learning opportunities. Students are required to turn off and put away these devices if requested to do so by faculty. Audio/video recording and/or photographic devices are not permitted in any clinical practice setting without the specific approval of the clinical faculty.

Failure to comply with the aforementioned policies may result in disciplinary action.

Section: Office of Student Affairs

Policy Name: NJMS Advancement and Promotion Policy

Prepared and Approved by: Committee on Student Affairs

Date: 02/06/2023

Approved by: Faculty Council

Date: 05/2/2023

-
- I. **PURPOSE:** To establish rules and regulations governing the academic standing and promotion of NJMS students.
- II. **ACCOUNTABILITY:** Under the Dean, and with the assistance of the Offices of Student Affairs and Registrar, the Committee on Student Affairs is charged with the responsibility for reviewing the academic standing of all students matriculated at the New Jersey Medical School.

The Committee on Students Affairs shall report decisions on academic standing, promotions, dismissals, and graduation to the Faculty Council for its action. The Committee on Student Affairs shall also make recommendations for academic and/or financial aid probation, remedial work, repeat of courses/clerkships, or repeat of any part or the whole of an academic year.

- III. **APPLICABILITY:** This policy shall apply to all students who matriculate at Rutgers New Jersey Medical School.

- IV. **REFERENCES:**

NJMS Policy: Good standing and Participation in Academic and Extracurricular Activities

NJMS Grading Policy

NJMS Policy: NJMS Code of Professional Conduct 40-20:00

NJMS Satisfactory Academic Progress Policy 40-11:00

NJMS Request for a Leave of Absence

NJMS USMLE Step 1 and Step 2 CK Policy

Rutgers' Policy: Student Rights, Responsibilities and Discipline Procedures

- V. **DEFINITIONS:**

- A. **Matriculant** - A student is considered a matriculant of New Jersey Medical School upon his/her formal admittance to the Doctor of Medicine degree program and attendance on the first day of classes. A student is considered a matriculant until graduation, withdrawal, or dismissal.
- B. **Enrollment Status** - A student in the Doctor of Medicine degree program is considered actively enrolled while pursuing coursework, clerkships, or while enrolled in a special independent study, or scholars program. Students actively enrolled in the Doctor of Medicine degree program are considered full-time enrollees. With the exception of scholars programs, all periods of enrollment are calculated when assessing satisfactory academic progress.
- C. **Good Standing** - Most students are admitted to medical school in academic good standing, which indicates that their academic performance is satisfactory at the time of admission. Students will continue in this status provided the student

performs in a satisfactory or better fashion in all academic work. Academic work includes all courses, clerkships, acting internships, required USMLE Step 1 and 2 examinations, the NJMS Graduation OSCE, and electives.

- D. Advancement – Advancement is defined as a student’s ability to advance from course to course, or clerkship to clerkship, within a given academic year. A student’s eligibility to advance, or progress, through each year’s curriculum is governed by the NJMS Advancement and Promotions policy.
- E. Promotion – Each student's achievement of the educational goals and objectives of the School is evaluated in summative manner at the conclusion of each academic year. A student who has satisfied the requirements for given curricular year is eligible for promotion to the next year of study in the curriculum. A student’s promotion from one year to the next is governed by the NJMS Advancement and Promotions policy.
- F. Leave of Absence (also refer to NJMS Procedure to Request a Leave of Absence) -Students may request a leave of absence from their studies per the NJMS Procedure to Request a Leave of Absence Policy. While on a leave, a student is considered separated from the school; leave of absence (LOA) is a period of non-enrollment. Students on a leave of absence are not considered to be enrolled nor actively working toward the M.D. degree. The maximum duration of a leave per request is one calendar year. A student may not exceed a cumulative total of twenty-four months leave during his/her matriculation in the Doctor of Medicine degree program.
- G. Academic Difficulty - Academic difficulty is defined as having an unremediated conditional pass grade, course/clerkship failure, or being in clear danger of conditionally passing or failing a course/clerkship.
- H. Special Independent Study Program – A program of study during which time a student is required to remediate or complete academic work and/or exams that serve to complete specific degree requirements. Time spent in a special independent study program will be applied toward the six year maximum time frame permitted for completion of the Doctor of Medicine degree requirements.
- I. Academic Probation - Students who demonstrate a pattern of unsatisfactory or marginal academic and/or professional performance may be placed on academic probation. Conditions of academic probation will be communicated to the student in writing. The purpose of probation is to give a student specific notice of academic or professional performance deficiencies and an opportunity to correct those deficiencies. The length of the probationary period may vary but it must be specified at the outset and be of sufficient duration to give the student a meaningful opportunity to remedy the identified performance problem(s). Most often the student will be placed on a special independent study program while on academic probation. Depending on the student’s performance during probation, the possible outcomes of the probationary period are: removal from probation with a return to good academic standing; continued probation with new or remaining deficiencies cited; non-promotion to the next year with further probationary training required; or dismissal. A student will remain on probation until the probation status is removed, regardless of the student’s enrollment status.
- J. Academic Suspension - A student may be suspended due to a failure to meet academic standards or a violation of the school or university policies. During a period of suspension, a student is barred from enrollment for a specified period of time. There may be requirements placed upon the student for activities that must be undertaken and fulfilled during the period of suspension in order for the student to be eligible for reinstatement or readmission.
- K. Withdrawal - Withdrawal is a voluntary, permanent resignation from NJMS by a matriculated student. Students considering withdrawal should discuss the matter with their advisor(s) and the Associate Dean for Student Affairs. The withdrawal

mechanism is not intended to serve as an outlet to avoid dismissal due to academic failure or disciplinary reasons. A student wishing to withdraw must submit a written request to the Associate Dean for Student Affairs who may approve or refer such requests to the Committee on Student Affairs for its action. The status of withdrawn is not considered an active academic status, but a terminal one.

- L. Dismissal – Reasons for dismissal from NJMS include, but are not limited to:
1. Failure of the same course or course equivalent twice, whether taken intramurally or extramurally.
 2. Failure to uphold professional standards as described in the NJMS Code of Conduct or other generally accepted standards of the medical profession and/or Rutgers.
 3. Failure to satisfy conditions imposed by the Committee on Student Affairs as a requirement for continued enrollment.
 4. Failure to complete all pre-clerkship and clerkship requirements within six academic years,
 5. Failure to pass USMLE, Step 1 and Step 2 CK within the specified timeframe(s).
 6. Failure to satisfy NJMS Advancement and Promotion Policy and USMLE Step policy guidelines.
 7. Failure to abide by any and all NJMS, RBHS, and Rutgers institutional policies.

The status of dismissed is considered an involuntary separation and not considered an active academic status, but a terminal one.

VI. ADVANCEMENT AND PROMOTION POLICY

- A. The Committee on Student Affairs shall routinely review the academic progress of all matriculated students and take appropriate actions when warranted. In addition to regularly scheduled advancement and promotions meetings, the Committee on Student Affairs shall review the progress of any student when his/her academic performance warrants action per this policy.
- B. Appeals
1. Students have the right to appeal this policy to the Committee when compelling mitigating circumstances can be documented. Such appeals must be made in writing at least four (4) days prior to the Committee meeting. Additionally, the student must meet with the Associate Dean for Student Affairs or his/her designee at least one week prior to the date of the Committee meeting. A student who submits an appeal to the Committee must be available to meet with Committee membership on the date of the meeting. Decisions of the Committee will be conveyed to the student verbally and in writing.
 2. Students have the right to appeal all decisions rendered by the Committee on Student Affairs to the Dean of NJMS within ten (10) business days of the Committee's action. The appeal to the Dean must be presented in writing, and must include exceptions to the Committee's findings. The Dean shall render, within a reasonable period of time, a final decision on the matter and provide written copies of the decision to the student, the Offices of Student Affairs and Registrar and the Committee on Student Affairs.
- C. Doctor of Medicine Program Requirements for Degree
1. All students, including those in approved dual degree or extended programs, are expected to enroll every semester after the first term of their degree program and must complete all requirements for

graduation in six years or less, excluding leave(s) of absence, approved dual degree or scholars programs. Students are subject to the degree requirements and academic rules and regulations of their graduating class.

2. The faculty and administration of NJMS are dedicated to helping all students successfully complete each academic year. Towards this end, students who experience difficulty early in a given semester will be required to meet with a team consisting of Student Affairs and Center for Academic Success and Enrichment staff members who will apprise them of the available support services. Students will be required to meet with a content specialist and learning specialist (CASE team member) to design and implement an academic learning plan contract to include deliverables provided to the team members. Student must continue meeting with CASE team members until achieving a score clearly outside the margin of failure as determined by CASE team members.
3. All courses and clerkships must be completed in accordance with the advancement and promotion rules for each year. In addition to the successful completion of coursework/clerkships in years 1 through 4, each student must successfully pass USMLE Step 1, and Step 2 CK. Questions about degree requirements should be referred to the Office of the Registrar.
4. Services available to students in academic difficulty include tutoring and counseling; review classes and individual sessions with faculty members may be arranged at the mutual agreement of students and faculty members. Students should be familiar with the NJMS Policy: Good Standing and Participation in Academic and Extracurricular Activities.
5. Candidates for the degree of Doctor of Medicine must exhibit the requisite knowledge and skills to complete the prescribed course of study. In addition, they must also possess personal qualifications and attributes deemed necessary to perform the duties of the medical profession. Specifically, all candidates are expected to exhibit unimpaired judgment and behavior consistent with the responsibilities of the medical profession. Accordingly, the school reserves the right to dismiss a student for either academic or non-academic reasons and will therefore consider such factors as professionalism, honesty, ethical conduct, and responsibility to duty in the evaluation of its students. Students are responsible for familiarizing themselves with all pertinent NJMS, RBHS, and University policies.

D. Year 1, Phase 1 Advancement and Promotions Policy

1. The academic performance of students will be routinely reviewed by the Committee on Student Affairs throughout Year 1, Phase 1 of the curriculum. Year 1, Phase 1 includes the following:
 - Credit-bearing courses:
 - a. Foundations of Body Systems
 - b. Musculoskeletal and Integumentary Systems
 - c. Cardiovascular System
 - d. Pulmonary System
 - e. Renal System
 - Credit-bearing longitudinal coursework:
 - a. Healing, Humanism and Health Equity (HHH) I
 - Longitudinal requirements:

- a. Community Engaged Service Learning
- b. EPA OSCE I

There are a total of 40 credits in Year 1, Phase 1.

Additionally, five disciplines will be integrated across Year 1, Phase 1 coursework. These disciplines are: anatomy/embryology, histology/pathology/pathophysiology, pharmacology, physiology and patient centered medicine. HHH competency includes knowledge assessment through coursework and skills assessment through the EPA OSCE. To be eligible for advancement and promotion, students are expected to achieve competency in each of these disciplines. Competency will be assessed within coursework and students will receive feedback regarding their performance throughout the academic year.

In addition, to be eligible for advancement and promotion students are expected to satisfactorily complete all requirements for Community Engaged Service Learning (CESL), and the EPA OSCE I.

1. Students in Year 1, Phase 1 of the curriculum are subject to the advancement and promotions policies described below (a-f are applicable to credit-bearing courses only):
 - a. those who record a grade of “F-Failure” in the Foundations of Body Systems course are not permitted to advance; the student is required to immediately withdraw from all subsequent coursework and initiate a leave of absence from the School until the next academic year. In the subsequent academic year, otherwise known as the repeat year, the student will be required to repeat all Year 1, Phase 1 coursework;
 - b. those who record a grade of “P-Pass” in the Foundations of Body Systems course and subsequently record a grade of “F-Failure” in one of the remaining Year 1, Phase 1 courses are not permitted to advance; the student is required to immediately withdraw from all subsequent coursework and initiate a leave of absence from the School until the next academic year. In the subsequent academic year, otherwise known as the repeat year, the student will be required to repeat all Year 1, Phase 1 coursework except the Foundations of Body Systems course;
 - c. those who record a grade of “P-Pass” in the Foundations of Body Systems course and subsequently record three grades of “CP-Conditional Pass” will be required to repeat all Year 1, Phase 1 coursework in the following academic year, otherwise known as the repeat year. If the third “CP-Conditional Pass” grade is recorded prior to the conclusion of the academic year, the student is not permitted to advance; the student is required to immediately withdraw from all subsequent coursework and initiate a leave of absence from the School until the next academic year. During the repeat year, the student

- d. will be required to repeat all Year 1, Phase 1 coursework except the Foundations of Body Systems course; those who record one or two grades of “CP-Conditional Pass”, and with the permission of the Associate Dean for Student Affairs, the course manager(s) and the Committee on Student Affairs (A), will be permitted to attempt remediation of those courses prior to the start of Year 2 of the Phase 1 curriculum. If a student is unable to satisfy all remediation requirements on the first attempt and before the start date of Year 2, s/he will be required to repeat all Year 1, Phase 1 coursework, except the Foundations of Body Systems course, the following academic year (otherwise known as the repeat year). If a student satisfies all remediation requirements prior to the start date of Year 2, the student is eligible for promotion to Year 2;
 - e. those who record grades of “P-Pass” in all Year 1, Phase 1 coursework who do not demonstrate competency in all of the five disciplines will be required to remediate the discipline(s) prior to the start of Year 2 of the Phase 1 curriculum. If a student is unable to satisfy all remediation requirements by the start date of Year 2, they will be required to repeat all Year 1, Phase 1 coursework, except the Foundations of Body Systems course, the following academic year (otherwise known as the repeat year). If a student satisfies all remediation requirements prior to the start date of Year 2, the student is eligible for promotion to Year 2;
 - f. Those who record grades of “P-Pass” and demonstrate competency in all of the five disciplines are eligible for promotion to Year 2;
 - g. Those who satisfactorily complete all requirements for CESL, and EPA OSCE I are eligible for promotion to Year 2.
 - h. In addition to the successful completion of all Year 1, Phase 1 curricular requirements, students must satisfy the standards of professionalism as set forth in the NJMS Code of Professional Conduct and the RBHS Policy: Student Rights, Responsibilities and Discipline Procedures in order to be eligible for promotion to Year 2.
2. Students repeating Year 1, Phase 1 of the curriculum are subject to the advancement and promotions policies described below (a-f are applicable to credit-bearing courses only):
- a. Once it has been determined that a student is repeating the year, they will be required to meet with a team consisting of Student Affairs and CASE staff members who will apprise them of the available support services and develop a plan for academic engagement to address issues that led to the need of repeating. The academic learning plan will be in the form of a contract to include deliverables provided to the team members. Student must continue

meeting with CASE team members through the end of repeat year, at which point CASE team members will reevaluate need for continued mandatory meetings based on performance.

- a. those who record a grade of “F-Failure” in the repeat year, may not advance; the student will be withdrawn from all subsequent coursework and dismissed;
- b. those who record a grade of “CP-Conditional Pass” in a course in which a grade of “CP-Conditional Pass” was previously recorded may not advance; the student will be withdrawn from all subsequent coursework and dismissed;
- c. those who record a grade(s) of “P-Pass” in courses in which grades of “F-Failure” and/or “CP-Conditional Pass” were earned and who have recorded one or two grades of “CP-Conditional Pass” in which grades of “CP-Conditional Pass” were not previously recorded will be permitted to attempt remediation of those courses prior to the start of Year 2 of the Phase 1 curriculum with the permission of the Associate Dean for Student Affairs, the course manager(s) and the Committee on Student Affairs (A), If a student is unable to satisfy all remediation requirements on the first attempt and before the start date of Year 2, the student is not eligible for promotion and they will be dismissed;
- d. those who record three grades of “CP-Conditional Pass” in the repeat year will be dismissed;
- e. those who record grades of “P-Pass” in the repeat year of Year 1, Phase 1 coursework who do not demonstrate competency in one or more of the five disciplines will be required to remediate the discipline(s) prior to the start of Year 2 of the Phase 1 curriculum. If a student is unable to satisfy all remediation requirements on the first attempt and before the start date of Year 2, the student is not eligible for promotion and s/he will be dismissed;
- f. those who record grades of “P-Pass” in the repeat year and demonstrate competency in the five disciplines are eligible for promotion to Year 2;
- g. Those who satisfactorily complete all requirements for CESL, and EPA OSCE I are eligible for promotion to Year 2.
- h. In addition to the successful completion of all Year 1, Phase 1 curricular requirements, students must satisfy the standards of professionalism as set forth in the NJMS Code of Professional Conduct and the RBHS Policy: Student Rights, Responsibilities and Discipline Procedures in order to be eligible for promotion to Year 2.

E. Year 2, Phase 1 Advancement and Promotions Policy

1. The academic performance of students will be routinely reviewed by the Committee on Student Affairs throughout Year 2, Phase 1 of the curriculum. Year 2, Phase 1 includes the following:

Credit-bearing block courses:

- a. Digestive System
- b. Genitourinary/Endocrine Systems (GUE)
- c. Neurology, Psychiatry, and Biostatistics (NPB)

Credit-bearing longitudinal coursework:

- a. Health Equity and Social Justice II

Longitudinal requirements:

- b. Community Engaged Service Learning
- c. EPA OSCE II

There are a total of 28 credits in Year 2, Phase 1.

Additionally, five disciplines will be integrated across Year 2, Phase 1 coursework. These disciplines are: anatomy/embryology, histology/pathology/pathophysiology, pharmacology, physiology and patient centered medicine. HHH competency includes knowledge assessment through coursework and skills assessment through the EPA OSCE. To be eligible for advancement and promotion, students are expected to achieve competency in each of these disciplines. Competency will be assessed within coursework and students will receive feedback regarding their performance throughout the academic year.

In addition, to be eligible for advancement and promotion students are expected to satisfactorily complete all requirements for Healing, Humanism and Health Equity (HHH II), Community Engaged Service Learning (CESL), and the EPA OSCE II.

2. Students in Year 2, Phase 1 of the curriculum are subject to the advancement and promotions policies described below (a-g are applicable to credit-bearing courses only):
 - a. those who record a grade of “F-Failure” in a Year 2, Phase 1 course, are not permitted to advance; the student is required to immediately withdraw from all subsequent coursework and initiate a leave of absence from the School until the next academic year. If eligible to repeat Year 2, Phase 1, the student will be required to repeat all Year 2, Phase 1 coursework;
 - b. those who previously recorded a “CP-Conditional Pass” in Year 1, Phase 1 coursework and then record two consecutive CP-Conditional Pass in courses for Year 2 Phase 1 will not be permitted to advance; the student is required to immediately withdraw from all subsequent coursework and initiate a leave of absence from the School until the next academic year. If eligible to repeat Year 2, Phase 1, the student will be required to repeat all Year 2, Phase 1 coursework;
 - c. those who record “CP-Conditional Pass” grade in the Neurology, Psychiatry, and Biostatistics (NPB) course and any other Year 2 Phase 1 course (Digestive System OR Genitourinary/Endocrine Systems) will be required to repeat all Year 2, Phase 1 coursework.

- d. those who have recorded grades of “CP-Conditional Pass” in the two courses; Digestive System and/or Genitourinary/Endocrine Systems), and with the permission of the Associate Dean for Student Affairs, the course manager(s) and the Committee on Student Affairs (A), will be permitted to attempt remediation of those courses prior to the start of Year 3. If a student is unable to satisfy all remediation requirements on the first attempt and before the start date of Year 3, they will be required to repeat all Year 2, Phase 1 coursework (if eligible);
 - e. those who have recorded a grade of “CP-Conditional Pass” in Neurology, Psychiatry and Biostatistics (NPB) only in Year 2, Phase 1; and with the permission of the Associate Dean for Student Affairs, the course manager(s) and the Committee on Student Affairs (A), will be permitted to attempt remediation of this course prior to the start of Year 3. If a student is unable to satisfy all remediation requirements on the first attempt and before the start date of Year 3, they will be required to repeat all Year 2, Phase 1 coursework (if eligible);
 - f. those who record grades of “P-Pass” in all Year 2, Phase 1 coursework who do not demonstrate competency in all of the five disciplines will be required to remediate the discipline(s) prior to the start of Year 3. If a student is unable to satisfy all remediation requirements on the first attempt and before the start date of Year 2, they will be required to repeat all Year 2, Phase 1 coursework (if eligible);
 - g. those who record grades of “P-Pass” and demonstrate competency in all of the five disciplines are eligible for promotion to Year 3;
 - h. those who satisfactorily complete all requirements for HHH II, CESL, and EPA OSCE II are eligible for promotion to Year 3;
 - i. In addition to the successful completion of all Year 2, Phase 1 curricular requirements, students must satisfy the standards of professionalism as set forth in the NJMS Code of Professional Conduct and the RBHS Policy: Student Rights, Responsibilities and Discipline Procedures in order to be eligible for promotion to Year 3.
3. Students repeating the Year 2, Phase 1 of the curriculum are subject to the advancement and promotions policies described below (a-f are applicable to credit-bearing courses only):
- a. Once it has been determined that a student is repeating the year, they will be required to meet with a team consisting of Student Affairs and CASE staff members who will apprise them of the available support services and develop a plan for academic engagement to address issues that led to the need of repeating. The academic learning plan will be in the form of a contract to include deliverables provided to the team members. Student must continue meeting with CASE team members through the end of repeat year,

at which point CASE team members will reevaluate need for continued mandatory meetings based on performance.

- a. those who record a grade of “F-Failure” in the repeat year may not advance; the student will be withdrawn from all subsequent coursework and dismissed;
 - b. those who record a grade of “CP-Conditional Pass” in a course in which a grade of “CP-Conditional Pass” was previously recorded may not advance; the student will be withdrawn from all subsequent coursework and dismissed;
 - c. those who record grades of “CP-Conditional Pass” in NPB and any other credit-bearing course during the repeat year will be withdrawn from all subsequent coursework and dismissed;
 - d. those who record grades of “CP-Conditional Pass” in both the GUE and Digestive System courses, but pass NPB, will be permitted to attempt remediation of those courses prior to the start of Year 3 curriculum with the permission of the Associate Dean for Student Affairs, the course manager(s) and the Committee on Student Affairs (A). If a student is unable to satisfy all remediation requirements on the first attempt and before the start date of Year 3, the student is not eligible for promotion and s/he will be dismissed;
 - e. those who record grades of “P-Pass” in the repeat year of Year 2, Phase 1 coursework who do not demonstrate competency in one or more of the five disciplines will be dismissed;
 - f. those who record grades of “P-Pass” in the repeat year and demonstrate competency in the five disciplines are eligible for promotion to Year 3.
 - g. those who satisfactorily complete all requirements for HHH II, CESL, and EPA OSCE II are eligible for promotion to Year 3.
4. Students must complete the Phase 1 portion of their training within three academic years, exclusive of approved leaves of absence, dual degree, or scholars programs. Students who do not complete the Phase 1 curricula in three years will be dismissed.
 5. Failure of the same course or course equivalent twice, in either year, will result in dismissal. Additionally, students in the traditional (four-year) curriculum who have cumulatively earned two or more grades of “F-Failure” or who have earned four or more grades of “CP” during Phase 1 will be dismissed.
 6. Students must successfully complete all Phase 1 curricula in order to be eligible to sit and record a score for the USMLE Step 1 exam. Students must sit for the USMLE Step 1 exam by the deadline established for their class by the Associate Dean for Student Affairs. Students who are granted an extension of the USMLE Step 1 examination deadline will be placed on a special independent study program for the purpose of preparing for the exam. While on the independent study program, each student will be afforded full-time status, assessed tuition and the special independent student program will be noted on the MSPE (Dean’s Letter). The time spent enrolled in the special independent study program counts towards the time

each student is given to complete the Clerkship (not the Phase 1) years. Students who fail their initial attempt at USMLE Step 1 will be given one more opportunity to pass the examination. Deadlines pertaining to re-examination can be found in the NJMS United States Medical Licensing Exam (USMLE) Step 1 and Step 2 CK Policy.

7. In addition to the successful completion of all Year 2, Phase 1 curricular requirements, students must satisfy the standards of professionalism as set forth in the NJMS Code of Professional Conduct and the RBHS Policy: Student Rights, Responsibilities and Discipline Procedures in order to be eligible for promotion to Year 3.

F. Year 3, Phase 2 Promotions Policy

1. Students enrolled in the standard clinical curriculum during third year (i.e., seven clerkships totaling 42 credits) must pass all of the seven required clerkships in order to begin fourth year coursework with schedule modifications approved by the Associate Dean of Student Affairs, as listed below:

- a. Clerkship delay(s)

- b. Incomplete Shelf(s)

Students may advance with one incomplete shelf grade.

Upon recording a second failing grade on an exam in third year the student will be required to present an academic remediation plan to the Committee on Student Affairs. This plan will be developed in a meeting with a content specialist and learning specialist (CASE team member) to: design and implement an academic remediation plan contract for remediation prep, to include deliverables provided to the team members. Student must continue meeting with CASE team members until successful completion of remediation assessment. After reviewing the student's academic profile, and plan for remediation the Committee will decide whether or not the student will be permitted to advance in the third year curriculum. The Committee's decisions will be rendered on a case-by-case basis. Students failing a total of 50% or more of their individual clerkships or clerkship shelf exams will be dismissed.

- c. Incomplete requirement(s)

Students may advance with one incomplete requirement grade. At the discretion of the Associate Dean of Student Affairs, a decision may be made that a student may not advance into subsequent clerkships once a second incomplete/requirement grade is recorded in third year. These cases will be reported to the Committee on Student Affairs and tracked by the Office of Student Affairs until their incomplete requirements have been fulfilled.

2. In order to be promoted, students must satisfy the standards of professionalism as set forth in the NJMS Code of Professional Conduct and the RBHS Policy: Student Rights, Responsibilities and Discipline Procedures.

G. Year 4, Phase 3 Graduation Requirements

1. Students enrolled in the standard clinical curriculum (i.e., seven third year clerkships, two fourth year clerkships, an Acting Internship, 26 weeks of electives, and a 4-week Capstone course) must pass all of these requirements, year 3 and 4 EPA OSCEs, plus USMLE Step 2 CK in order to be eligible to graduate.
2. Students must complete the clinical portion of their training, including USMLE Step 2 CK within three academic years, exclusive of approved leaves of absence or enrollment in approved dual degree or scholars programs or the student will be dismissed. Failure of the same clerkship or clerkship equivalent twice, in either year, whether taken intramurally or extramurally, will result in dismissal.
3. Students must sit and record a score for USMLE Step 2 CK by the deadline established for their class by the Associate Dean for Student Affairs. Students will be permitted a maximum of two attempts to pass USMLE Step 2/
Deadlines pertaining to re-examination can be found in the NJMS United States Medical Licensing Exam (USMLE) Step 1 and Step 2 CK Policy.
4. Failure to meet these requirements will result in dismissal.

Section: Office of Student Affairs

Policy Name: NJMS Advancement and Promotion Policy for 3-Year MD Students

Prepared and Approved by: Committee on Student Affairs **Date:** 2/1/2021

Approved by: Faculty Council **Date:** 3/2/2021

- I. **PURPOSE:** To establish rules and regulations governing the academic standing and promotion of the NJMS 3-Year MD primary care accelerated students.
- II. **ACCOUNTABILITY:** Under the Dean, and with the assistance of the Offices of Student Affairs and Registrar, the Committee on Student Affairs is charged with the responsibility for reviewing the academic standing of all students matriculated at the New Jersey Medical School.

The Committee on Students Affairs shall report decisions on academic standing, promotions, dismissals, and graduation to the Faculty Council for its action. The Committee on Student Affairs shall also make recommendations for academic and/or financial aid probation, remedial work, repeat of courses/clerkships, or repeat of any part or the whole of an academic year.

- III. **APPLICABILITY:** This policy shall apply to all 3-year MD primary care accelerated students who matriculate at Rutgers New Jersey Medical School.

IV. **REFERENCES:**

NJMS Policy: Good standing and Participation in Academic and Extracurricular Activities
NJMS Grading Policy
NJMS Policy: NJMS Code of Professional Conduct
NJMS Satisfactory Academic Progress Policy
NJMS Request for a Leave of Absence
NJMS USMLE Step 1 and Step 2 CK Policy
Rutgers Biomedical Health Sciences Policy: Student Rights, Responsibilities and Discipline Procedures

V. **DEFINITIONS:**

- A. **Matriculant -** A student is considered a matriculant of New Jersey Medical School upon his/her formal admittance to the Doctor of Medicine degree program and attendance on the first day of classes. A student is considered a matriculant until graduation, withdrawal, or dismissal.
- B. **Enrollment Status -** A student in the Doctor of Medicine degree program is

considered actively enrolled while pursuing coursework, clerkships, or while enrolled in the Doctor of Medicine degree program are considered full-time enrollees. With the exception of scholars programs, all periods of enrollment are calculated when assessing satisfactory academic progress.

- C. Good Standing - Most students are admitted to medical school in academic good standing, which indicates that their academic performance is satisfactory at the time of admission. Students will continue in this status provided the student performs in a satisfactory or better fashion in all academic work. Academic work includes all courses, clerkships, acting internships, required USMLE Step 1 and 2 examinations, the NJMS Graduation OSCE, and electives.
- D. Advancement – Advancement is defined as a student’s ability to advance from course to course, or clerkship to clerkship, within a given academic year. A student’s eligibility to advance, or progress, through each year’s curriculum is governed by the NJMS Advancement and Promotions policy.
- E. Promotion – Each student's achievement of the educational goals and objectives of the School is evaluated in summative manner at the conclusion of each academic year. A student who has satisfied the requirements for given curricular year is eligible for promotion to the next year of study in the curriculum. A student’s promotion from one year to the next is governed by the NJMS Advancement and Promotions policy.
- F. Leave of Absence (also refer to NJMS Procedure to Request a Leave of Absence) - Students may request a leave of absence from their studies per the NJMS Procedure to Request a Leave of Absence Policy. While on a leave, a student is considered separated from the school; leave of absence (LOA) is a period of non-enrollment. Students on a leave of absence are not considered to be enrolled nor actively working toward the M.D. degree. The maximum duration of a leave per request is one calendar year. A student may not exceed a cumulative total of twenty-four months leave during his/her matriculation in the Doctor of Medicine degree program.
- G. Academic Difficulty - Academic difficulty is defined as having an unremediated conditional pass grade, course/clerkship failure, or being in clear danger of conditionally passing or failing a course/clerkship.
- H. Special Independent Study Program – A program of study during which time a student is required to remediate or complete academic work and/or exams that serve to complete specific degree requirements. Time spent in a special independent study program will be applied toward the six year maximum time frame permitted for completion of the Doctor of Medicine degree requirements.
- I. Academic Probation - Students who demonstrate a pattern of unsatisfactory or marginal academic and/or professional performance may be placed on academic probation. Conditions of academic probation will be communicated to the student in writing. The purpose of probation is to give a student specific notice of academic or professional performance deficiencies and an opportunity to correct

those deficiencies. The length of the probationary period may vary but it must be specified at the outset and be of sufficient duration to give the student a meaningful opportunity to remedy the identified performance problem(s). Most often the student will be placed on a special independent study program while on academic probation. Depending on the student's performance during probation, the possible outcomes of the probationary period are: removal from probation with a return to good academic standing; continued probation with new or remaining deficiencies cited; non-promotion to the next year with further probationary training required; or dismissal. A student will remain on probation until the probation status is removed, regardless of the student's enrollment status.

- J. Academic Suspension - A student may be suspended due to a failure to meet academic standards or a violation of the school or university policies. During a period of suspension, a student is barred from enrollment for a specified period of time. There may be requirements placed upon the student for activities that must be undertaken and fulfilled during the period of suspension in order for the student to be eligible for reinstatement or readmission.
- K. Withdrawal - Withdrawal is a voluntary, permanent resignation from NJMS by a matriculated student. Students considering withdrawal should discuss the matter with their advisor(s) and the Associate Dean for Student Affairs. The withdrawal mechanism is not intended to serve as an outlet to avoid dismissal due to academic failure or disciplinary reasons. A student wishing to withdraw must submit a written request to the Associate Dean for Student Affairs who may approve or refer such requests to the Committee on Student Affairs for its action. The status of withdrawn is not considered an active academic status, but a terminal one.
- L. Dismissal – Reasons for dismissal from NJMS include, but are not limited to:
 - 1. Failure of the same course or course equivalent twice, whether taken intramurally or extramurally.
 - 2. Failure to uphold professional standards as described in the NJMS Code of Conduct or other generally accepted standards of the medical profession and/or Rutgers.
 - 3. Failure to satisfy conditions imposed by the Committee on Student Affairs as a requirement for continued enrollment.
 - 4. Failure to complete all pre-clerkship and clerkship requirements within six academic years,
 - 5. Failure to pass USMLE, Step 1 and Step 2 CK within the specified timeframe(s).
 - 6. Failure to satisfy NJMS Advancement and Promotion Policy and USMLE Step policy guidelines.
 - 7. Failure to abide by any and all NJMS, RBHS, and Rutgers institutional policies.

The status of dismissed is considered an involuntary separation and not considered an active academic status, but a terminal one.

VI. ADVANCEMENT AND PROMOTIONS POLICY

- A. The Committee on Student Affairs shall routinely review the academic

progress of all matriculated students and take appropriate actions when warranted. In addition to regularly scheduled advancement and promotions meetings, the Committee on Student Affairs shall review the progress of any student when his/her academic performance warrants action per this policy.

B. Appeals

1. Students have the right to appeal this policy to the Committee when compelling mitigating circumstances can be documented. Such appeals must be made in writing at least four (4) days prior to the Committee meeting. Additionally, the student must meet with the Associate Dean for Student Affairs or his/her designee at least one week prior to the date of the Committee meeting. A student who submits an appeal to the Committee must be available to meet with Committee membership on the date of the meeting. Decisions of the Committee will be conveyed to the student verbally and in writing.
2. Students have the right to appeal all decisions rendered by the Committee on Student Affairs to the Dean of NJMS within ten (10) business days of the Committee's action. The appeal to the Dean must be presented in writing, and must include exceptions to the Committee's findings. The Dean shall render, within a reasonable period of time, a final decision on the matter and provide written copies of the decision to the student, the Offices of Student Affairs and Registrar and the Committee on Student Affairs.

C. Doctor of Medicine Program Requirements for Degree

1. All students, including those in approved dual degree or extended programs, are expected to enroll every semester after the first term of their degree program and must complete all requirements for graduation in six years or less, excluding leave(s) of absence, approved dual degree or scholars programs. Students are subject to the degree requirements and academic rules and regulations of their graduating class.
2. The faculty and administration of NJMS are dedicated to helping all students successfully complete each academic year. Towards this end, students who experience difficulty early in a given semester will be invited to meet with a team consisting of Student Affairs and Center for Academic Success and Enrichment staff members who will apprise them of the available support services. All courses and clerkships must be completed in accordance with the advancement and promotion rules for each year. In addition to the successful completion of coursework/clerkships in years 1 through 3, each student must successfully pass USMLE Step 1, and Step 2 CK. Questions about degree requirements should be referred to the Office of the Registrar.
3. Services available to students in academic difficulty include tutoring and counseling; review classes and individual sessions with faculty members may be arranged at the mutual agreement of students and faculty members. Students should be familiar with the NJMS Policy: Good Standing and Participation in Academic and Extracurricular Activities.
4. Candidates for the degree of Doctor of Medicine must exhibit the requisite knowledge and skills to complete the prescribed course of study. In

addition, they must also possess personal qualifications and attributes deemed necessary to perform the duties of the medical profession. Specifically, all candidates are expected to exhibit unimpaired judgment and behavior consistent with the responsibilities of the medical profession. Accordingly, the school reserves the right to dismiss a student for either academic or non-academic reasons and will therefore consider such factors as professionalism, honesty, ethical conduct, and responsibility to duty in the evaluation of its students. Students are responsible for familiarizing themselves with all pertinent NJMS, RBHS, and University policies.

D. Year 1, Phase 1 Advancement and Promotions Policy

1. The academic performance of students will be routinely reviewed by the Committee on Student Affairs throughout Year 1, Phase 1 of the curriculum. Year 1, Phase 1 includes the following:

Credit-bearing block courses:

- a. Clinical Immersion
- b. Population Health Courses (2 courses)
- c. Foundations of Body Systems
- d. Musculoskeletal and Integumentary Systems
- e. Cardiovascular System
- f. Pulmonary System
- g. Renal System

Credit-bearing longitudinal coursework:

- h. Healing, Humanism and Health Equity (HHH) I
- i. Longitudinal Preceptorship

Longitudinal requirements:

- j. Community Engaged Service Learning
- k. EPA OSCE I

There are a total of 53 credits in Year 1, Phase 1. *

Additionally, five disciplines will be integrated across Year 1, Phase 1 coursework. These disciplines are: anatomy/embryology, histology/pathology/pathophysiology, pharmacology, physiology and patient centered medicine. PCM competency includes knowledge assessment through coursework and skills assessment through the EPA OSCE. To be eligible for advancement and promotion, students are expected to achieve competency in each of these disciplines. Competency will be assessed within coursework and students will receive feedback regarding their performance throughout the academic year.

In addition, to be eligible for advancement and promotion students are expected to satisfactorily complete all requirements for Health Equity and Social Justice (HESJ I), Community Engaged Service Learning (CESL), and the EPA OSCE I.

2. Students in Year 1, Phase 1 of the curriculum are subject to the advancement and promotions policies described below (a-f are applicable to credit-bearing courses only):
 - a. those who record a grade of “F-Failure” in the Foundations of Body Systems course are not permitted to advance; the student is required to immediately withdraw from all subsequent coursework and initiate a leave of absence from the School until the next academic year. In the subsequent academic year, the student will decelerate to the traditional 4-year curriculum.
 - b. those who record a grade of “P-Pass” in the Foundations of Body Systems course and subsequently record a grade of “F-Failure” in one of the remaining Year 1, Phase 1 courses are not permitted to advance; the student is required to immediately withdraw from all subsequent coursework and initiate a leave of absence from the School until the next academic year. In the subsequent academic year, otherwise known as the repeat year, the student will be required to repeat all Year 1, Phase 1 coursework except the Foundations of Body Systems course; the student will decelerate to the traditional 4-year curriculum.
 - c. those who record a grade of “P-Pass” in the Foundations of Body Systems course and subsequently record three grades of “CP-Conditional Pass” will be required to repeat all Year 1, Phase 1 coursework in the following academic year, otherwise known as the repeat year. If the third “CP-Conditional Pass” grade is recorded prior to the conclusion of the academic year, the student is not permitted to advance; the student is required to immediately withdraw from all subsequent coursework and initiate a leave of absence from the School until the next academic year. During the repeat year, the student will be required to repeat all Year 1, Phase 1 coursework except the Foundations of Body Systems course; the student will decelerate to the traditional 4-year curriculum.
 - d. those who record one or two grades of “CP-Conditional Pass”, and with the permission of the Associate Dean for Student Affairs, the course manager(s) and the Committee on Student Affairs (CSA), will be permitted to attempt remediation of those courses prior to the start of Year 2 of the Phase 1 curriculum. If a student is unable to satisfy all remediation requirements by the start date of Year 2, s/he will be required to repeat all Year 1, Phase 1 coursework, except the Foundations of Body Systems course, the following academic year (otherwise known as the repeat year). If a student satisfies all remediation requirements prior to the start date of Year 2, the student is eligible for promotion to Year 2; the student will decelerate to the traditional 4-year curriculum.
 - e. those who record grades of “P-Pass” in all Year 1, Phase 1 coursework who do not demonstrate competency in all of the five

disciplines will be permitted to attempt remediation of the discipline(s) prior to the start of Year 2 of the Phase 1 curriculum. If a student is unable to satisfy all remediation requirements by the start date of Year 2, they will be required to repeat all Year 1, Phase 1 coursework, except the Foundations of Body Systems course, the following academic year (otherwise known as the repeat year); the student will decelerate to the traditional 4-year curriculum. If a student satisfies all remediation requirements prior to the start date of Year 2, the student is eligible for promotion to Year 2;

- f. Those who record grades of “P-Pass” and demonstrate competency in all of the five disciplines are eligible for promotion to Year 2;
- g. Those who satisfactorily complete all requirements for HESJ I, CESL, and EPA OSCE I are eligible for promotion to Year 2.
- h. In addition to the successful completion of all Year 1, Phase 1 curricular requirements, students must satisfy the standards of professionalism as set forth in the NJMS Code of Professional Conduct and the RBHS Policy: Student Rights, Responsibilities and Discipline Procedures in order to be eligible for promotion to Year 2.

E. Year 2, Phase 1 Advancement and Promotions Policy

- 1. The academic performance of students will be routinely reviewed by the Committee on Student Affairs throughout Year 2, Phase 1 of the curriculum. Year 2, Phase 1 includes the following:

Credit-bearing block courses:

- a. Population Health Course (1 course)
- b. Ambulatory Primary Care (NBME Exam Administered in Year 3, Phase 2)
- c. Clinical Elective (2 weeks)
- d. Digestive System
- e. Genitourinary/Endocrine Systems (GUE)
- f. Neurology, Psychiatry, and Biostatistics (NPB)

Credit-bearing longitudinal coursework:

- g. Health Equity and Social Justice II
- h. Longitudinal Preceptorship

Longitudinal requirements:

- i. Community Engaged Service Learning
- j. EPA OSCE II

There are a total of 43 credits in Year 2, Phase 1.

Additionally, five disciplines will be integrated across Year 2, Phase 1 coursework. These disciplines are: anatomy/embryology, histology/pathology/pathophysiology, pharmacology, physiology and patient centered medicine. PCM competency includes knowledge

assessment through coursework and skills assessment through the EPA OSCE. To be eligible for advancement and promotion, students are expected to achieve competency in each of these disciplines. Competency will be assessed within coursework and students will receive feedback regarding their performance throughout the academic year.

In addition, to be eligible for advancement and promotion students are expected to satisfactorily complete all requirements for Health Equity and Social Justice (HESJ II), Community Engaged Service Learning (CESL), and the EPA OSCE II.

2. Students in Year 2, Phase 1 of the curriculum are subject to the advancement and promotions policies described below (a-g are applicable to credit-bearing courses only):
 - a. those who record a grade of “F-Failure” in a Year 2, Phase 1 course, are not permitted to advance; the student is required to immediately withdraw from all subsequent coursework and initiate a leave of absence from the School until the next academic year. If eligible to repeat Year 2, Phase 1, the student will be required to repeat all Year 2, Phase 1 coursework; In the subsequent academic year, the student will decelerate to the traditional 4-year curriculum.
 - b. those who previously recorded a “CP-Conditional Pass” in Year 1, Phase 1 coursework and then record two consecutive CP-Conditional Pass in courses for Year 2 Phase 1 will not be permitted to advance; the student is required to immediately withdraw from all subsequent coursework and initiate a leave of absence from the School until the next academic year. If eligible to repeat Year 2, Phase 1, the student will be required to repeat all Year 2, Phase 1 coursework; the student will decelerate to the traditional 4-year curriculum.
 - c. those who record “CP-Conditional Pass” grade in the Neurology, Psychiatry, and Biostatistics (NPB) course and any other Year 2 Phase 1 course (Digestive System OR Genitourinary/Endocrine Systems) will be required to repeat all Year 2, Phase 1 coursework; the student will decelerate to the traditional 4-year curriculum.
 - d. those who have recorded grades of “CP-Conditional Pass” in the two courses; Digestive System and/or Genitourinary/Endocrine Systems), and with the permission of the Associate Dean for Student Affairs, the course manager(s) and the Committee on Student Affairs (CSA), will be permitted to attempt remediation of those courses prior to the start of Year 3. If a student is unable to satisfy all remediation requirements by the start date of Year 3, they will be required to repeat all Year 2, Phase 1 coursework (if eligible); the student will decelerate to the traditional 4-year curriculum.
 - e. those who have recorded a grade of “CP-Conditional Pass” in Neurology, Psychiatry and Biostatistics (NPB) only in Year 2,

Phase 1; and with the permission of the Associate Dean for Student Affairs, the course manager(s) and the Committee on Student Affairs (CSA), will be permitted to attempt remediation of this course prior to the start of Year 3; the student will decelerate to the traditional 4-year curriculum.

- f. those who record grades of “P-Pass” in all Year 2, Phase 1 coursework who do not demonstrate competency in all of the five disciplines will be permitted to attempt remediation of the discipline(s) prior to the start of Year 3. If a student is unable to satisfy all remediation requirements by the start date of Year 2, they will be required to repeat all Year 2, Phase 1 coursework (if eligible); however, the student will decelerate to the traditional 4-year curriculum.
 - g. those who record grades of “P-Pass” and demonstrate competency in all of the five disciplines are eligible for promotion to Year 3;
 - h. those who satisfactorily complete all requirements for HESJ II, CESL, and EPA OSCE II are eligible for promotion to Year 3;
 - i. In addition to the successful completion of all Year 2, Phase 1 curricular requirements, students must satisfy the standards of professionalism as set forth in the NJMS Code of Professional Conduct and the RBHS Policy: Student Rights, Responsibilities and Discipline Procedures in order to be eligible for promotion to Year 3.
3. Failure of the same course or course equivalent twice, in either year, will result in dismissal. Additionally, students in the traditional (four-year) curriculum who have cumulatively earned two or more grades of “F-Failure” or who have earned four or more grades of “CP” during Phase 1 will be dismissed.
 4. Students must successfully complete all Phase 1 curricula in order to be eligible to sit and record a score for the USMLE Step 1 exam. Students must sit for the USMLE Step 1 exam by the deadline established for their class by the Associate Dean for Student Affairs. If a student is granted an extension of the USMLE Step 1 examination deadline they will be placed on a special independent study program for the purpose of preparing for the exam and will decelerate to the 4-year traditional curriculum. While on the independent study program, each student will be afforded full-time status, assessed tuition and the special independent student program will be noted on the MSPE (Dean’s Letter). The time spent enrolled in the special independent study program counts towards the time each student is given to complete the Clerkship (not the Phase 1) years. Students who fail their initial attempt at USMLE Step 1 will be given one more opportunity to pass the examination. Deadlines pertaining to re-examination can be found in the NJMS United States Medical Licensing Exam (USMLE) Step 1 and Step 2 CK Policy.

5. In addition to the successful completion of all Year 2, Phase 1 curricular requirements, students must satisfy the standards of professionalism as set forth in the NJMS Code of Professional Conduct and the RBHS Policy: Student Rights, Responsibilities and Discipline Procedures in order to be eligible for promotion to Year 3.

F. Year 3, Phase 2/3 Promotions Policy

1. Students must pass all of the seven Phase 2 required clerkships, the three Phase 3 required clerkships, 2 weeks of elective, and the longitudinal preceptorship (55 credits in total). Note – Ambulatory Primary Care clinical time will be completed between Years 1 and 2 with the NBME requirement completed in Year 3 after completing medicine.
 - a. Upon recording a second failing grade on an exam in third year the student will be required to present an academic remediation plan to the Committee on Student Affairs and will decelerate to the 4-year traditional curriculum. After reviewing the student's academic profile and plan for remediation, the Committee will decide whether or not the student will be permitted to advance in the third year curriculum. The Committee's decisions will be rendered on a case-by-case basis. Additionally, a student may not advance into subsequent clerkships once a second incomplete/requirement grade is recorded in third year.
 - b. Students failing a total of 50% or more of their individual clerkships or clerkship shelf exams will be dismissed.
2. Students must pass the EPA OSCE 3 a/b as well as USMLE Step 2 CK as outlined in the NJMS United States Medical Licensing Exam (USMLE) Step 1 and Step 2 CK Policy.
3. In order to be promoted, students must satisfy the standards of professionalism as set forth in the NJMS Code of Professional Conduct and the RBHS Policy: Student Rights, Responsibilities and Discipline Procedures.
4. Students must sit and record a score for USMLE Step 2 CK by the deadline established for their class by the Associate Dean for Student Affairs. Students will be permitted a maximum of two attempts to pass the USMLE Step 2 exam. Deadlines pertaining to re-examination can be found in the NJMS United States Medical Licensing Exam (USMLE) Step 1 and Step 2 CK Policy. If a student is unable to complete the 2nd attempt in time for graduation, they will decelerate to the 4-year traditional curriculum.
5. Failure to meet these requirements will result in dismissal.

Due to COVID, the following modifications were made for Years 1 and 2 during the summer of 2020:

Year 1: Clinical immersion course was replaced by the COVID Pandemic course which was 4 credits. Thus, the total credits for the Class of 2023 will be 55 credits.

Year 2: The ambulatory primary care clerkship was shortened to 4 weeks and the clinical elective was replaced by the COVID Pandemic course which was 4 credits. Thus, the total credits for the Class of 2023 will be 44 credits.



Section: Office of Student Affairs

Policy Name: NJMS Due Process Policy

Prepared and Approved by: Committee on Student Affairs **Date:** 9/21/2020

Approved by: Faculty Council **Date:** 9/25/2020

All students who have matters being considered by the Committee on Student Affairs (CSA) are advised of the committee process and their rights by the Associate Dean for Student Affairs (ADSA) prior to the meeting. These include:

1. The right to be informed of all relevant policies in the matter being considered. Students are provided with copies of these policies, and are provided the opportunity to ask any questions of the ADSA about these policies.
2. The right to provide the CSA a written statement regarding the matter. Students are informed by the ADSA that this is a CSA requirement and must be submitted 4 days prior to the meeting. They are advised by the ADSA on how to construct the statement. The ADSA reviews the statement prior to the meeting and provides the students with feedback prior the statement being finalized.
3. The student has the right to appear before the CSA and speak directly to them about the matter. Students are informed by the ADSA that the CSA may require them to appear to answer questions, and that they need to be available. They are also informed that even if the CSA does not require this, they can request to appear to make an in-person statement.
4. Students have the right to appeal all decisions rendered by the CSA to the Dean of NJMS within ten (10) business days of the Committee's action. The appeal to the Dean must be presented in writing, and must include exceptions to the Committee's findings. The Dean shall render, within a reasonable period of time, a final decision on the matter and provide written copies of the decision to the student, the Offices of Student Affairs and Registrar and the Committee on Student Affairs.



Section: Office of Student Affairs

Policy Name: NJMS Recusal Policy

Prepared and Approved by: Committee on Student Affairs **Date:** 9/21/2020

Approved by: Faculty Council **Date:** 9/25/2020

Members of the Committee on Student Affairs (CSA) are required to recuse themselves from discussions of matters and decisions where they may have a conflict of interest. When the agenda is provided at the beginning of each meeting, they must indicate any conflict with matters being considered to the Chair and recuse themselves from that portion of the meeting. If they are not sure if they have a conflict, they should request to discuss this privately with the Chair prior to the item in question being discussed. Examples of potential conflicts of interest include personal relationships with parties involved in a matter under consideration, and having previously been involved in an action that contributes to a potential action under consideration by the CSA, such as having given a student a failing grade who is subject to an adverse action.



Section: Office of Student Affairs

Policy Name: NJMS Satisfactory Academic Progress Policy

Approved by: Committee on Student Affairs

Date: 03/07/2022

Approved by: Faculty Council

Date: 04/5/2022

-
- I. **PURPOSE:** To establish rules and regulations governing satisfactory academic progress of NJMS students.
 - II. **ACCOUNTABILITY:** Under the Dean, and with the assistance of the Offices of Student Affairs and Registrar, the Committee on Student Affairs is charged with the responsibility for reviewing the satisfactory academic progress of all students matriculated at the New Jersey Medical School.

The Committee on Students Affairs shall report decisions satisfactory academic progress to the Faculty Council for its action.

- III. **APPLICABILITY:** This policy shall apply to all students who matriculate at Rutgers New Jersey Medical School.
- IV. **REFERENCES:**
 - NJMS Promotion Policy
 - NJMS Grading Policy
 - NJMS USMLE Step 1 and Step 2CK Policy

V. **SATISFACTORY ACADEMIC PROGRESS (SAP)**

- A. Satisfactory Academic Progress is the appropriate successful completion of degree requirements, according to published increments, that lead to degree completion within known completion limits. Sound academic principles require that students be required to maintain standards of satisfactory academic progress. Students who fail to maintain satisfactory academic progress during any established increment may be placed on financial aid probation and/or an academic plan, suspended and/or dismissed. Students who are placed on financial aid probation and/or an academic plan, suspended and/or dismissed will be informed of their status in writing. Students will be reviewed on an annual basis.

- B. Qualitative Standard:

In order to successfully complete a course, a grade of Honors, High Pass, Conditional Pass or Pass must be earned. Students not making satisfactory academic progress are those students whose academic performance puts them at risk of failing to complete the preclerkship (years 1 and 2) or clerkship (year 3 and 4) curriculum in three years, respectively. In addition, a student must complete the USMLE Step 1 in two attempts and the USMLE Step 2CK in two attempts per exam, as specified in the NJMS USMLE Policy, in order to make satisfactory academic progress. If each of these Step exams are not passed by the attempts granted pursuant to the NJMS USMLE Policy, the student is not making satisfactory academic progress. A student who has not passed Step 2CK and/or CS by the expected graduation date but has completed all of the graduation requirements will not be enrolled as full time and will not be eligible for financial aid.

C. Quantitative Standard:

Students not making satisfactory academic progress are those who do not meet the minimum credits earned requirements at the conclusion of each academic year as specified below:

- Year 1: 0 credits
- Year 2: 40 credits
- Year 3: 68 credits
- Year 4: 93 credits
- Year 5: 117 credits
- Year 6: 151 credits

Transfer credits are not included in minimum credits earned calculations. Credits associated with courses graded with an "EXT-Exempt" grade will be calculated as credits earned towards minimum quantitative standards. Periods of special independent study in which the student is remediating or completing work towards completion of degree requirements will be applied toward the six year maximum completion time frame for students in the doctor of medicine degree program. Periods of leave are excluded from the six-year maximum.

Students who do not complete the doctor of medicine degree program within ten years from the date of matriculation, which includes periods of leave, non MD-PhD scholars years, and independent study, are not making satisfactory SAP. Students enrolled in the MD/PhD dual degree program must complete the doctor of medicine program within 12 years from the date of matriculation, including periods of leave, MD/PhD scholars years, and special independent study.

D. Notification of Lack of Satisfactory Academic Progress:

Following the annual evaluations notification will be transmitted in writing from either the Associate Dean of Student Affairs or registrar to all students who have not met the standards for satisfactory academic progress, with copies to the Rutgers Office of Financial Aid. The notification shall indicate the nature of the deficiency, any methods that may be available for correcting the deficiency and any consequences that have resulted or may result, such as financial aid probation and/or an academic plan, suspension or dismissal.

E. Appeal for Financial Aid Eligibility:

Students who wish to appeal their SAP status may do so in writing to the Committee on Student Affairs in accordance with the appeal mechanism set forth in Section VI. B. of the NJMS Promotions Policy. Exceptional circumstances warranting an appeal and possible exception include death of a relative and injury or illness of the student.

- 1.) A signed appeal letter request that must include a detailed statement of the facts and circumstances supporting the appeal and why the student believes the determination should be changed.
- 2.) All information supporting the appeal.

The student will be notified in writing of the final decision regarding the appeal.

F. Financial Aid Probation:

Financial Aid Probation is awarded to a student if an appeal has been approved. While on Financial Aid Probation the student is eligible to receive financial aid funding for one term.

G. Academic Plan:

An Academic Plan is created for a student who will not be able to complete the necessary bench marks to regain SAP status within the period of time on financial aid probation of one term. The Academic Plan includes bench marks that must be completed successfully for each successive term in order to continue on the plan and continue to be eligible for financial aid.

H. Standards for SAP Established upon Matriculation:

Standards for SAP which are distributed to students upon matriculation are applicable for the duration of a student's continuous matriculation in the same program unless any changes in standards are made.

- I. Documentation: All data regarding SAP and appeal actions will be maintained by the Office of Student Affairs.
- J. Dismissal or Withdrawal: Students who are dismissed or voluntarily or involuntarily withdraw from the school are not making satisfactory academic progress and are not eligible to receive financial aid.
- K. Dissemination: This policy shall be published in the same manner as other academic policies of the school, including on line publication and inclusion in all new editions of the Student Handbook. This policy is reviewed on an annual basis.



Section: Office of Student Affairs

Policy Name: USMLE Step 1 and Step 2 CK Policy

Prepared and Approved by: Committee on Student Affairs **Date:** 02/01/2021

Approved by: Faculty Council **Date:** 03/3/2021

I. PURPOSE:

To establish the role of the United State Medical Licensing Exam in the promotion of and as a graduation requirement for NJMS students.

II. ACCOUNTABILITY:

Under the Dean, the Associate Dean for Student Affairs shall enforce this policy.

III. APPLICABILITY:

The USMLE Step 1 policy will apply to all students who entered NJMS in the fall of 2011 or thereafter, as well as any students who entered prior to that date but subsequently became members of the Class of 2015. The USMLE Step 2 policy will apply to all students who entered in the fall of 2010 or thereafter, as well as any students who entered prior to that date but subsequently became members of the Class of 2014. Recording passing scores on USMLE Step 1 and Step 2 CK are requirements for graduation.

IV. POLICY:

A. USMLE STEP 1

1. All students are required to sit and record a score for USMLE Step 1 after the satisfactory completion of the second year and prior to starting third year clerkships or beginning a dual degree, scholars, or other academic enhancement program that follows second year coursework. All students must sit and record a score for the USMLE Step 1 exam by the deadline established for their class by the Associate Dean for Student Affairs. In order for a student to be eligible to request an extension of the deadline date established for their class to sit for Step 1, they must meet one of the following criteria:

1. Obtained a grade of CP (Conditional Pass) in any Phase 1 course;
2. Obtained a grade of "F" in a competency (either in Year 1 or Year 2);

On an annual basis, the Associate Dean of Student Affairs, in conjunction with the Office of Education, will determine additional criteria to be considered which will be reviewed and approved by the Committee on Student Affairs at their January meeting.

All students who are granted an extension of the USMLE Step 1 examination by the Associate Dean for Student Affairs will be placed on a special independent study program for the purpose of preparing for the exam. While on the independent study program, each student will be afforded full-time status, assessed tuition and the special independent student program will be noted on the MSPE (Dean's Letter). The time spent enrolled in the special independent study program counts towards the time each student is given to complete the clerkship years.

2. All students who sit and record a score for USMLE Step 1 by the deadline will be allowed to start their third year, a dual degree, scholars, or other academic enhancement program pending the school's receipt of USMLE Step 1 scores. Students who fail their initial attempt of USMLE Step 1 will be given one more opportunity to pass the examination. The second attempt must be made within six months of the date that NJMS receives notification of the failing score on the first attempt. Periods of leaves of absence do not alter the deadline. Students who fail their initial attempt of USMLE Step 1 must meet with the Associate Dean for Student Affairs. Students will have the following options with regard to coursework in-progress at the time they receive notification of failure:
 - a. they may complete the remaining clerkship weeks but will be required to postpone the shelf exam; a grade of "Incomplete/S" will be recorded on the transcript);
 - b. they may withdraw from the clerkship and forfeit all credit.
3. Regardless of whether students choose option 2a or 2b, students will be precluded from continuing on to their subsequently scheduled clerkship, dual degree, scholars, or other academic enhancement program, until they sit and record a second score for USMLE Step 1. After choosing option 2a or 2b, students will be placed in an independent study program for a period of no more than sixteen weeks. If a student was previously placed on a special independent study program for the purpose of preparing for USMLE Step 1, the total period of time on a special independent study program cannot exceed sixteen weeks. If a student requires the full six months to prepare for the second attempt of USMLE Step 1, the student will be required to take a personal leave of absence after the special independent study program expires through the start date of their next scheduled clerkship, dual degree, scholars, or other academic enhancement program. Students will be permitted to begin their next scheduled clerkship, dual degree, scholars, or other academic enhancement program pending receipt of their second USMLE Step 1 score.
4. Students enrolled in a special independent study program or on a personal leave of absence for the purpose of preparing for the first attempt or re-examination of USMLE Step 1 are required to remain in weekly contact with the Associate Dean for Student Affairs and/or the Director of the Center for Academic Success and Enrichment.
5. Students who fail to comply with this policy for passing USMLE Step 1, and/or

fail to pass on the second attempt, will be immediately dismissed from NJMS.

B. USMLE STEP 2 CK

1. Students must sit and record a score for USMLE Step 2 CK after satisfactory completion of all third-year requirements and by the deadline established for their class by the Associate Dean for Student Affairs.

2. Students who fail their initial attempt of USMLE Step 2 CK will be given one more opportunity to pass the examination. The second attempt of the exam must be made by the re-examination deadline date communicated to the students by the Associate Dean for Student Affairs.

3. Students will be allowed a maximum of two attempts to pass the USMLE Step 2 CK exam. Students who fail to comply with this policy and/or fail to pass the exam on the second attempt will be immediately dismissed from NJMS.

**A student may appeal this policy to the Committee on Student Affairs.*

By Direction of the Dean:

Associate Dean for Student Affairs

Modification approved March 2020

Purpose:

In response to the COVID-19 crisis, certain modifications are required to be made to the NJMS USMLE Step 1 and Step 2 CK Policy and the NJMS Advancement and Promotion Policy. These modifications will be in effect for the current rising 3rd year students. These modifications are not intended to represent a permanent change in the New Jersey Medical School graduation requirements; they are intended to be introduced as a temporary change to the current graduation requirements. Additionally, these requirements do not represent a change in NJMS' learning objectives. The flexibility and fairness in the options below do not require changing the current registration of lottery numbers and sequences.

As of May of 2021, NJMS will revert back to the version of these policies currently in place.

Modifications and Desired Outcomes:

1. For USMLE Step 1: A student may take the exam choosing one of the following options, which they will select based on advisement by the Office of Student Affairs.
 - a. After the dedicated period of study following the second year curriculum.

- b. Delay one third year clerkship (with the exception of Internal Medicine) to fourth year and use the time originally assigned to that clerkship to complete the Step 1 exam. The time to complete the clerkship in fourth year will come out of their flexible time and will not change the number of electives that they must complete in fourth year. The timing of the completion of the moved clerkship will be linked to the established fourth year sequences as to spread out the students doing this and not burdening clerkship enrollment limits.
 - c. After the third year curriculum is complete. The time students take to study for and complete Step 1 following third year will be deducted from the fourth year flexible time and not change the number of electives completed in fourth year.
2. Students who fall under the current “delay” mechanism for academic reasons or other reasons will be encouraged to take options b or c and will not receive additional time if they select option a.
3. There will be no notation in the MSPE of the options that students choose as they are all offered by the school.
4. We have designated 5/31/2020 as the date by which students taking option a for students taking the exam before third year starts. These dates remain tentative because the school and Prometric Centers may be closed longer due to the COVID-19 situation.
5. Any student pursuing a dual degree following the completion of their second year (MD/PhD students) must chose option “a” in 1 above.
6. Promotion into third and fourth year will not be contingent on passing Step 1.
7. There is no change to the policy in effect for students who fail Step 1, regardless of which option they choose.

Modification approved June 2020

Due to the COVID-19 pandemic and the USMLE Announcement (5/26/2020) of the suspension of the administration of the USMLE Step 2 Clinical Skills (CS) Examination, members of the class of 2021 will not be required to sit for and pass prior to graduation.



Section: Office of Education

Policy Name: NJMS Grading Policy

Prepared and Approved by: Committee on Curriculum,
Academic Programs and Policies

Date: 6/21/23

Approved by: Faculty Council

Date: 7/11/23

Phase I Grading System (Years 1 and 2)

1. All courses during the first two years of medical school will be graded using a categorical system with five levels as noted below, except for the Foundations of Body Systems course, which will be graded Pass/Fail. These grades are reported to the Registrar's Office and recorded on the student's transcript.

H - Honors

HP - High Pass

P - Pass

CP - Conditional Pass

F - Fail

- a. Conditional Pass "CP"-- This grade will be awarded to any student who has not successfully demonstrated mastery of the course requirements, including learning objectives and professionalism standards. The remediation would allow a student to further develop his/her understanding of that field of study, which would then be reassessed. If the student successfully demonstrates mastery of the course requirements following remediation, the student will be eligible for promotion to the following year. The grade of "CP" will remain on the student's transcript. If the student fails to successfully demonstrate mastery of the course requirements after remediation and reassessment, then the "CP" will be converted to an "F" on the students' transcript. If a grade of "F" is earned, then the student will be required to repeat the course.
 - b. Fail "F"- This grade will be awarded to any student who fails to successfully demonstrate mastery of the course requirements. If a grade of "F" is earned, then the student will be required to repeat the course.
2. In addition to the letter grades above, each student will receive a numerical grade that will be reported to the Registrar's Office and will become a part of the students' academic record. The numerical grade will not be displayed on the students' transcript. All earned numerical grades will be used in calculating rankings and for internal purposes of

comparing student performances within and across courses. If a student earns a grade of “CP”, the numerical grade associated with the “CP” will be utilized in summary rankings. If a grade of “F” is earned and the student is required to repeat the course, both the numerical grade associated with the original “F” grade and the numerical grade earned in the repeat year will be utilized in summary rankings.

Phase 2 Grading System (Year 3)

The grading scale for 3rd year clinical clerkships is as follows**:

H – Honors
HPD – High Pass with Distinction
HP – High Pass
P – Pass
F - Failure
I/R – Incomplete: Missing Requirements (see below)
I/S – Incomplete: Repeat Shelf Exam (see below)
WD – Withdrawal

**Third year electives are graded Pass/Fail.

In addition to the letter grades above, each student will receive a numerical grade in their clinical clerkships that will be reported to the Registrar’s Office and will become a part of the students’ academic record. The numerical grade will not be displayed on the students’ transcript. All earned numerical grades will be used in calculating summary rankings and for internal purposes of comparing student performances within and across courses.

Phase 3 Grading System (Year 4)

H – Honors
HP – High Pass
P – Pass
F - Failure
I/R – Incomplete: Missing Requirements (see below)
I/S – Incomplete: Repeat Shelf Exam (see below)
WD – Withdrawal

Students are to receive individual evaluations of their clinical performance either halfway through the clerkship or at the end of a rotation in a given hospital, whichever occurs first. The evaluation may be verbal or written. The department will inform students of their progress and discuss with them whatever is needed for improvement. If any aspect of student performance is seriously deficient, the Office of Student Affairs will be notified and, together with the department, confer with the student about remediation.

Incomplete (I/R and I/S) Grades:

The grade of "Incomplete" is a temporary grade which indicates that a final grade could not be determined at the time grades were due to the Registrar's Office. Incomplete grades should only be awarded to a student if that student has sought prior permission and approval from the course director to delay completion of a portion of the course or course component. If the student does not meet the criteria to award an Incomplete, the grade of "F" will be entered. Clerkship directors are responsible for notifying students of any assigned Incomplete grades. Students may not advance into subsequent clerkships if more than one incomplete or failed clerkship is recorded and unremediated.

I/R – Incomplete, missing requirements

I/R: this notation will indicate a student's failure to satisfactorily complete a graded course requirement

on or before the first attempt (the attempt must occur on or before the final day of the course in order for this designation to be used). This includes any item that is due at the end of the course or clerkship, such as, but not limited to:

- Deferral of shelf exam
- Patient and/or procedure logs
- Make-up days/shifts
- Write-ups, case presentations or other assigned projects
- Return of any departmentally supplied equipment, including scrubs, meal cards, etc.

When a student is assigned a grade of I/R, the student will then have one month from the end date of the clerkship to complete the missing requirements unless otherwise stated by the course or clerkship director. If a student fails to complete the stated requirements, a grade of "F" will be entered as the student's final grade. If an "F" is earned due to the failure of the student to complete course requirements per the deadline(s) established by the clerkship director, the highest grade that the student can earn upon repetition of the clerkship or completion of missing requirements is "P – Pass.

When clerkship directors submit a final course grade of "Fail" to the Registrar, they are to include their student-specific recommendations for the remediation (e.g., repetition of the clerkship, re-examination, completion of missing requirements and/or repetition of weeks). When a student successfully remediates a failing grade, the failing grade and the second grade will both appear on the transcript.

I/S – Incomplete, repeat shelf exam

I/S: this notation will indicate a student's failure of a NBME shelf exam at the end of a course or clerkship, provided that their clinical performance was passing (grade of "Pass" or higher) at the time the exam was taken. To remove this grade, a student must repeat the Shelf exam according to the Shelf reexamination deadlines established for students by the Office of Student Affairs. The maximum amount of time afforded to a student to remediate a failed Shelf exam in years three and four may not exceed one calendar year from the end date of the clerkship. If the student does not meet this deadline(s), the grade "I/S" will be changed to a grade of "F" on the student's transcript.

If the Shelf re-exam is passed, the Incomplete will be changed to a passing (P) grade. The numerical grade recorded on the initial grading form will not change.

If the re-exam is failed, the Incomplete will be changed to a failing grade (F), whether or not the student was repeating the year at the time of the re-examination. The student will then be required to remediate the failure in a manner determined by the department (e.g., assignment to a resident for designated weeks of clinical skills enhancement and/or didactic tutoring, enrollment in a clinical science review course for a specified period of time, repetition of all or part of the clerkship, etc.). Regardless of the remediation plan, the student will be reregistered for the clerkship. The student must pass the shelf exam at the end of the designated remediation period. If a grade of "F" is earned and the student is required to reregister for the course, both the numerical grade associated with the original "F" grade and the remediated grade will be utilized in summary rankings. A student may not take a shelf exam in the same clerkship more than three times. If a student fails a shelf exam three times s(he) will be dismissed.

Time Frame for Submission of Final Grades (Years 1-4)

Timely submission of grades is essential to inform students about their final performance in courses and clerkships allowing them to self-assess and receive academic support if needed. In addition, timely submission of grades is critical for determining whether students are making Satisfactory Academic Progress and eligible to move into the next phase of their education. To ensure compliance, monitoring is done by the Office of the Registrar and the Associate Dean for Education.

- Course and clerkship site directors are responsible for submitting final course/clerkship grades within 3 weeks of the final day of the course or clerkship.
- The Associate Dean for Education will be notified of non-compliant courses or clerkship rotations

that have not submitted all grades at the end of this 3-week period (internal submission deadline). Non-compliant individuals will receive personalized follow-up (e-mail or discussion) from the Associate Dean of Education.

- At week 4 post-course/clerkship, the Executive Vice Dean will be notified of non-compliant courses or clerkships that have not submitted the final grades. Non-compliant individuals will receive personalized follow-up (e-mail or discussion) from the Executive Vice Dean and the appropriate department chair will be notified.

This process will ensure all final grades are submitted within the LCME deadline of 6 weeks.



Section: Office of Education

Policy Name: NJMS Student Grade Appeal Procedure Policy

Prepared and Approved by: Committee on Student Affairs **Date:** 12/7/2020

Approved by: Faculty Council **Date:** 12/18/2020

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 Associate Dean for Student Affairs and the 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, the Associate Dean for Student Affairs 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.

If the Department Chair rejects the student's appeal, the student has the right to appeal this decision to the Dean of NJMS within ten (10) business days of the Department Chair's action. The appeal to the Dean must be presented in writing; the Dean shall render, within a reasonable period of time, a final decision on the matter and provide written copies of the decision to the student, the Associate Dean for Student Affairs and the Registrar.



Section: Office of Education

Policy Name: Appeals of Online Examinations Due to Technical Difficulties Policy

Prepared and Approved by: Committee on Curriculum,
Academic Programs and Policies **Date:** 8/3/2020

Approved by: Faculty Council **Date:** 10/6/2020

Although any loss of connectivity or other technical interruption that might be experienced during a web-based school or NBME examination may not affect the total time allotted for the examination, students experiencing such incidents must alert the examination Proctor during the examination.

Students who believe that their examination performance may have been affected adversely by technical difficulties encountered during the administration of a school or web-based NBME examination may appeal to the Course or Clerkship Director for a re-examination. Any student wishing to make such an appeal must: 1) have notified the proctor at the time(s) the interruption(s) occurred, 2) notify the examination Proctor of their intent to appeal before leaving the examination room and 3) notify both the Course or Clerkship Director and the Office of Education of their intent to appeal by email no later than 11:59PM on the day of the examination. Appeals failing to fulfill these requirements will not be considered. The Course or Clerkship Director will then consider the student's appeal only after a corroborating Test Administration Report has been obtained from the NBME.

If the student's appeal is accepted, the student will be assigned an Incomplete notation for the Course or Clerkship as approved by the Office of Education. The student's original school or Subject Examination score will then be disregarded and the student will be permitted to retake the Course or Clerkship's school or Subject Examination; the score received on that second administration of the Subject Examination will be used to compute the student's final Course or Clerkship grade.



Section: Office of Education

Policy Name: Education Integrity and Conflict of Interest Policy

Prepared and Approved by: Committee on Curriculum, Academic Programs and Policies **Date:** 3/20/2019

Approved by: Faculty Council **Date:** 4/2/2019

In order to maintain the integrity of the evaluation process in all courses, clerkships, electives and graduation requirements, a student should never be graded by a faculty member or a non-faculty physician, who has seen the student as a patient.

Students who choose to seek medical care from physicians within the faculty practices cannot subsequently choose or be assigned to rotate with those physicians as faculty preceptors in core clerkships or electives, as this is a conflict of interest. Students should never be graded by an evaluator with whom they have a relationship, family member or friend. Similarly, students cannot be evaluated by an individual, who is in a group practice with a relative or friend of a student.

A conflict of interest might occur when a faculty or staff member has a relationship that may conflict with, or prevent, a person from carrying out duties or exercising good judgment in an independent way, with matters that involve grading or evaluation. It is the responsibility of the faculty member to communicate a potential conflict with a course, clerkship, selective or elective director or Student Affairs Dean. Where there is a potential for conflict, faculty should decline supervision in any educational activity that will result in a grade or evaluation. In one may exist, the student must notify a Student Affairs Dean of the potential conflict.

STUDENT CONFLICT OF INTERESTS ATTESTATION

I, _____, attest that I have received and read the Education Integrity and Conflict of Interests Policy. Moreover, I agree that I will make the required notifications as outlined above. I acknowledge that failure to provide required notification of potential conflicts will result in a report to my Department Chair (for a faculty) or a submission of a Professional Conduct Form (for a student).

Responsible for compliance issues: Associate Dean of Student Affairs



Section: Office of Education Policy

Name: Academic Equity in the Medical School Learning Environment

Prepared and Approved by: Committee on Curriculum, Academic Programs and Policies Date: 6/16/21

Approved by: Faculty Council Date: 7/6/21

Participation in learning experiences is essential for the development of competent physicians.

6. Faculty with significant teaching, assessment, and educational leadership responsibilities, including course and clerkship directors, must complete training in diversity, equity, and inclusion.
7. Students who believe that assessment of their performance may have been negatively affected by bias should report this to either course or clerkship/site director, Associate/Assistant Deans for Education, the Associate Dean for Students Affairs or Executive Vice Dean or through the Learning Environment and Professionalism reporting system.
8. Review of assessment data occurs regularly at multiple levels for the purpose of ensuring equity in assessment and identifying inequities which can be addressed.
9. In the event that national or local exigent events create a disruption to learning for a large number of students, the school will consider altering the curriculum delivery to allow student time to process these events while ensuring they meet milestones of academic achievement and graduation requirements. This will be communicated to all students.
10. Individual students who experience trauma from internal or external events related to race or other social-political factors which disrupt their learning, should contact the Associate Dean for Student Affairs for an excused absence or late-take of an exam without risk of incurring academic penalty.

Related LCME Standard

9.5 Narrative Assessment

9.8 Fair and Timely Assessment

Related Policies

NJMS The Teacher-Learner Relationship and The Learning Environment in Medical Education Policy

NJMS Advancement and Promotion Policy

NJMS Advancement and Promotion Policy for 3-Year MD Students

NJMS Grading Policy

NJMS Student Grade Appeal Procedure Policy

Pre-clerkship Attendance Policy

Attendance Policy for Clinical Clerkships

Section: Office of Student Affairs

Policy Name: Universal Precautions Acknowledgment Policy

Prepared and Approved by: Committee on Student Affairs **Date:** 08/03/2020

Approved by: Faculty Council **Date:** 08/21/2020

Instructions:

Universal Precautions:

What to do if exposed to blood borne pathogens and infectious environmental hazards

Body fluids and universal precautions

- Blood is the single most important source of HIV, Hepatitis B Virus (HBV) and other blood borne pathogens in the occupational setting.
 - Why we make sure you are vaccinated and show evidence of immunity
 - Why it is important to follow preventive measures to blood handling (ensuring proper handling and disposal of needles, IV materials, wearing protective eye wear and gloves during procedures, especially deliveries, etc)
- Universal precautions also apply to semen and vaginal secretions because they have been implicated in transmission of HIV and HBV...but these are not usual occupational hazards for health care workers.
- Universal precautions also apply cerebrospinal fluid (CSF), synovial fluid, peritoneal fluid, pericardial fluid, and amniotic fluid – though risk of HIV from these is unknown.

Body fluids for which universal precautions do not apply (risk of transmission of HIV and HBV from these fluids/materials is extremely low or non-existent)

- Feces
- Nasal secretions
- Sweat
- Sputum
- Tears
- Urine
- Vomitus
- ***unless they contain visible blood

Precautions

- Breast milk: occupational exposure risk has not been reported
- Saliva: universal precautions do not apply, but general infection control practices (using gloves for digital examination of mucous membranes and endotracheal tube suctioning, and handwashing after exposure to saliva) are recommended
- Special precautions are recommended for dentistry because blood spatter can occur; gloves, masks and protective eyewear or face shields should be worn

How do we define an exposure?

An exposure to bloodborne pathogens must include **both** an infected fluid and a portal of entry. Portals of entry include percutaneous (through the skin), mucous membrane (oral, anal, vaginal), or cutaneous through non-intact skin.

The risk of HIV transmission after exposure to body fluids from an HIV-infected patient is generally low. Risks associated with the main routes of exposure are as follows:

- Percutaneous exposure - Risk with an HIV-positive source, approximately 0.3%; risk is increased by hollow-bore needles, visibly bloody devices, deep injuries, and source person with terminal illness reflecting higher titer of HIV
- Mucous membrane exposure - Risk with an HIV-positive source, approximately 0.09%; risk is increased with a high viral load in the source and large-volume exposure

Use of Protective Barriers

- Protective barriers reduce risk of exposure of the health care worker's skin or mucous membranes to potentially infective materials
 - Gloves, masks, gowns, and protective eyewear
 - Gloves reduce the incidence of contamination of hands, but cannot prevent penetrating injuries due to needles or other sharp instruments
- Universal precautions are intended to supplement rather than replace recommendations for routine infection control-such as handwashing
 - Take care when handling/cleaning/disposing needles, scalpels, and other sharp instruments
- DO NOT RECAP used needles by hand
- DO NOT REMOVE USED NEEDLES FROM SYRINGES BY HAND
- DO NOT BREAK, BEND, MANIPULATE USED NEEDLES BY HAND
- Dispose syringes, needles, and scalpel blades and other sharp instruments in puncture-resistant containers for disposal
- Use protective barriers appropriate for the procedure being performed or when exposure is anticipated
- IMMEDIATELY AND THOROUGHLY WASH HANDS AND OTHER SKIN

SURFACE that is contaminated with blood, body fluid containing visible blood, or other body fluid to which universal precautions apply.

A Few Words About Gloves

- Use gloves when you have cuts, scratches or other breaks in your skin
- Use gloves in situations where you judge that hand contamination with blood may occur
- Use sterile gloves when procedure involves contact with normally sterile areas of the body
- Use gloves for procedures involving contact with mucous membranes, unless otherwise indicated
- Change gloves between patients
- Do not wash or disinfect gloves

Who is at risk for Hepatitis C Virus (HCV infection)?

- Current or former injection drug users, including those who injected only once many years ago
- Recipients of clotting factor concentrates made before 1987
- Chronic hemodialysis patients
- Persons with known exposure to HCV, such as:
 - Health care workers after needle sticks involving HCV-positive blood
 - Recipients of blood or organs from a donor who tested HCV+
- Persons with HIV infection
- Children born to HCV positive mothers

How soon after exposure do persons develop symptoms: average time is 4-12 wks (but can range 2-24 wks)

Immune Globulin is not effective for post exposure prophylaxis of hepatitis C

Evaluation of Exposure and Risk of Exposure

- Every exposure should be evaluated for potential to transmit HBV, HCV and HIV based on the type of body substance and the route and the severity of exposure
 - Blood filled hollow needle or bloody device suggest higher risk of exposure than a needle that was most likely used for giving an injection
- Evaluation of exposure source is crucial
 - Person whose blood or body fluid is the source of occupational exposure should be evaluated for HBV, HCV and HIV infection
 - If status of source patient is unknown, then source patient should be tested
 - Testing of the exposure source should be performed as soon as possible---
**MAKE SURE TO REPORT EXPOSURES AS SOON AS THEY OCCUR
SO SOURCE STUDIES CAN BE FOLLOWED UP ON/ORDERED
ASAP!**

- Follow up testing after HIV exposure can range from 4 months to 6 months, depending the HIV antibody or antigen tests available (typically testing occurs at baseline, 6 weeks and 4 months, but may extend to 6 months).

Guidelines for Post Exposure Prophylaxis- PEP (2013)

- (1) PEP is recommended when occupational exposures to HIV occur;
 - (2) the HIV status of the exposure source patient should be determined, if possible, to guide need for HIV PEP;
 - (3) PEP medication regimens should be started as soon as possible after occupational exposure to HIV, and they should be continued for a 4-week duration;
 - (4) PEP medication regimens should contain 3 (or more) antiretroviral drugs for all occupational exposures to HIV;
 - (5) expert consultation is recommended for any occupational exposures to HIV
 - (6) close follow-up for exposed personnel should be provided that includes counseling, baseline and follow-up HIV testing, and monitoring for drug toxicity; follow-up appointments should begin within 72 hours of an HIV exposure;
- **PEP is recommended after exposure to an HIV-positive patient. When the HIV status of a patient is unknown, provision of PEP should be evaluated on a case-by-case basis with expert consultation.

Things to keep in mind about PEP

When indicated, PEP should be initiated as soon as possible (ideally ≤ 2 hours and generally ≤ 72 hours) after exposure. The approach to PEP depends on the type of exposure, the source, and the HIV status of the source.

- Follow-up measures should include the following:
- Refraining from donation of blood, tissue, semen, or organs
- Avoiding sexual intercourse or using barrier precautions; avoiding breastfeeding; informing the provider if the at-risk healthcare worker is pregnant
- Follow-up HIV antibody testing at 6 weeks and 4 months
- Rechecking of CBC, renal function, and hepatic function at 2 weeks

IMPORTANT: What do I do if I have a potential exposure?

After a needle stick or skin exposure to blood or bodily fluids or splash to eyes, the following procedure should be followed:

1. Wash exposure site thoroughly with soap and water; flush splashes to mucous membranes like the nose or mouth with water, irrigate eyes with water, saline, or irrigants available by eye wash stations;
2. *Immediately notify the supervising resident, attending physician and nursing supervisor at the hospital/site where you are rotating;*
3. **During normal business hours, contact Student Health Services at 973-972-8219 (90 Bergen Street, Suite 1750, Newark) for prompt evaluation, treatment, or referral to**

the treatment facility closest to you. During non-business hours, immediately go to the ED of University Hospital or the NJMS affiliate nearest to you. Please be sure to identify yourself as a NJMS student exposed to a blood borne pathogen.

- 4. Regardless of injury site, NJMS students should follow up at Student Health Services at 973-972-8219.**
5. Complete an incident report at myrehs.rutgers.edu, route it to your supervising attending or resident for signature. From alternate sites, may use the paper form <https://riskmanagement.rutgers.edu/files/inj-stu-pub-pdf>

It is afterhours and I was seen in ED for my blood borne pathogen exposure. now I am being billed by the hospital: what do I do?

- As a medical student you do **not** have workers compensation insurance.
- Make sure to give your health insurance card/information to ED.
- All blood borne pathogen exposure evaluation and treatment costs have to be billed to your insurance first.
- Unreimbursed expenses will be covered through the school.
- Contact the Student Affairs Office at 973-972-4783 (MSB B648) to report the incident and for assistance with any bills you receive.

Infections and other environmental hazards you may be exposed to

Healthcare workers have a high risk of contact with infectious agents due to the various types of activities involved with their jobs and the possibilities of contamination.

- Blood borne Pathogens (BBP): HIV, Hepatitis B, Hepatitis C
- Influenza (FLU)
 - Seasonal
 - Pandemic
 - Avian
 - Swine
- Ebola
- Methicillin-resistant Staphylococcus aureus (MRSA)
- Tuberculosis (TB)
- Severe Acute Respiratory Syndrome (SARS)
- Middle East Respiratory Syndrome (MERS)

How to prevent/limit exposures to these hazards

- Wash hands/use hand sanitizers before and after every patient encounter
- Get annual flu vaccine-this is mandatory and you will not be able to participate in patient care in the winter if this is not received
- Annual tuberculosis surveillance
- Annual respiratory fit testing to remind/reinforce use of appropriate face mask to protect from airborne pathogens (TB)

- Use gowns, isolation/respiratory/contact precautions whenever entering a hospital room that requires this!!!

By checking this off, I acknowledge that I have received educational information that addresses possible health care exposures to blood borne pathogens and other infectious environmental hazards that I as a medical student and health care professional may be exposed to.

I acknowledge that as a result of this training, I understand the steps I need to take to prevent exposures to possible blood borne pathogens and other environmental hazards as well as what steps I need to take if I am ever exposed to a potential blood borne pathogen or other infectious environmental hazards.

I acknowledge that information on universal precautions, blood borne pathogens exposure prevention and procedures will be available to me always on the Education Portal under the Policies tab.



Section: Office of Student Affairs

Policy Name: Pre-clerkship Attendance Policy

Prepared and Approved by: Committee on Student Affairs **Date:** 08/03/2020

Approved by: Faculty Council **Date:** 08/21/2020

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 pre-clerkship course director may grant a student an excused absence from a mandatory class or course session for the following reasons:

- personal illness;
- birth of a child;
- an appointment with a healthcare provider or to receive healthcare services;
- mandatory jury duty;
- serious illness or death of a family member;
- serious illness or death of a non-family member by the approval of the Associate Dean for Student Affairs;
- or by approval of the Associate Dean for Student Affairs.

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

Unexcused absences are not permitted

¹Members of the immediate family are defined as spouse, 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 Name:	Attendance Policy for Clinical Clerkships		
Section Title:			
Approval Authority:	Clerkship Director	Reviewed:	
Responsible Executive:		Revised:	7/2006, 6/2013, 2/2014, 6/2015 11/2017, 1/2020, 6/2020, 8/2020, 4/2024
Responsible Office:	Office of Student Affairs	Contact:	

- 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.
- 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:

- personal illness;
- birth of a child;
- an appointment with a healthcare provider or to receive healthcare services;
- mandatory jury duty;
- serious illness or death of an immediate family member¹;
- serious illness or death of a non-family member by the approval of the Associate Dean for Student Affairs;
- residency interviewing (under the guidance of the clerkship/elective director and the Offices of Student Affairs and Registrar)
- or by approval of the Associate Dean for Student Affairs.

Students who are absent for more than five consecutive or cumulative days within a clerkship or elective due to an illness will be required to take a leave of absence from the School. The clerkship/elective director will determine how remaining clerkship/elective requirements must be fulfilled, but this will not include repetition of the entire clerkship/elective. Students will be allowed to make up the missed time if this is required by the clerkship/elective director at a time that is agreed upon by the clerkship/elective director, and the Associate Deans for Student Affairs and Education. This time may be made up during fourth year if this is judged to be optimal by the clerkship/elective director, and the Associate Deans for Student Affairs and Education.

Students must notify the respective clerkship/elective director or 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; they must speak to the clerkship/elective or designee and be granted the excused absence. The clerkship/elective director may require appropriate documentation. In the event that the clerkship/elective director or designee is not available, the student must contact the Associate Dean for Student Affairs.

Unexcused absences are not permitted and will result in referral to the professionalism subcommittee. Students that receive the professionalism form by the committee will receive a maximum grade of PASS in the clerkship as per the grading policy and a notation will be placed in the MSPE (“the student received a grade of PASS in clerkship secondary to an unexcused absence”) This policy is appealable to the Committee on Student Affairs and then the Dean. All excused absences must be made-up; any time not made-up will result in a grade of “I/R -Incomplete/Requirements.”

Students have one flexible day that they can utilize during each of the third year clerkships, which are not required to be made up. The date the student requests needs to be approved by the Clerkship Director. A maximum of one day can be requested per clerkship. Flexible days will not be approved during the following:

- third year electives;
- on days that there are mandatory sessions or events;
- immediately before or after a University recognized holiday;
- if the Clerkship Director thinks that it will cause a hardship for the clinical service.

In response to events or notifications of escalating, and/or severe weather and/or other disasters and catastrophic emergencies, the RBHS may decide to implement curtailment of operations procedures described in the “Inclement Weather and Emergency Curtailment of Operations” policy. Hazardous weather, disasters, catastrophes, and other emergencies do not automatically cause curtailment procedures to be placed into effect; a decision to implement curtailment procedures must be made and communicated by the appropriately designated University or RBHS officials.

For the purpose of inclement weather or other disasters and catastrophic emergencies, students shall not be deemed or characterized as “essential or emergency” personnel as these designations are defined by law. Pursuant to Rutgers and RBHS policies, students shall not be compelled or required to report to their duties nor should they be adversely affected by their absence (ie. evaluations and/or grading), as the absence shall be deemed an excused absence. Please note that all excused absences due to such emergencies will be addressed at the clerkship level.

Clerkship and elective directors are obligated to enforce this policy.

By Direction of the Dean:

Associate Dean for Student Affairs

¹Members 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.



Section: Office of Student Affairs

Policy Name: NJMS Expectations to Travel to Educational Training Sites Policy

Prepared and Approved by: Committee on Student Affairs **Date:** 08/03/2020

Approved by: Faculty Council **Date:** 08/21/2020

- I. **PURPOSE:** To establish that travel to an affiliate site(s) is an expectation of a student’s doctor of medicine training program.
- II. **ACCOUNTABILITY:** Under the Dean, the Associate Dean for Student Affairs shall implement this policy with the assistance of pre-clerkship and clerkship directors.
- III. **APPLICABILITY:** This policy shall apply to all students who enroll at Rutgers New Jersey Medical School.
- IV. **REFERENCES:** NJMS Access to Accommodations Policy; NJMS Essential Functions for Admission, Matriculation and Program Completion at the New Jersey Medical School.
- V. **POLICY:** During the course of their education, students enrolled in the doctor of medicine degree program at Rutgers New Jersey Medical School will receive their training at various clinical training sites. New Jersey Medical School has affiliations with a number of private practitioners, facilities and hospitals. The breadth of clinical training sites enriches the student’s learning experience, as the student is exposed to diverse patient populations and health care environments.

Students are expected to make their own travel arrangements when assigned to an affiliate site. If a student does not own an automobile, it is expected that the student will carpool, make full use of public transit systems, or secure another method of transportation that will insure their prompt arrival at the site.

If a student cannot fulfill the NJMS essential functions for admission, matriculation and program completion or travel to affiliate sites, the student should request accommodations through the NJMS Access to Accommodations Policy. In the absence of approved accommodations, failure to secure adequate transportation to an affiliate site cannot be used as an excuse for tardiness or absenteeism.

By Direction of the Dean:

Associate Dean for Student Affairs



Section: Office of Education

Policy Name: NJMS Scheduled Hours for Pre-Clerkship Student Curricular Activities Policy

Prepared and Approved by: Committee on Curriculum,
Academic Programs and Policies **Date:** 12/13/22

Approved by: Faculty Council **Date:** 12/23/22

This policy is enacted to provide a statement of the expectations that govern the hours of scheduled activities for NJMS students during the pre-clerkship years of their undergraduate medical education. This is designed to maximize student learning time and opportunities for unstructured, independent, and self-directed learning within the preclerkship curriculum.

Medical students in the pre-clerkship years of their education should have, on average, no more than 25 hours of scheduled educational activities as indicated on official NJMS calendars (such as the course calendar or block schedule) with a maximum of 28 hours in any given week. This expectation includes all scheduled course sessions. In addition to scheduled in-class hours, out of class assigned activities (including pre- and post- session assignments) must not exceed on average 10 hours per week with a maximum of 12 hours in any given week. This expectation does not include study undertaken by students, individually or in groups, that is not a scheduled curricular activity. Thus, any given week should not exceed 40 hours in total of scheduled educational activities and out of class assigned activities.

In rare circumstances, moderate exceptions to these limits may be made with approval from the Associate Dean for Education.

(Note: the Policy on Medical Student Duty Hours governs the hours of activities for NJMS students during the clerkship years.)



Section: Office of Education

Policy Name: NJMS Medical Student Duty Hours Policy

Prepared and Approved by: Committee on Curriculum,
Academic Programs and Policies **Date:** 7/17/2019

Approved by: Faculty Council **Date:** 8/6/2019

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.



Section: Office of Student Affairs

Policy Name: NJMS Changes in Training Site Assignment

Prepared and Approved by: Committee on Student Affairs **Date:** 8/3/2020

Approved by: Faculty Council **Date:** 8/20/20

Lottery systems are used to determine training and clerkship sites in all four years of medical school. At any point, a student may make a request to switch a training or clerkship site assignment. Students are advised to meet with the Associate Dean for Student Affairs (ADSA) if they think they have a situation that warrants special consideration and a switch of a training or clerkship site. If the ADSA determines that the circumstances warrant a change in the site, the ADSA will work with the Course or Clerkship Director to ensure that the student's request is accommodated without the change in schedule negatively impacting the educational quality during the Course or Clerkship.

Students may at any point, also request a change in training site due to a learning environment concern. These matters will be deliberated following consultation with the Executive Vice Dean and Associate Dean for Education and acted upon in a timely fashion so as to remove students from adverse settings.



Section: Office of Education

Policy Name: Medical Student Assessment in Courses and Clerkships: Narrative Assessment Policy

Prepared and Approved by: Committee on Curriculum, Academic Programs and Policies **Date:** 1/15/2020

Approved by: Faculty Council **Date:** 2/4/2020

RELEVANT LCME STANDARDS:

9.5 Narrative Assessment

PURPOSE AND SCOPE:

Faculty assessment of a student’s performance, including their non-cognitive achievement, is essential to their ability to reflect and improve. This type of assessment is best achieved in small group or individual learning settings.

This policy applies to:

- Course and clerkship directors
- Teaching faculty, including graduate students, residents, and fellows who participate in the teaching and evaluation of medical students
- Medical Students

POLICY:

Narrative assessment will be provided if a student has four or more sessions in a small group or clinical setting of 12 or fewer students with the same instructor at each session of a preclinical course (years 1 and 2).

Narrative assessment will be provided to all students participating in each clinical clerkship or clinical elective (years 3 and 4).

PROCEDURE:

The course directors will be responsible for determining if their course contains a type of teacher-student interaction listed above and must include narrative assessment.

The clerkship directors will be responsible for including narrative assessment for all clinical clerkships and electives.

CAP2 is responsible for reviewing and



Section: Office of Education

Policy Name: Mid-Course and Clerkship Feedback Policy

Prepared and Approved by: Committee on Curriculum,
Academic Programs and Policies

Date: 2/19/2020

Approved by: Faculty Council

Date: 3/3/2020

RELEVANT LCME STANDARDS:

9.7 Formative Assessment and Feedback

8.6 Monitoring of Completion of Required Clinical Experiences

PURPOSE AND SCOPE:

Students benefit from faculty feedback about their performance, both as an external measure of achievement and in informing how they may continue to improve. It is essential to provide feedback while a clerkship is in progress so that students have an opportunity to improve or to remediate deficiencies before the end of the course or clerkship. This policy applies to course and clerkship directors, site directors, other supervising physicians and residents, and medical students.

POLICY:

1. For courses and clerkships of four weeks (or longer) duration, students must receive formative feedback by the mid-point of that course/clerkship.
2. Pre-clerkship Curriculum: this formative feedback may include, but are not limited to, the following:
 1. pre-exam study questions;
 2. post-exam review sessions;
 3. feedback during small group, laboratory, OSCE, and simulation sessions
 4. preceptor and peer-to-peer feedback; and
 5. self-directed learning reflections.
3. Clerkship Curriculum:
 1. Students must receive feedback from supervising physician and/or clerkship or site director midway through the clerkship.
 2. The mid-clerkship feedback form must be completed with a review of the electronic log of required clinical experiences as well as an assessment of the student's performance in comparison to clerkship objectives.
4. Course and clerkship directors are responsible for ensuring each student receives mid-course and mid-clerkship feedback.

Students are able to comment on whether they received mid-clerkship feedback in the Clerkship Evaluation after each clerkship. Aggregate data on compliance with mid-course/clerkship feedback is distributed yearly to the Pre-Clerkship Curriculum (PCC) Clinical Curriculum Subcommittee (CCC).

PROCEDURE:

1. Formative feedback will be provided to all courses via the methods described in policy.
2. Mid way through a clerkship, the supervising physician and/or clerkship or site director provides feedback to the medical student.
3. Each student should discuss any outstanding Required Clinical Experiences with the supervising during the mid-clerkship feedback.
4. Students log whether they have received mid-clerkship feedback in the end of clerkship evaluation form.



Section: Office of Education

Policy Name: Medical Student Supervision Policy

Prepared and Approved by: Committee on Curriculum,
Academic Programs and Policies

Date: 12/14/2020

Approved by: Faculty Council

Date: 12/18/2020

Purpose: To ensure that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient safety and student safety, that the level of responsibility delegated to the students is appropriate to their level of training and that the activities supervised are within the scope of practice of the supervising health professional.

Scope: This policy covers all faculty, residents (includes interns, residents and fellows) and other licensed health professionals (for example, nurses; herein after referred to as staff) who supervise medical students in situations involving patient care.

Definitions:

A. Level of Participation for History Taking and Physical Exams

- **Minimal:** the student is present during the history taking and is a complete observer.
- **Moderate:** the student may assist in the history taking and/or physical examination.
- **Full:** the student performs most or all history taking and/or physical examination. • All third and fourth year students have had appropriate training and may independently perform patient history and physical exams.

B. Level of Participation for Procedures:

- **Minimal:** the student is present during the procedure and is a complete observer.
- **Moderate:** the student may assist in the procedure. Examples include positioning of a retractor or assisting in positioning a patient during a procedure.
- **Full:** the student performs most or all of the procedure under the appropriate level of supervision. The student must have an appropriate training in the procedure. An example would be venipuncture, suturing of minor lacerations, placement of a foley catheter.

C. Level of Supervision:

- Students may perform procedures only with direct supervision or with indirect supervision immediately available from an appropriately privileged faculty member or resident. In the case of staff members, direct supervision must be provided.
- **Direct Supervision** – the supervising professional is physically present with the student and patient.
- **Indirect Supervision:**
 - I. With direct supervision immediately available – the supervising professional is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.
 - II. With direct supervision available – the supervising professional is not physically present within the hospital or other site of patient care, but is immediately available by means of telephone and/or electronic modalities, and is available to provide direct supervision.
- **Oversight** – the supervising professional is available to provide review of procedures/encounters with feedback provided after care is delivered.

Responsibilities and Requirements:

- A. Faculty, residents and staff will be made aware annually of the training that students have received based on the level of students they are expected to supervise (e.g. community preceptors will receive information about the first year student competencies.)
- B. Departments are responsible for informing their faculty of clinical encounters and procedures that students may perform.
- C. Supervising health professional:
 - Faculty must be authorized in the procedure the student is performing in order to function as the supervising physician. The level of participation by the student must be consistent with their training and previous experience and should address the goals and objectives of the relevant rotation. If a faculty member is uncertain as to the appropriate level of involvement for the student, they should contact the clerkship or site director. When the faculty is supervising the student, they must be physically present with the student and the patient. Faculty may be immediately available for specified procedures.⁴
 - Residents may provide supervision to a medical student performing a procedure based on the resident's privileges. If

a resident is privileged to perform a procedure with indirect supervision available or with oversight available, then they may supervise the student either directly or be immediately available for specified procedures. The level of participation by the student must be consistent with their training and previous experience and should address the goals and objectives of the relevant rotation. If a resident is unsure as to the appropriate level of involvement for the student, they should contact the clerkship or site.

- Staff may supervise a student performing a procedure if the procedure is within the scope of practice for that professional. Examples include vaccination, intravenous catheter placement and insertion of a Foley catheter. The staff member must directly supervise the student. If the staff member is unsure as to the appropriate level of involvement for the student, they should contact the attending supervising the student.
- Students are required to inform patients of their role and responsibilities in the patient's care. Supervising residents, staff and faculty must ensure that the patient is properly informed of the student's involvement.
- Students may participate (and are encouraged to do so) in obtaining informed consent for procedures but they cannot do so without direct supervision by an appropriately privileged physician or healthcare professional director.
- Medical student activities cannot be billed for under any circumstances except as permitted by CMS regulations, immediately available for specified procedures.
- The level of participation by the student must be consistent with their training and previous experience and should address the goals and objectives of the relevant rotation. If a resident is unsure as to the appropriate level of involvement for the student, they should contact the clerkship or site director.
- If at any time a student notes inadequate supervision, they can report to the clerkship director, Associate Dean for Education, Associate Dean for Student Affairs or the Executive Vice Dean. In addition, students can report anonymously any concerns through the end of the clerkship evaluation.

Responsible for Compliance

Clerkship Director

Department Chair

Curriculum Committee (CAP2)

Note: LCME Standard 6, Element 6.2 Required Clinical Experiences



Section: Office of Student Affairs

Policy Name: Residents as Teachers Policy

Prepared and Approved by: Committee on Curriculum,
Academic Programs and Policies **Date:** 2/19/2020

Approved by: Faculty Council **Date:** 3/3/2020

PURPOSE AND SCOPE:

To outline how Rutgers NJMS graduate medical education programs prepare residents and fellows for their role in teaching medical students.

Residents and fellows play an important instructional role in the clinical education of medical students. In order to fulfill that responsibility, residents and fellows need to be familiar with the competencies and milestones expected of third and fourth year medical students and have orientation and faculty development resources available to enhance their teaching and assessment skills.

At Rutgers NJMS, we value the role residents and fellows play in the teaching and learning of medical students. We believe in the importance of supporting residents and fellows in their roles as teachers and providing excellent training for this role.

POLICY:

1. All Rutgers NJMS students must work with residents and/or fellows for a minimum of four weeks in clinical clerkship rotations.
2. All incoming residents and fellows are required to attend GME New Resident and Fellow Orientation, which includes an orientation to their roles and responsibilities as teachers.
3. Residents and fellows who will teach medical students participate in departmental clerkship orientations where they receive a copy of the clerkship objectives.
4. Residents and fellows who evaluate or assess medical students receive an annual update with the NJMS goals and objectives as well as all relevant clinical policies, including duty hours, student mistreatment, and professionalism, via the GME database management system, New Innovations.
5. The Rutgers NJMS Office of Education offers teaching development workshops to help faculty, residents, fellows, and instructors improve teaching skills. Attendance is monitored centrally by the DIO and Associate Dean for Education.

PROCEDURE:

1. The GME resident orientation covers the following topics:
 - i. Rutgers NJMS Goals and Objectives
 - ii. Rutgers NJMS Student Mistreatment & Duty Hour Policies
 - iii. Overview on providing effective feedback, both verbal and written

2. Each department/clerkship is responsible for distribution and education on clerkship specific goals and objectives, required clinical encounters.
3. Attendance for resident as teachers sessions is collected and monitored centrally by the Office of GME.

Note: LCME Standard: Element 9.1 Preparation of Resident and Non-Faculty Instructor



Section: Office of Student Affairs

Policy Name: NJMS Good Standing and Participation in Academic and Extracurricular Activities Policy

Prepared and Approved by: Committee on Student Affairs **Date:** 08/03/2020

Approved by: Faculty Council **Date:** 08/21/2020

-
- I. **PURPOSE:** To define the meaning of good standing and establish guidelines for participation in academic and extracurricular activities.
 - II. **ACCOUNTABILITY:** Under the Dean, the Associate Dean for Student Affairs shall enforce this policy. When necessary, the Student Affairs Committee may enforce this policy.
 - III. **APPLICABILITY:** All Rutgers New Jersey Medical School enrolled students.
 - IV. **POLICY:** Good standing status denotes that a student is eligible to continue in or to return to the Doctor of Medicine program at Rutgers New Jersey Medical School.

Students not meeting the standards of satisfactory academic progress or whose good standing is at risk due to course failures or incomplete grades are expected to review and decide, with the assistance of all available counseling and advising, which extracurricular activities to terminate because they interfere with studying and which to retain because they play an important part in personal need or development. To this end, a meeting with the Associate Dean for Student Affairs is mandatory.

Students who do not exercise good judgment in managing their coursework with other activities may be subject to restrictions with respect to participation in extracurricular activities. Restrictions may be imposed by the Associate Dean for Student Affairs and/or the Student Affairs Committee.

- V. **PROCEDURE:** Students should be aware of their academic standing and balance their academic and extracurricular activities accordingly. The Associate Dean for Student Affairs and/or the Student Affairs Committee may impose restrictions on academically at-risk students.

By Direction of the Associate Dean for Student Affairs



Section: Office of Student Affairs

Policy Name: NJMS Taking Time for Scholars Experience Policy

Prepared and Approved by: Committee on Student Affairs **Date:** 9/21/2020

Approved by: Faculty Council **Date:** 9/25/2020

Students may participate in scholarly experiences that are not part of the NJMS curriculum. These experiences are done in addition to the curriculum, and depending on the timing and length of the experience may result in the student extending their time in medical school beyond the traditional four years. Students maintain full-time enrolled status during these experiences. There are three mechanisms for approval of experiences that result in an extension of the student's graduation date.

1. Students accepted into a NJMS Distinction Program (e.g., Distinction in Research Program) that requires additional time beyond the traditional four years will be approved for the extension in time after providing written documentation of acceptance into the program to the Associate Dean for Student Affairs (ADSA) and the Registrar.
2. Students accepted into an external research or scholars program (e.g., NIH Medical Research Scholars Program) that requires additional time beyond the traditional four years will be approved for the extension in time after providing written documentation of acceptance into the program to the ADSA and the Registrar.
3. Students may develop their own scholarly experience with supervising faculty at NJMS or an external institution. If this experience results in an extension of the student's graduation date the student must seek approval from the Committee on Student Affairs (CSA). The student must provide the CSA with a plan for the scholars period that includes a description of the experience, length of time requested, learning objectives and goals, responsible supervisor(s), and the reason for pursuing the activity. They must also provide a letter from the supervisor(s) confirming the experience, learning objectives and goals, and their willingness to provide supervision and oversight of the experience. Prior to the CSA meeting these documents will be reviewed by the Associate Dean for Education, who will determine if the proposed learning objectives and goals are appropriate.



Section: Office of Student Affairs

Policy Name: NJMS Guidelines for Students Attendance at Conferences Policy

Prepared and Approved by: Committee on Student Affairs **Date:** 08/03/2020

Approved by: Faculty Council **Date:** 08/21/2020

Attendance at meetings can be an enriching educational opportunity for medical students, particularly if the student has conducted research, had clinical experiences that relate to the conference topic(s), or the meeting further contributes to the student's professional development. Attendance at conferences also offers the opportunity to meet others who work in the basic science and medical fields, and furthers the possibility of establishing collaborations.

A student who wishes to attend a conference that conflicts with course/clerkship activities will be expected to make-up all missed course/clerkship activities, when possible. Additionally, the student must satisfy the following conditions:

1. Be in good academic standing;
2. Present a paper or poster at the conference representing his/her own work. If a student is not presenting a paper or poster, the student must have a formal letter of recommendation from a faculty member detailing the educational benefit to the student;
3. Submit a formal request, at least 45 days in advance of the expected absence(s), to the Course or Clerkship Director, with a copy to the Associate Dean for Student Affairs. This request must include the student name, date of request, the student email address, the student's phone number, the title of the course/clerkship the student is requesting an absence from, the conference name, the date(s) the student will be in attendance at the conference, the date(s) the student will be absent from the course/clerkship, and a proposed plan to make up the absence and activities missed from the course/clerkship, when possible.

Once received, the course/clerkship director and the Associate Dean for Student Affairs will review the request within ten (10) business days. The student will be consulted if more information is needed. In general, attendance at a conference will not be permitted if the student is in academic difficulty. Students should refrain from registering for the conference or making travel arrangements until the request has been approved. If attendance at a conference is permitted, the student is expected to remind the course/clerkship director of his/her planned absence three (3) days prior to the absence, and make up the missed activities as approved. Additionally, any costs associated with attendance at the conference are the responsibility of the student.



Section: Office of Student Affairs

Policy Name: NJMS Procedure to Request a Leave of Absence Policy

Prepared and Approved by: Committee on Student Affairs **Date:** 08/03/2020

Approved by: Faculty Council **Date:** 08/21/2020

Non-Medical:

1. The student must submit a letter to the Dean of Student Affairs requesting a Leave of Absence and explaining the reason(s) for the request.
2. Requests for a Leave of Absence by students in good academic standing will be acted upon by the Dean of Student Affairs. Appeals of the Dean's decision may be made to the Committee on Student Affairs.
3. Ordinarily, students in academic difficulty will not be granted a Leave of Absence. However, requests for a Leave of Absence by students in academic difficulty will be forwarded by the Dean of Student Affairs to the Committee on Student Affairs for action. Students will be notified of approval/disapproval by letter.
4. Conditions which must be met before the student is permitted to return may be attached to the Leave of Absence by either the Dean of Student Affairs or the Committee on Student Affairs.
5. Students who have been granted a Leave of Absence shall notify in writing the Dean of Student Affairs of their intention to return, no later than 6 weeks before their intended return.
6. Maximum duration of medical and/or personal leave is one year. A student may not exceed a cumulative total of twenty-four months leave during his/her matriculation in the Doctor of Medicine degree program.
7. If after the maximum permissible period of a leave of absence the student does not return, it will result in an administrative withdrawal of the student from the medical school.

B. Medical:

1. Requests for a medical Leave of Absence should be made in writing to the Dean of Student Affairs, and must include a letter from the student's licensed health care professional and, at the discretion of the Dean of Student Affairs, a health care professional designated by the school documenting the need for a medical leave.
2. Upon return from a medical Leave of Absence, a letter from the student's licensed health care professional and, at the discretion of the Dean of Student Affairs, a health care professional designated by the school certifying readiness of the student to return to school is required 6 weeks prior to the intended return.

3. Maximum duration of medical and/or personal leave is one year. A student may not exceed a cumulative total of twenty-four months leave during his/her matriculation in the Doctor of Medicine degree program.

4. If after the maximum permissible period of a leave of absence the student is not found fit to return, it will result in an administrative withdrawal of the student from the medical school.



Section: Office of Student Affairs

Policy Name: NJMS Procedure to Request a Withdrawal Policy

Prepared and Approved by: Committee on Student Affairs **Date:** 08/03/2020

Approved by: Faculty Council **Date:** 08/21/2020

Withdrawal is a voluntary permanent resignation from the MD program at NJMS by an enrolled student. Students considering withdrawal should discuss the matter with their advisor(s) and the Associate Dean for Student Affairs. The withdrawal mechanism is not intended to serve as an outlet to avoid dismissal due to academic failure or disciplinary reasons.

The following procedures should be followed when requesting a withdrawal from the MD program:

1. The student must submit a letter to the Dean of Student Affairs requesting a withdrawal from the program. The letter must explain the reason(s) for the request.
2. Requests for a Withdrawal by students in good academic standing will be acted upon by the Dean of Student Affairs.
3. Ordinarily, students in academic difficulty will not be granted a withdrawal; rather, they will be subject to the NJMS Advancement and Promotion Policy. However, requests for a withdrawal by students in academic difficulty will be forwarded by the Dean of Student Affairs to the Committee on Student Affairs for action. Students will be notified of approval/disapproval by letter.
4. If approved, the date of withdrawal will be noted on the academic transcript.
5. If a student ceases to attend without requesting a leave of absence or a withdrawal from the program, the Dean for Student Affairs will attempt to contact the student by phone, email, and by certified return-receipt mail. If the student fails to respond to outreach efforts within 15 business days, the Dean for Student Affairs, in conjunction with the course/clerkship directors, will determine the last date of attendance and process an administrative withdrawal from the program. An administrative withdrawal is considered a permanent status.



Section: Office of Student Affairs

Policy Name: NJMS Deregistration Policy

Prepared and Approved by: Committee on Student Affairs

Date: 08/03/2020

Approved by: Faculty Council

Date: 08/21/2020

The cancellation of a student's enrollment or registration for any period of time is referred to as deregistration. Deregistration is an administrative action taken when a student fails to fulfill a professional obligation or established administrative deadline while enrolled in medical school. Examples of professional obligations and/or administrative deadlines include, but are not limited to:

1. non-payment of fees, fines or bills
2. failure to remove a financial aid, student loan, library, parking or other University encumbrance
3. failure to meet an immunization requirement deadline or address immunization non-compliant status
4. failure to submit missing academic paperwork, such as an official academic transcript
5. failure to submit enrollment /registration data information, or
6. failure to adhere to other internal, publicized deadlines established by the school or University administration.

The NJMS Office of the Dean, Office of Education, or any other administrative area may initiate the deregistration process. When a student is deregistered, the Registrar will notify the student that he/she is not permitted to attend any educational or school-related activities, such as lectures, small group sessions, labs, clinic, rounds, exams, OSCEs, etc., while deregistered. The Course Director(s) will also be notified. During a period of deregistration, the student will be assigned a grade of zero (0) for missed educational or school-related activities. The Registrar will re-register the student once the student satisfies any and all professional or administrative obligations.



Section: Office of Student Affairs

Policy Name: NJMS Tuition and Refund Policy

Prepared and Approved by: Committee on Student Affairs **Date:** 08/03/2020

Approved by: Faculty Council **Date:** 08/21/2020

Rutgers New Jersey Medical School abides by the assessment of tuition and fee policies set forth in University and RBHS Policy (refer to policies.rutgers.edu for additional information):

Students who withdraw, take an official leave of absence, or are dismissed from the University during the first third of the semester will be granted an 80% tuition refund. No refunds will be made after this time; fees will not be refunded at any time. Detailed information regarding tuition refund deadlines for each class can be found on the NJMS Academic Calendar.

When the NJMS Registrar receives a request for leave of absence or withdrawal, a Status Change Form is processed and, if eligible, the student's account is adjusted accordingly. If the student is eligible for a refund, they will receive the amount via check or direct deposit from the Cashier's Office. Students who receive aid should contact Financial Aid to discuss the return of funds if applicable.



Section: Office of Student Affairs

Policy Name: NJMS Policy on Student Privacy, Student Records Access, and Amendment of Student Records

Prepared and Approved by: Committee on Student Affairs **Date:** 08/03/2020

Approved by: Faculty Council **Date:** 08/21/2020

Rutgers, The State University of New Jersey ("Rutgers") complies with the Family Educational Rights and Privacy Act ("FERPA") and makes public announcement of the law. Under FERPA, a Rutgers student has the right to inspect and review his/her education records within 45 days of the date Rutgers receives a proper request for access to such records. The institution is not required to permit students to review records including information about other students, financial records of their parents, or confidential letters of recommendation if they waived their right of access. The student has the right to request amendment of education records that the student believes are inaccurate or misleading. Rutgers shall obtain the prior consent of the student before disclosing personally identifiable information contained in the student's education records, EXCEPT to the extent FERPA authorizes disclosure without consent.

FERPA permits disclosure to Rutgers officials with legitimate educational interest in the records being sought. A Rutgers official is a person employed by Rutgers in an administrative, supervisory, academic, research or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the University has contracted (such as an attorney, auditor, or collection agent); a person serving on the Board of Governors or Board of Trustees, a student serving on an official committee such as a disciplinary hearing board, or a student who is assisting another school official in performing his or her job responsibilities. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill their job responsibilities.

Rutgers New Jersey Medical School students requesting amendment of education records should write to the Rutgers New Jersey Medical School Registrar responsible for the record and clearly identify the part of the record the student wants changed, and specify why it is inaccurate or misleading. If the record custodian denies the request to amend the record, the student will be notified of the decision and advised of their right to a formal hearing. A student will obtain additional information on the hearing procedure after an amendment request has been denied. If, as a result of the hearing, the University decides that the challenged information is inaccurate, misleading, or otherwise in violation of the privacy or other rights of the student, it will amend the record and notify the student in writing. If the University does not agree that the record should be changed, the student will be permitted to

place a statement contesting the decision. The statement would remain part of the academic record and should be included whenever the education record is sent to any party.



Section: Office of Student Affairs

Policy Name: NJMS Policy and Procedures for Student Record Access: Instructions to Faculty and Staff

Prepared and Approved by: Committee on Student Affairs **Date:** 08/03/2020

Approved by: Faculty Council **Date:** 08/21/2020

Handling of Student Data by Faculty and Staff

Any faculty or staff member with access to student data is responsible for its proper handling. No matter what the form or content, the faculty and staff member are accountable for handling student records in accordance with the law and University policy.

Student Record Access

FERPA requires that anyone accessing private student records have a "legitimate educational interest" for the information. Examples include:

- Performing a task that is specified in their position description or contract
- Performing a task related to a student's education or to student discipline
- Maintaining safety and security on campus

Obligation to Release Record Information

NJMS is not obligated to release directory information to anyone. FERPA only states that an institution MAY release information, but there is no obligation to do so.

Deceased Students

The privacy rights of a student expire with that student's death.

Student Workers

Students who perform institutional functions may be deemed "school officials" with a "legitimate educational interest" in accessing designated educational records of other students. The same requirements and responsibilities for a full time school official exist for student workers. Student workers must be trained on FERPA no different than if they were faculty or staff.

Subpoenas

All subpoenas are first reviewed by the Office of the General Counsel to determine the appropriate course of action.

Crisis Situations/Emergencies

If non-directory information is needed to resolve a crisis or emergency situation, the University may release that information if the institution determines that the information is "necessary to protect the health or safety of the student or other individuals." Factors considered in making this assessment include, but are not limited to: the severity of the threat to the health or safety of those involved; the need for the information; the time required to deal with the emergency; and the ability of the parties to whom the information is to be given to deal with the emergency.

Posting Grades

It is a violation of FERPA to publicly post grades either by the student's name, student identification number or social security number. Instructors can assign students unique numbers or codes that can be used to post grades. However, the order of the posting must not be alphabetic.

Returning Assignments

Leaving personally identifiable, graded papers unattended for students to view is not allowed.

Student Correspondence

All Rutgers University students, staff, and instructors are assigned a university managed email account to be utilized for purposes of official correspondence. Instructors may notify students of their individual grades via email, provided the email is sent from a University email account, to a University email account. Notification of grades may also be made via the use of a course management website. Students must access their grades after providing their RU NetID and password.

Access to Other Student Records

Instructors are considered "school officials" and have access to class rosters and basic information for students enrolled in their classes. Instructors may not access other student academic records without demonstrating a "legitimate educational interest" in such information.

Parents Requesting Information

Student educational record information is protected under FERPA and parents may not have access to it unless the student has completed the FERPA release form that specifically identifies what information may be released to the parent(s).

Letters of Recommendation

Written permission of the student is required for a letter of recommendation if any information included in the recommendation is part of the "education record" (grades, GPA and other non-directory information).



Section: Office of the Dean

Policy Name: Diversity, Equity, and Inclusion (DEI) Policy

Prepared and Approved by: Institutional Planning & Development **Date:** January 10, 2022

Approved by: Faculty Council **Date:** February 8, 2022

We at NJMS recognize that diversity, equity, and inclusion enhances our ability as an academic community to foster innovation and excellence. NJMS has a longstanding tradition of commitment to diversity through its extensive pipeline programming that begins at the pre-college through faculty levels to address social, economic, and racial inequities. The diversity of our nation, combined with a shortage of individuals from disadvantaged backgrounds in the health professions, presents a significant challenge for medical education and academic medicine. We at NJMS are resolutely responding to the need for a *diverse healthcare workforce* that meets the diverse needs of our patients, the community, the state and the nation.

We are committed to support diversity initiatives with a focus on recruitment and retention efforts of individuals that have been historically underrepresented (Hispanic/Latinx, Black/African American), women, and first-generation students inclusive of their advancement and presence in leadership roles. We are cognizant of the evolving landscape of diversity and will continue to evolve identified groups.

Our Policy directs our efforts toward the NJMS Strategic Plan and the NJMS DEI Plan in alignment with RBHS and Rutgers University:

Recruit Retain and Develop a Diverse Community

- Recruit, retain, and develop a student body that represents the state of New Jersey, particularly those who are historically underrepresented.
- Recruit and retain faculty and residents that represents the state of New Jersey, particularly those who are historically underrepresented.
- Recruit, retain, and develop senior administrative staff (faculty and non-faculty) that represents the state of New Jersey, particularly those who are historically underrepresented.

Promote Inclusive Scholarship and Teaching

- Review and modify NJMS curriculum to promote an understanding of diversity and equity across all educational domains.
- Value and support research that advances an understanding of diversity, inclusion, equity, and social justice.

Define Sustainable and Substantive Community Engagement

- Meaningfully engage our local community through mutually beneficial collaborations.
- Cultivate an understanding of diversity, equity, and inclusion through community engaged service-learning initiatives beginning from pre-school and through all levels of education.
- Improve the health of the community through service and research projects that promote health equity.

Build Capacity of Leaders to Create Inclusive Climates

- Equip NJMS leadership, faculty, and support staff to address issues pertinent to diversity, equity, and inclusion.
- Promote an institutional culture that enables internal stakeholders (leadership, faculty, residents, students, and staff) to intervene respectfully when faced with instances of inequity.

Develop an Institutional Infrastructure to Drive Change

- Create a repository of institutional data aimed at measuring metrics related to diversity, equity, and inclusion.
- Establish continuous quality improvement (CQI) pertaining to diversity, equity, and inclusion metrics.

Diversity Categories and Definitions

While our school supports a diverse and inclusive environment, the diversity categories identified in the medical school’s Strategic Plan that guide recruitment and retention activities for medical students, faculty, and senior administrative staff include:		
Medical Students	Faculty	Senior Administrative Staff
Black or African American	Black or African American	Black or African American
Latino/Hispanic	Latino/Hispanic	Latino/Hispanic
First generation college student and/or economically disadvantaged		
Women	Women	Women for Leadership Roles

Section: Office of Student Affairs

Policy Name: NJMS Taking Time for Scholars Experience Policy

Prepared and Approved by: Committee on Student Affairs **Date:** 9/21/2020

Approved by: Faculty Council **Date:** 5/7/2024

Students may participate in scholarly experiences that are not part of the NJMS curriculum. These experiences are done in addition to the curriculum, and depending on the timing and length of the experience may result in the student extending their time in medical school beyond the traditional four years. Students maintain full-time enrolled status during these experiences. There are three mechanisms for approval of experiences that result in an extension of the student's graduation date.

1. Students accepted into a NJMS Distinction Program (e.g., Distinction in Research Program) that requires additional time beyond the traditional four years will be approved for the extension in time after providing written documentation of acceptance into the program to the Associate Dean for Student Affairs (ADSA) and the Registrar.
2. Students accepted into an external research or scholars program (e.g., NIH Medical Research Scholars Program) that requires additional time beyond the traditional four years will be approved for the extension in time after providing written documentation of acceptance into the program to the ADSA and the Registrar.
3. Students may develop their own scholarly experience with supervising faculty at NJMS or an external institution. If this experience results in an extension of the student's graduation date the student must seek approval from the Committee on Student Affairs (CSA). The student must provide the CSA with a plan for the scholars period that includes a description of the experience, length of time requested, learning objectives and goals, responsible supervisor(s), and the reason for pursuing the activity. They must also provide a letter from the supervisor(s) confirming the experience, learning objectives and goals, and their willingness to provide supervision and oversight of the experience. Prior to the CSA meeting these documents will be reviewed by the Associate Dean for Education, who will determine if the proposed learning objectives and goals are appropriate.

Students enrolled in a scholars year will be registered for a 4-week Pass/Fail elective titled "Scholars Program". At the conclusion of their scholars year, the Office of Education will submit a passing grade and they will earn 4 weeks of elective credit. The maximum number of credits awarded for a scholars year is 4 weeks. Scholars students cannot also receive additional credit for research completed with their scholars mentor during fourth year.

**RUTGERS BIOMEDICAL AND HEALTH
SCIENCES POLICIES AND
PROCEDURES**



Policy Name: Students Rights, Responsibilities, and Disciplinary Procedures

Approval Authority: RBHS Chancellor

Originally Issued: 06/07/1995

Revisions: 1/10/2010, 4/22/2013,

8/14/2020

1. Who Should Read This Policy

All Rutgers University students within Robert Wood Johnson Medical School, School of Health Related Professions, Rutgers School of Dental Medicine, New Jersey Medical School, School of Graduate Studies (Biomedical Sciences), School of Public Health, graduate students of the School of Nursing and Ernest Mario School of Pharmacy.

2. Related Documents (refer to policies.rutgers.edu for additional information)

- A. Academic Integrity Policy
- B. Title IX Policy and Grievance Procedures
- C. Research Misconduct
- D. Student Essential Functions
- E. Family Educational Rights and Privacy Act (<http://compliance.rutgers.edu/ferpa>)
- F. Student Intervention Coordination
- G. Student Involuntary Leave of Absence and Involuntary Withdrawal
- H. Student and Housestaff Ombudspersons
- I. New Jersey Anti-Bullying Bill of Rights (N.J.S.A. 18A:3B-68)

3. The Policy

- A. Student Responsibilities
 - 1. RBHS students in the above stated educational programs have the following responsibilities:
 - a. as U.S. citizens, residents or visitors: the responsibility to be aware of and to abide by all applicable Federal, state and local civil and criminal

laws and regulations;

- b. as students at RBHS: the responsibility to be aware of and to abide by all applicable University and School policies, rules, procedures and standards, both general and academic; and the responsibility for personal and professional integrity and honesty; and
- c. as future health care professionals and/or biomedical scientists holding a public trust: the responsibility to adhere to all generally recognized standards of professional and ethical conduct; and the responsibility 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.

2. Each School shall have an Honor Code and/or Code of Professional Conduct which sets forth general principles of integrity and honesty as well as ethical and professional expectations for behavior. These may be patterned after codes of behavior promulgated by national professional associations. These codes shall be distributed to students upon enrollment, incorporated into catalogs, student handbooks and/or other appropriate student materials, and discussed with students during their course of study. Students shall be informed at the same time that violations of the Code will be considered with the gravest concern and may be punishable with sanctions as severe as suspension or dismissal. Violations of the Code may be considered a failure to adhere to the academic standards of the School.

B. Student Rights

1. Students on Rutgers campuses have the following rights: the academic freedom to examine and discuss all questions of relevance and to express opinions publicly and privately; the right to be informed of and to participate, when invited, in the formulation and implementation of appropriate policies and procedures affecting student affairs, and to express views about policies and issues of student interest; the right to form associations to promote common interests; the right to be apprised of criteria for academic evaluation, advancement and graduation; all rights and protections mandated by applicable Federal and state constitutions, laws and regulations; and the right to seek redress of grievances and have complaints heard.
2. Each RBHS School shall have and shall publicize policies, procedures and standards ensuring that its students can exercise the above rights.

C. Academic Performance

1. In accordance with School Bylaws, the faculty of each School have the duty and authority to establish academic standards and rules, including standards for examinations, grading, academic standing, attendance, promotion, dismissal, and requirements for degrees and certificates. These academic standards and rules shall be set forth in the School's catalog or student handbook.
2. All actions relating to student academic performance shall be governed by appropriate School bylaws and procedures, whether or not disciplinary action is taken pursuant to Section V.E. below.
3. Action may be taken to address a student's ability to fulfill the Essential Functions required for participation in the course of study in which the student is enrolled pursuant to the RBHS policy, Student Essential Functions.

D. Student Ombudsperson

Each Dean shall designate an individual at his/her School to serve as an Ombudsperson to serve as a resource for students and to guide and assist students and the School in the evaluation of options for resolving problems. The Ombudsperson will have a functional relationship with the University Office of the Executive Vice President for Academic Affairs, and the ability to approach any individual within the School or University administration. The Ombudsperson will be independent of the offices and individuals who have notice, compliance, regulatory, enforcement, adjudicatory and disciplinary functions with respect to students. The Ombudsperson will have a set term, which may be renewed by the Dean at the end of each term, and may be removed during any term only for good cause. Ombudspersons shall maintain confidentiality to the extent permitted by law and will not maintain any records relating to consultations or activities other than statistical reporting. The policy, Student and Housestaff Ombudspersons, will serve as a model for each Ombuds office.

E. Disciplinary Infractions

The following list provides examples of actionable disciplinary infractions under this policy's student disciplinary procedures, and may also subject the student to action by the RBHS School concerning academic performance or research misconduct occurring on campus or off campus:

1. an infraction of Federal, state or local civil or criminal laws and regulations;
2. an infraction of University or School policies, procedures, rules and standards;
3. an infraction of professional and academic codes of honor or standards of behavior;
4. an act of harassment, intimidation or bullying, including any gesture, any written, verbal or physical act, or any electronic communication that is reasonably perceived as being motivated either by any actual or perceived characteristic, such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity and expression, or a mental, physical or sensory disability, or by any other distinguishing characteristic or any act that substantially disrupts or interferes with the orderly operation of the school or the rights of other students and that:
 - (a) a reasonable person should know, under the circumstances, will have the effect of physically or emotionally harming a student or damaging the student's property, or placing a student in reasonable fear of physical or emotional harm to his person or damage to his property; or
 - (b) has the effect of insulting or demeaning any student or group of students; or
 - (c) creates a hostile environment for the student by interfering with a student's education or by severely or pervasively causing physical or emotional harm to the student;

(Reprinted in part from: New Jersey Anti-Bullying Bill of Rights 2010, N.J.S.A. 18A:37-14).

5. acts of sexual harassment, including sexual violence or sexual coercion, that do not fall within the definition of Covered Sexual Harassment under the Title IX Policy and Grievance Procedures, whether or not the acts are the subject of civil or criminal action;

6. stealing or other unethical means of acquiring materials and documents;
7. forging of any material or document;
8. falsification or fabrication of any document or data;
9. violations of the Academic Integrity Policy
10. ;
11. conduct that causes a material and substantial disruption to the educational mission of the school or an individual's work or study.

F. Disciplinary Procedural Requirements

1. 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 under Section V.E. of this policy.
2. The Dean or his/her designee may attempt to resolve the matter with the accused student, except in cases involving allegations of Covered Sexual Harassment, as defined in the Title IX Policy and Grievance Procedures, which will proceed according to that Policy. In addition, if the Dean or his/her designee concludes that the matter cannot or should not be resolved informally, he/she shall refer it to the Hearing Body of the School within ten (10) working days of the decision that the matter cannot or should not be resolved informally. At the Dean's discretion, the awarding of a degree or certificate may be delayed pending the outcome of the disciplinary procedure.
3. The Hearing Body 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 or his/her designee.
4. The Hearing Body shall convene to hear the complaint and make recommendations for action to the Dean.
 - a. The Hearing Body shall be an established committee at each School and shall be constituted according to rules established by each School, but in all events shall consist of at least four members, two of whom must be students, and others who may be faculty, administrators or students, or any combination thereof, who are not directly involved in the matter to be considered.
 - b. Witnesses may be called by any participant. The accused student's education records, as defined by the Family Educational Rights and Privacy Act, may be examined and considered by the Hearing Body. Relevant materials may be presented by any participant. The Chair of the Hearing Body 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. The Chair of the Hearing Body may request submission of information concerning other disciplinary actions taken by the School against any student, without identification of the student(s) involved, to inform the Hearing Body's

consideration of recommendations for discipline.

- c. Students may consult private legal counsel at any time for advice. Students or legal counsel may submit to the Hearing Body any documents or other evidence relevant to the matter at any time prior to the conclusion of the hearing. Legal counsel shall not be permitted to appear at the proceedings of the Hearing Body, but may be present outside the hearing room to consult with the student, at the student's request. Students may be accompanied by a non-attorney advocate during the hearing to consult privately with the student and, at the student's request, to present a final statement on the student's behalf. No other participation by the advocate is permitted.
- d. The burden of proof shall rest with the complainant. The standard of proof shall be the preponderance of the evidence standard (i.e. it is more likely than not that the offense occurred).
- e. The Chair of the Hearing Body shall rule on all procedural matters in accordance with this policy, with the procedural rules of the School, and with generally accepted terms of academic fairness. Whenever necessary, the Chair may seek the advice of the Office of General Counsel in procedural matters. Hearing Body procedures shall, at a minimum, ensure:
 - i. that all allegations be fully heard and considered by the Hearing Body, whether or not the accused student admits committing the offense.
 - ii. that witnesses designated by the complainant, the accused, the School administration or the Hearing Body be heard and that the accused be permitted to be present during testimony; the Hearing Body may request the presence of the complainant during the testimony of other witnesses, in whole or in part. In addition, administrative staff may be present during the Hearing Body proceedings to provide assistance to the Hearing Body.
 - iii. that, subject to protections provided by FERPA, both the complainant and the accused be afforded similar and timely access to any information that is considered by the Hearing Body.
 - iv. that testimony during the hearing shall be recorded or recorded and transcribed by a court stenographer, excluding all deliberations by the Hearing Body; an accused student may request in advance that the School employ a court stenographer during the hearing, at the student's own expense, and obtain a copy of the recording or a transcript at his/her own expense.
 - v. that the Hearing Body 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 Hearing Body, and a reporting of the total vote tally of the Hearing Body's decision, without reference to individual votes.
 - vi. that the recommendations of the Hearing Body may consist of any or no disciplinary action, based on the factual findings, the severity

of the infraction, the accused student's education records at the School, and any procedures, policies or codes of the School or of the University. Examples of possible disciplinary actions include, but are not limited to:

- (a) Dismissal of charges: dismissal of the complaint and removal of the complaint from University records.
 - (b) Reprimand: an oral or written statement by the Dean to the student involved.
 - (c) Probation: a specific period of time during which conditions may be placed on the student's enrollment, and the student's academic achievement and/or conduct monitored by the School; findings by the Hearing Body of additional disciplinary infractions during this period may result in the dismissal of the student.
 - (d) Suspension: a specific period during which the student is barred from enrollment.
 - (e) Dismissal: severing of the affiliation between the student and the School.
 - (f) Withholding of degree or certificate: temporary or permanent withholding of degree or certificate.
 - (g) Degree or certificate revocation.
- vii. that the Hearing Body recommendations are supported by no less than a majority vote of the members hearing the matter.
- f. All notices and correspondence to an accused student shall be sent certified mail, return receipt requested, or by another method providing confirmation of delivery including electronically, and such receipts or confirmations shall be retained by the School.
- g. The student may seek the advice of faculty or students who are not involved in the matter in question and who do not hold an administrative position in the School constituting a potential conflict of interest. Following the Dean's submission of the matter to the Hearing Body, neither School nor other Rutgers University administrative officers, faculty, staff or representative may advise an accused student or his/her representative in any matter relating to the disciplinary action, except for explanation of the procedures to be followed. Administrative officers whose positions may constitute a conflict of interest may not advise an accused student in any matter pertaining to the alleged infraction. The Dean may designate an administrative officer to participate in the hearing in order to present testimony or materials on behalf of the School.
5. Within five (5) working days of receipt of the Hearing Body's recommendation, any party may submit written exceptions to the Dean.
6. The Dean may review any education records of involved students, seek information and consult with any other party, including the student, complainant and members of the Hearing Body. Except in extraordinary circumstances, (notice of which shall be provided by the Dean to the accused student and the complainant) the Dean or his/her designee shall, within thirty (30) working days of

the last submission by any party of written exceptions by any party, render a final decision on disciplinary action to be taken and shall provide written copies of the decision to the student, the complainant and Hearing Body members. The Dean's decision shall be rendered earlier if the accused student is expected to graduate before the expiration of this thirty working day period.

7. Within five (5) working days of receipt of the Dean's decision, the accused student may submit a written appeal to the RBHS Chancellor. RBHS Chancellor may, at his or her discretion, review any education records of involved students and seek information and consult with any other party, including the student, complainant, members of the Hearing Body and the Dean. Except in extraordinary circumstances, (notice of which shall be provided by the Dean to the accused student and the complainant) the RBHS Chancellor shall, within thirty (30) working days, render a non-appealable written decision and shall provide written copies of the decision to the student, the complainant, Hearing Body members and the Dean. Such decision shall be rendered earlier if the accused student is expected to graduate before the expiration of this thirty working day period.
8. The School shall retain all records, notices, correspondence, tapes and transcripts pertaining to any action taken pursuant to this policy for a period of seven (7) years following conclusion of the action.
9. The Office of General Counsel may advise the Hearing Body and any administrative officer on interpretation of this policy and any other legal or procedural question at any time, except that no legal counsel shall be present during the taking of testimony by the Hearing Body.
10. There shall be no action taken to suspend or expel a student from school prior to completion of these disciplinary hearing procedures, unless, in the judgment of the Dean or his/her designee, the continued presence of the student poses a substantial and immediate danger to the welfare or safety of any person or property. The Dean may in such cases take action to prevent harm prior to and during the conduct of a hearing; the Hearing Body shall convene as rapidly as possible to render recommendations. A student suspended in this manner shall be given an opportunity to appear personally before the Dean or his/her designee to discuss the alleged misconduct and whether the student's continued presence poses a substantial and immediate danger to himself/herself, to others and/or to property. Alternatively, action may be taken pursuant to the University policy, Student Involuntary Leave of Absence and Involuntary Withdrawal.
11. Delays in any time period requirements in disciplinary procedures may be made by written agreement by the accused and the Dean or his/her designee, and, in the case of a matter before a Hearing Body, by the Chair of the Hearing Body.

G. Specific School Rules for Disciplinary Procedures

1. Each School shall adopt procedural rules to govern the conduct of disciplinary hearings in conformity with Section V.F of this policy and with the specific needs of the School.
 - a. Such rules shall establish the number, term and manner of appointment of Hearing Body members, alternates and the Chair. The responsibilities of faculty, staff and student members to make themselves available to participate when needed in the hearing process shall be established upon their appointment.
 - b. Such rules shall, in the case of joint programs between Schools of the University and outside institutions, establish procedures to govern

hearings affecting students in those programs. So long as principles of academic fairness are included, the procedure of either institution may be employed at the discretion of the Dean, considering such factors as which School has administrative responsibility for the student and which School awards the degree from the program.

c. Such rules may contain a code of student rights and responsibilities, establishing rules of conduct and standards of personal and professional behavior.

2. Such rules will be available to students when adopted or amended through convenient means such as the Student Handbook.

H. Jurisdiction

1. Action initiated under either academic or disciplinary procedures does not preclude subsequent or simultaneous action under the other or under the University's research misconduct procedures.

2. If a complaint alleging a disciplinary infraction is submitted to the Dean, the Dean may determine that the allegation warrants academic action instead of or in addition to the disciplinary procedure, and may forward the matter to the appropriate body for recommendations. The Dean may also refer the student for an evaluation pursuant to University policy, Student Essential Functions. See EXHIBIT for a sample letter.

3. If a complaint alleging a disciplinary infraction during a student's enrollment or other participation in University activities is submitted after the student has graduated or otherwise terminated the relationship with the University, the complaint may, at the Dean's discretion, be submitted to the Hearing Body in accordance with this policy and procedure. Revocation of a degree or certificate may be recommended by the Hearing Body to the Dean.

I. Permitted Communications and Confidentiality

To promote the safety and/or welfare of a student and/or of others, and to the extent permitted by FERPA and other applicable laws, the School or University officials may, when appropriate, report incidents of disruptive behavior, or other conduct of serious concern, to the student's next of kin and/or to other appropriate School or University officials or health care or counseling providers, or to law enforcement agencies.

Except for such reports and communications made pursuant to this policy, and to the extent permitted by FERPA and other applicable laws, all proceedings and deliberations conducted pursuant to this policy and procedure will be considered confidential and may not be released or disclosed by any participant without permission from all of the involved parties or without valid subpoena or court order.

VI. EXHIBIT

Sample letter: STUDENT REFERRED FOR EVALUATION AS PART OF DISCIPLINARY PROCESS

EXHIBIT

SAMPLE LETTER: STUDENT REFERRED FOR EVALUATION AS PART OF DISCIPLINARY PROCESS

[Date]

[Student Name and Address]

Dear [Student]:

Your well-being and safety are of great concern to me and your faculty. Because we are concerned about your well-being, and in light of recent incidents related to the current disciplinary process in which you are involved, you are being referred to [name of doctor/counselor/practice] for an evaluation to determine your fitness to continue as a student at the [Rutgers University -School].

This referral is being made after careful examination of information of concern presented through the disciplinary process. During the disciplinary hearing, the following incidents were related to the hearing body:

A report by a faculty member of a recent statement you made during a heated debate with a fellow student over a class assignment. It was reported that you said "if your lousy work influences my grade, you're going to regret it, something bad will happen to you." The faculty member who reported this statement was very upset by the remark and believed it to be serious.

Earlier in the year, several students in your study group reported that you told them that if you did not do well this semester, you would hold them responsible and "there would be trouble." When approached about this remark, you admitted making the statement, but insisted that it was a joke.

On another occasion, you were interrupted by a school administrator while engaging in a loud, angry confrontation with a fellow student. Although you later apologized, the fellow student reported feeling threatened.

The Rutgers University - [Name of School] Essential Functions for participation in courses includes the following requirement:

"E. Behavioral and Social Skills

The student must demonstrate emotional stability with appropriate interpersonal relationships and communication skills. He/she must be able to exercise good judgment and sustain an attention level necessary to complete all responsibilities promptly; be attendant to the diagnosis and care of patients, and develop mature, sensitive, professional and effective relationships with patients/clients (in well and diseased states from every gender, socioeconomic status and cultural group) and health care workers. The student must be able to tolerate taxing workloads and to function effectively under stress. He/she must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical setting. Compassion, integrity, concern for others, appropriate hygiene, appearance, interpersonal skills, interest and motivation are all personal qualities that are required throughout the admissions and educational processes.

A student whose behavior or performances raises questions concerning his or her ability to fulfill the essential functions may be required to obtain evaluation and/or testing by a health care provider designated by the School, and to provide the results to the Campus Student Health Service or Office of Disability Services for the purpose of determining whether the student is fit to pursue the educational program. If the student is deemed fit to pursue the program, the School reserves the right to require actions recommended by the health care provider, including further testing, counseling, monitoring, leave of absence, etc."

We are requiring that you submit to an evaluation that will assist us in determining your ability to safely participate in the School's educational program; this includes your continued clinical contact with patients in health care facilities and classroom participation.

Please note that the results of this evaluation will be shared with my office and University officials, as may

be deemed necessary, to help ensure your safety and well-being. Following the evaluation, if you wish to view the results, please contact me directly and I will arrange for you to review the results in the presence of an appropriate healthcare provider who will be available to assist with questions.

Yours truly,

[Dean or Associate Dean for Student Affairs]



Policy Name: Disabilities and Students/Applicants of RBHS

Approval Authority: RBHS Chancellor

Originally Issued: 1/26/1996

Revisions: 1/3/2012, 4/22/13

1. Who Should Read This Policy

The policy covers all faculty, staff, and students within Robert Wood Johnson Medical School, School of Health Related Professions, Rutgers School of Dental Medicine, New Jersey Medical School, Graduate School of Biomedical Sciences, School of Public Health, and School of Nursing (former UMDNJ School of Nursing).

2. Related Documents (refer to policies.rutgers.edu for additional information)

3. The Policy

- A. The University is committed to a policy of non-discrimination against enrolled students and applicants to the University's educational programs who are otherwise qualified individuals with disabilities and otherwise qualified individuals with a relationship or association with a person with a disability, or otherwise qualified individuals with a record of a disability.
- B. The University will, if requested, provide reasonable accommodations to otherwise qualified enrolled students and applicants with disabilities unless: (a) such accommodations impose an undue hardship to the institution, or (b) direct threats of substantial harm to the health and safety of others due to the disability cannot be eliminated by any reasonable accommodations available that would allow the student to perform the essential functions, or (c) such accommodations fundamentally alter the educational program or academic standards. Requests for accommodations must be made in accordance with each legacy UMDNJ School's accommodations policy and procedures and must be made in advance to allow appropriate time for evaluation. Accommodations, when approved, are applied prospectively and will not be made retroactively.
- C. Each legacy UMDNJ School/educational program shall define the essential functions of its curriculum with input from faculty and staff who are involved in developing and teaching the curriculum. Any changes to these essential functions shall be reviewed by the Offices of Senior Vice President and General Counsel, Disability Services for Students, and Executive Vice President for Academic Affairs prior to adoption.
- D. Applicants for admission to educational programs, accepted students and enrolled

students shall be fully informed of the essential functions by means of inclusion in application forms for admission, student catalogs, student handbooks and/or other student informational material.

- E. RBHS Schools shall not make any inquiries of applicants for admission regarding the existence, nature or severity of disabilities prior to acceptance, but may inquire about the ability of applicants to meet the published essential functions of the educational program, with or without reasonable accommodations. RBHS Schools may not require pre-acceptance medical histories or physical examinations, but may condition enrollment post-acceptance on the results of a medical history and physical examination to determine ability to perform the essential functions.
- F. Accepted applicants may be requested to acknowledge ability to meet the essential functions by signing the following (or equivalent) statement: "I have read and understand the foregoing essential functions. If I require any accommodation in order to satisfy the functions, I agree to request accommodation promptly and understand that the RBHS School will evaluate the reasonableness of the accommodation before acting on the request."
- G. RBHS Schools may make inquiries of enrolled students as to disabilities and/or require medical examinations only if such inquiry or examination is related to the educational program and ability of the student to fulfill the essential functions of the educational program. If an enrolled student requests an accommodation because of a disability, information and documentation by health-care professionals may be requested of the student in order to make a determination of the student's ability to continue the educational program satisfactorily, with or without reasonable accommodation. All medical records relating to students' disabilities will be kept confidential in a file separate from academic records.
- H. Each RBHS School/educational program shall develop specific policies and procedures to ensure the initiation of an interactive process with:
 - a. applicants with confirmed disabilities who request accommodation;
 - b. enrolled students who have confirmed disabilities and request accommodation; and
 - c. enrolled students who request evaluation for a disability and request accommodation.

These policies and procedures shall be published annually in the RBHS School's official literature.

- I. Each RBHS School/educational program shall develop procedures to evaluate and document:
 - a. whether a condition identified by an accepted applicant or enrolled student is recognized as a disability under state or federal law without regard to mitigating factors, such as prescribed medication or other auxiliary aids and/or services, that may ameliorate or eliminate the disability(ies); and
 - b. whether an accepted applicant or enrolled student with a disability is otherwise qualified to satisfy the essential functions for completion of the educational program; and
 - c. the reasonableness and feasibility of providing accommodations to otherwise qualified applicants or students with a disability as defined by state or federal law; and
 - d. whether (and what) reasonable accommodations are available that would allow

the otherwise qualified accepted applicant or enrolled student with a disability to fulfill the essential functions without a direct threat to the health or safety of others, without fundamentally altering the educational program or the essential functions or lowering academic standards, and without creating undue hardship to the institution; and

- e. the implementation and monitoring of reasonable accommodations which have been approved for the enrolled student or accepted applicant.
- J. Each RBHS School/educational program shall identify the person(s) or office(s) in charge of implementing and interpreting the above-mentioned policies and procedures, and receiving, investigating and resolving student complaints concerning disabilities; this information shall be included in the School's publications.
- K. The Office of Disability Services for Students is an additional resource and source of advice to the RBHS Schools with regard to their responsibilities under ADA and other applicable state and federal laws. This Office is also responsible for educational and training activities under the ADA. It will develop and conduct training sessions as well as publish and circulate pertinent materials to inform new and current members of admissions committees concerning appropriate and inappropriate topics for interviews; and to educate student affairs administrators, faculty and appropriate others who interact with students concerning their responsibilities and obligations under the ADA. In addition, this Office will assist in evaluating the costs to the RBHS Schools for providing accommodations, as well as identify non- RBHS resources for obtaining assistance.
- L. EXHIBIT

Definitions of terms under The Americans with Disabilities Act of 1990, P.L. 101-336 and the American with Disabilities Act Amendments Act (ADAAA) of 2008, P. L. 110-325.

EXHIBIT

Definition of terms

under The Americans with Disabilities Act of 1990, P.L. 101-336
and the American with Disabilities Act Amendments Act (ADAAA) of 2008, P. L. 110-325

Nota Bene: Interpretation of these definitions is subject to changing case law and regulations. When questions arise, contact the Office of Senior Vice President and General Counsel or the Office of Disability Services for Students for the most recent interpretation.

Disability - An individual is disabled if he or she (1) has a physical or mental impairment that substantially limits one or more of the individual's major life activities; or (2) has a record of such an impairment; or (3) is regarded as having such an impairment. The current illegal use of drugs is not a "disability" under the ADA. ("Illegal use of drugs" means (1) the use of drugs, the possession or distribution of which is unlawful under the Controlled Substances Act - 21U.S.C.812, or (2) the illegal use of prescription drugs.)

Physical or mental impairment - any physiologic disorder or condition, cosmetic disfigurement or anatomic loss affecting one or more of the following body systems: neurologic, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin and endocrine; any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The existence of an impairment must be determined without regard to corrective or mitigating

measures such as medicines, “auxiliary aids and services” or prosthetic devices.

Auxiliary aids and services- include (1) qualified interpreters or other effective methods of making aurally delivered materials available to individuals with hearing impairments; (2) qualified readers, taped texts or other effective methods of making visually delivered materials available to individuals with visual impairments; (3) acquisition or modification of equipment or devices; and (4) other similar services and actions.

Substantially limits (one or more major life activities) - renders the individual unable to perform or significantly restricts the condition, manner or duration under which he or she can perform a major life activity in comparison to most people.

Major life activities - include, but are not limited to, caring for oneself, performing manual tasks, walking, sitting, lifting, seeing, hearing, speaking, breathing, working, reading, learning, concentrating and thinking.

Record of impairment - a history of or having been misclassified or misdiagnosed as having a physical or mental impairment that substantially limits one or more major life activities, regardless of whether the individual currently has such an impairment.

Regarded as having such an impairment - includes individuals who have physical or mental impairments that do not substantially limit major life activities but who are treated as if they had such limitations; includes individuals who have physical or mental impairments that substantially limit major life activities only as a result of the attitudes of others toward the impairment; includes individuals with no physical or mental impairment but who are treated as having such impairments.

(Otherwise) qualified individual with a disability - one who satisfies the requisite skills, experience, education, and other related requirements of the educational program and can perform the essential functions of the educational program with or without reasonable accommodation and does not pose a direct threat of significant harm to the health or safety of others which cannot be eliminated by reasonable accommodation.

Reasonable accommodation - modifications or adjustments to the educational program, process or environment, including use of auxiliary aids and services, to enable a qualified individual with a disability to have an educational opportunity equal to that of students or applicants without disabilities. NOTE: An accommodation will not be deemed reasonable if it fundamentally alters the school’s educational program or academic standards.

Undue hardship - an accommodation requiring significant difficulty or expense, i.e., that is excessively costly (in relation to the total available institutional resources), extensive, substantial or disruptive, or that would fundamentally alter the nature of the educational program or its essential functions or lower academic standards.

Direct threat - a significant risk to the health or safety of others that cannot be eliminated by modifications of policies, practices or procedures, or by the provision of auxiliary aids or services (reasonable accommodations) that would allow the performance of essential functions.

Essential functions of the curriculum - academic and non-academic requirements essential for the successful completion of all stages of the curriculum, including physical, cognitive and behavioral (technical) standards.

Interactive Process - the mandatory dialogue, either written or spoken, conducted by the school with the applicant or student who asserts a disability or handicap recognized under either state or federal law and who is otherwise qualified and is requesting or has requested reasonable accommodations to enable him or her to perform the essential functions of an educational program. NOTE: An interactive dialogue does not guarantee that all or any of the accommodations requested will be approved or provided.



Policy Name: Student and Housestaff Ombuds at RBHS

Approval Authority: RBHS Chancellor

Originally Issued: 05/09/02

Revisions: 11/22/11, 04/17/13

1. Who Should Read This Policy

All Rutgers University faculty, staff, and students within Robert Wood Johnson Medical School, School of Health Related Professions, Rutgers School of Dental Medicine, New Jersey Medical School, Graduate School of Biomedical Sciences, School of Public Health, and School of Nursing (former UMDNJ School of Nursing).

2. Related Documents (refer to policies.rutgers.edu for additional information)

3. The Policy

DEFINITIONS

- A. **Student & Housestaff Ombuds** are appointed by the Dean of each RBHS school as outlined in section 1. Student & Housestaff Ombuds' responsibilities are typically a collateral function assigned to a faculty or staff member, and focuses on providing Ombuds services to their school's students and housestaff.
- B. **Ombuds** refers to the schools' Student & Housestaff Ombuds.
- C. A **visitor** is a student or member of the housestaff who voluntarily communicates with their school's Student and Housestaff Ombuds, in order to express a concern, seek guidance, or impart information.
- D. A **third party** is a member of the University community who is contacted by an Ombuds, in order to obtain information, or for the purpose of addressing a visitor's concern.
- E. **Notice** is a formal communication of a University-related issue or concern by a visitor or a third party to Rutgers through established formal channels.

POLICY

- A. Each RBHS Dean shall designate an individual at his/her School as an Ombuds to serve as a resource for students and housestaff, and to guide them in the evaluation

of options for resolving University- related concerns. Student & Housestaff Ombuds will be independent of the offices and individuals who have notice, compliance, regulatory, enforcement, adjudicatory and disciplinary functions with respect to students and housestaff. The Student & Housestaff Ombuds will have the ability to approach any individual within the School or University administration to facilitate problem resolution.

- B. The Student & Housestaff Ombuds will have a set term, which may be renewed by the Dean at the end of each term, and may be removed during any term only for good cause.
- C. The RBHS Vice Chancellor for Academic Affairs is responsible for setting the minimum training and certification standards for all Student & Housestaff Ombuds.

D. Confidentiality

- i. Except as noted in Sections VI.D.3. and VI.D.5., Ombuds hold all communications with those seeking assistance in strict confidence, and do not disclose confidential communications unless given express permission to do so by the visitor.
- ii. The University does not consider communications made to Student & Housestaff Ombuds, to be notice to the University or any of its Schools and component business units. Ombuds neither act as agents for their School or the University, nor do they accept notice on its behalf. However, Ombuds may refer visitors to the appropriate place where formal notice can be made.
- iii. Ombuds will disclose confidential information when there appears to be an imminent risk of serious harm to either an individual, property, or to the University, where there is no other reasonable option. Except in emergent situations, when disclosure is contemplated, Student & Housestaff Ombuds should first notify the RBHS Vice Chancellor for Academic Affairs for his/her concurrence. Except under emergent circumstances, the determination of whether this risk exists is to be made only by the RBHS Vice Chancellor for Academic Affairs at his/her discretion. Student & Housestaff Ombuds will also disclose confidential information when required to do so by law, after first receiving concurrence from the RBHS Vice Chancellor for Academic Affairs. Visitors will be advised prior to disclosures being made under this section. Any such disclosures will be made in a manner and to the extent possible, of protecting the identity of the visitor. To prevent individuals from divulging information with an incomplete understanding of this possibility, the limitations on the confidentiality of communications to the Ombuds shall be clearly written, published, distributed and explained to students and housestaff before any consultation with an Ombuds.
- iv. When third parties are contacted by an Ombuds, in order to obtain information or in furtherance of addressing a concern from an originating visitor, these communications too, will be kept confidential.
- v. Ombuds will not testify at any formal process within the University, and shall resist testifying in any formal process outside of the University. Confidential communications may be disclosed if a Student & Housestaff Ombuds is mandated to do so through court order or subpoena, and after first notifying the RBHS Vice Chancellor for Academic Affairs. In such instances, the University will vigorously seek to limit the scope of the disclosure.
- vi. Student & Housestaff Ombuds may maintain and provide their Dean, and senior management with demographic, statistical and trending data, so long as visitors' confidentiality is not compromised. Ombuds may identify trends, issues

and concerns about policies and procedures, including potential future issues and concerns, without breaching confidentiality or anonymity, and provide recommendations for responsibly addressing them. The RBHS Vice Chancellor for Academic Affairs will ensure consistency in data collection, and that the data collected adheres to the Ombuds' standards of practice. Written records or reports about specific individuals or cases will not be maintained.

- vii. The decision to waive confidentiality, under Sections VI.D.3. and VI.D.5., belongs solely to the RBHS Vice Chancellor for Academic Affairs, rather than to any party at issue. Requests for Student & Housestaff Ombuds to waive confidentiality must be forwarded to the RBHS Vice Chancellor for Academic Affairs for concurrence. By taking advantage of the services offered by an Ombuds, visitors implicitly agree to also be bound by these rules of confidentiality.
- viii. Communications made under this subsection between Student & Housestaff Ombuds and the RBHS Vice Chancellor for Academic Affairs, relating to specific visitors or concerns, are not considered a disclosure of confidential information under this policy.
- ix. Members of the University community may not inquire about confidential communications made to or by an Ombuds.

b. Neutrality/Impartiality

- i. Ombuds are designated neutrals, and thus remain unaligned and impartial, and should not engage in any situation which could create or give the appearance of a conflict of interest.
 - 1. If a specific concern brought to a Student & Housestaff Ombuds relates to an individual who is in a supervisory/subordinate "chain of command" position, or is a member of the same department, the Student & Housestaff Ombuds must refer the visitor to the RBHS Vice Chancellor for Academic Affairs for a referral to another Student and Housestaff Ombuds who is not in a supervisory/subordinate "chain of command" position.
 - 2. If a specific concern brought to a Student & Housestaff Ombuds relates to an individual with whom the Student & Housestaff Ombuds shares a professional or personal relationship and which may impact, or appear to impact, on the Student & Housestaff Ombuds neutrality, then that visitor should be referred to the school's alternate Student and Housestaff Ombuds, if one has been appointed, or to the Student and Housestaff Ombuds of another school. The RBHS Vice Chancellor for Academic Affairs may be of help in making this referral.
- ii. Ombuds advocate for fair and equitably administered processes, and do not advocate on behalf of any individual, the School or University.
- iii. Ombuds have a responsibility to consider the legitimate concerns and interests of all the individuals affected by the matter under consideration, helping to develop a range of responsible options to resolve problems and facilitate discussion to identify the best option. They may provide students and housestaff with information on resources available within and outside of the University, clarify policies and procedures, and serve as a neutral informal conflict resolution office. Ombuds will not advocate for the exercise of a particular option. That decision remains solely with the individuals involved.

iv. Ombuds may bring to management's attention those policies and procedures that are inherently unfair, or are applied in an unfair manner, or may be failing to accomplish what was intended. Ombuds may suggest (but not mandate or implement) corrective action.

c. Individual's Responsibility to Report

This policy does not diminish an individual's responsibility to report illegal or wrongful conduct under the University or School's Code of Conduct/Honor Code, or as specified under University policies, such as: Student Rights, Responsibilities & Disciplinary Procedures.

d. Protection Against Retaliation

The University strictly prohibits retaliation against any member of the University community, including students and housestaff, because they have communicated with an Ombuds. All allegations of retaliation should be reported to the Ethics & Compliance Helpline.

E. EXHIBIT

What Ombuds Offices DO; What Ombuds Offices DO NOT DO

EXHIBIT

What Ombuds Offices DO; What Ombuds Offices DO NOT DO

Adapted from information provided by the International Ombudsmans Association

What Ombuds Offices DO:

- ┆ Listen and discuss questions, concerns, and complaints
- ┆ Help evaluate various options to address concerns
- ┆ Answer questions or help find others who can
- ┆ Explain University policies and procedures
- ┆ Facilitate communication between people
- ┆ Advise individuals about steps to resolve problems informally
- ┆ Advise individuals about formal and administrative options
- ┆ Mediate disputes to seek "win-win" resolution of problems
- ┆ Make appropriate referrals when informal options do not work
- ┆ Point out patterns of problems/complaints to administrators
- ┆ Suggest to administrators changes to policies and procedures

What Ombuds Offices DO NOT DO:

- ┆ Participate in formal grievance processes
- ┆ Serves as an "agent of notice" for the School or University
- ┆ Make administrative decisions for administrators
- ┆ Reverse administrative decisions or findings
- ┆ Conduct formal investigations
- ┆ Determine "guilt" or "innocence" of those accused of wrong-doing
- ┆ Assign sanctions to individuals
- ┆ Maintain permanent records, notes, or reports identifiable to specific visitors



Policy Name: Student Accident and Health Insurance

Approval Authority: RBHS Chancellor

Originally Issued: 07/01/87

Revisions: 05/17/12, 04/17/13

1. Who Should Read This Policy

All Rutgers University faculty and students within Robert Wood Johnson Medical School, School of Health Related Professions, Rutgers School of Dental Medicine, New Jersey Medical School, Graduate School of Biomedical Sciences, School of Public Health, and School of Nursing (former UMDNJ School of Nursing).

2. Related Documents

3. The Policy

- A. Students enrolled in an educational program at the University on a full-time basis and students enrolled part-time who participate in clinical activities as part of their educational program shall have adequate accident and health insurance coverage, including basic hospital benefits, which is maintained throughout the period of enrollment.
- B. The University shall make available to all students, both full-time and part-time, and their dependents an accident and health insurance plan.
- C. Students may choose the University's accident and health insurance plan or may waive participation in the University plan if they (a) currently have alternative accident and health insurance coverage that is comparable in coverage to the plan offered by the University, (b) provide adequate documentation of the existing coverage such as a copy of the insurance card, insurance policy, insurance carrier letter, and (c) sign a waiver form. The waiver form must be submitted by the designated deadline.
- D. Students who have elected to participate in the University plan shall file claims directly with the insurance carrier.



Policy Name: Student Use of Personally Owned Mobile Communication Devices/Recording Devices

Approval Authority: RBHS Chancellor

Originally Issued:

Revisions: 6/20/2013

1. Who Should Read This Policy

All Rutgers University students within Robert Wood Johnson Medical School, School of Health Related Professions, Rutgers School of Dental Medicine, New Jersey Medical School, Graduate School of Biomedical Sciences, School of Public Health, and School of Nursing (former UMDNJ School of Nursing).

2. Related Documents (refer to policies.rutgers.edu and <http://uhr.rutgers.edu/policies-resources/policies-procedures> for additional information)

- A. Rights & Responsibilities for the Use of University-Accessed Electronic Information Systems
- B. Issuance and Use of Mobile Communications Devices

3. The Policy

DEFINITIONS

- A. Mobile Communication device is defined as any Cell Phone, Pager, Personal Digital Assistant (PDA), MP3 player, headphone, Bluetooth device, or any other wireless device that could be used to access the Rutgers network.
- B. Recording device is defined as any device used to record or intercept any wire, electronic, oral or visual communication, to include, but not limited to, mobile communication devices, including those with picture messaging, tape recordings, other photo devices and the transmission of images through e-mail systems.

BACKGROUND

The use of personal mobile communication devices and other electronic devices has expanded rapidly. The University does not wish to unreasonably constrain the use of these devices; however, it has a broader responsibility to: (1) ensure that they are used in an appropriate manner; (2) ensure the integrity of proprietary information; (3) preserve the privacy of employees and students, and (4) ensure that unauthorized surveillance does not breach the reasonable expectation of privacy in the learning environment.

POLICY

- A. Mobile Communication Devices – Students are required to exercise discretion and restrict the use of personal mobile communication devices, in any educational setting to the extent required by the facility in which the educational experience takes place and in accordance with this policy.
- B. Recording Devices - As a general rule, recording devices and camera-equipped devices (including mobile communication devices) and their uses are restricted in accordance with state and federal regulatory guidelines concerning unauthorized surveillance. Students shall not use the picture-taking functionality of mobile communication devices in the educational setting, unless specifically authorized to do so. Unauthorized use of cameras at any University-owned facility, including designated research areas, restrooms, or exercise areas without the express written consent of the department manager is not allowed.
- C. Recording Conversations - It is expected that students will respect the privacy of other individuals in the educational setting, and that secret recording of individuals without their knowledge is not compatible with the mission of universities to foster an open exchange of ideas. While realizing that recordings may serve many legitimate academic purposes, the University does not condone recording of individuals who are unaware that such recordings are being made. In order to promote an environment of trust and collegial academic sharing, the University expects that any recording will be done only with the prior consent of the parties involved. Covert/secret recording of any conversation or meeting occurring at the educational setting, including any classroom or other educational experience, or conversations or meetings offsite that deal with educational matters of official concern is prohibited. Examples of such conversations or meetings are discussions with a counselor or investigator, student counseling sessions, student advisement sessions, grade appeals, disciplinary hearings, etc.
- Students are also prohibited from arranging for others to do any recording of conversations, phone calls or other educational activities, unless specifically permitted by the University.
- D. In compliance with the privacy regulations contained in the Health Insurance Portability & Accountability Act (HIPAA), visual and recording devices shall not be used in patient care areas.
- F. The University shall not be liable for the loss or damage of personal cell phones, multimedia devices or other recording devices brought into the educational setting.
- G. Failure to comply with the provisions of this policy may result in disciplinary action up to and including dismissal from an academic program, depending on the severity of the infraction.

Procedures for Adjudicating Alleged Violations of Academic Integrity in RBHS Schools

- I. Academic Integrity Procedural Requirements for RBHS Schools
 - 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 designee may attempt to resolve the matter with the accused student. If the Dean or his/her designee concludes that the matter cannot or should not be resolved informally, he/she shall refer it to the Hearing Body of the School within ten (10) working days of the decision that the matter cannot or should not be resolved informally. At the Dean's discretion, the awarding of a degree or certificate may be delayed pending the outcome of the disciplinary procedure. Written records must be kept of any action.
 - C. The Hearing Body shall forward to the accused and 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 or his/her designee.
 - D. The Hearing Body shall convene to hear the complaint and make written recommendations for action to the Dean.
 - (a) The Hearing Body shall be an established committee at each School and shall be constituted according to rules established by each School, but in all events shall consist of at least three members, two of whom must be students, and at least

one of whom must be a faculty member, who are not directly involved in the matter to be considered. Remaining members of the committee may be faculty, administrators, or students or any combination thereof.

- (b) Witnesses may be called by any participant. The Chair of the Hearing Body 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. The Hearing Body deciding a case must not be informed of any prior violations for which the accused student was found responsible until after a decision on responsibility has been made but before a suitable sanction is assigned.
- (c) Students may consult private legal counsel at any time for advice. Students or legal counsel may submit to the Hearing Body any documents or other evidence relevant to the matter at any time prior to the conclusion of the hearing. Legal counsel shall not be permitted to appear at the proceedings of the Hearing Body but may be present outside the hearing room to consult with the student, at the student's request. Students may be accompanied by a non-attorney advocate during the hearing to consult privately with the student and, at the student's request, to present a final statement on the student's behalf. No other participation by the advocate is permitted.
- (d) The burden of proof shall rest with the complainant. The standard of proof shall be the preponderance of the evidence standard (i.e., it is more likely than not that the student committed the offense).
- (e) The Chair of the Hearing Body shall rule on all procedural matters in accordance with this policy, with the procedural rules of the School, and with generally accepted terms of academic fairness. Whenever necessary, the Chair may seek the advice of the Office of General Counsel in procedural matters. Hearing Body procedures shall, at a minimum, ensure:

- i. that all allegations be fully heard and considered by the Hearing Body, whether or not the accused student admits committing the offense.
- ii. that witnesses designated by the complainant, the accused, the School administration or the Hearing Body be heard and that the accused be permitted to be present during testimony; the Hearing Body may request the presence of the complainant during the testimony of other witnesses, in whole or in part. In addition, administrative staff may be present during the Hearing Body proceedings to aid the Hearing Body.
- iii. that, subject to protections provided by FERPA, both the complainant and the accused be afforded similar and timely access to any information that is considered by the Hearing Body
- iv. that testimony during the hearing shall be tape-recorded or recorded and transcribed by a court stenographer, excluding all deliberations by the Hearing Body; an accused student may request in advance that the School employ a court stenographer during the hearing, at the student's own expense, and obtain a copy of the recording or a transcript at his/her own expense.
- v. that the Hearing Body 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 the accused, within seven (7) working days thereafter, a written recommendation, including any findings of fact made by the Hearing Body, and a reporting of the total vote tally of the Hearing Body's decision, without reference to individual votes.
- vi. that the recommendations of the Hearing Body may consist of any or no disciplinary action, based on the factual findings, the severity of the infraction, the accused student's education records at the School, and

any procedures, policies or codes of the School or the University.

Examples of possible disciplinary actions include, but are not limited to:

- Dismissal of charges: dismissal of the complaint and removal of the complaint from University records.
- Reprimand: a written statement by the Dean to the student involved, with a copy of the letter placed in the student's file.
- Probation: a specific period of time during which conditions may be placed on the student's enrollment, and the student's academic achievement and/or conduct monitored by the School; findings by the Hearing Body of additional disciplinary infractions during this period will result in the dismissal of the student.
- Suspension: a specific period during which the student is barred from enrollment.
- Dismissal: the severing of the affiliation between the student and the School.
- Withholding of degree or certificate: temporary or permanent withholding of degree or certificate.
- Degree or certificate revocation.

- vii. that the Hearing Body recommendations are supported by no less than a majority vote of the members hearing the matter.
- (f) All notices and correspondence to an accused student shall be sent certified mail, return receipt requested, or by another method providing confirmation of delivery, and such receipts or confirmations shall be retained by the School.

(g) The student may seek the advice of faculty or students who are not involved in the matter in question and who do not hold an administrative position in the School constituting a potential conflict of interest. Following the Dean's submission of the matter to the Hearing Body, neither School nor other Rutgers University administrative officers, faculty, staff or representative may advise an accused student or his/her representative in any matter relating to the disciplinary action, except for an explanation of the procedures to be followed. Administrative officers whose positions may constitute a conflict of interest may not advise an accused student in any matter pertaining to the alleged infraction. The Dean may designate an administrative officer to participate in the hearing in order to present testimony or materials on behalf of the School.

- E. Within five (5) working days of receipt of the Hearing Body's recommendation, any party may submit written exceptions to the Dean.
- F. The Dean may review any education records of involved students, seek information, and consult with any other party, including the student, complainant, and members of the Hearing Body. Except in extraordinary circumstances (notice of which shall be provided by the Dean to the accused student and the complainant), the Dean or his/her designee shall, within thirty (30) working days of the last submission by any party of written exceptions by any party, render a final decision on disciplinary action to be taken and shall provide written copies of the decision to the student, the complainant, and Hearing Body members. The Dean's decision shall be rendered earlier if the accused student is expected to graduate before the expiration of this thirty working day period.
- G. Within five (5) working days of receipt of the Dean's decision, the accused student may submit a written appeal to the RBHS Chancellor. RBHS Chancellor may, at his or her discretion, review any education records of involved students and seek information and consult with any other party, including the student, complainant, members of the Hearing Body, and the Dean. Except in extraordinary circumstances, (notice of which shall be provided by the Dean to the accused

student and the complainant) the RBHS Chancellor shall, within thirty (30) working days, render a non-appealable written decision and shall provide written copies of the decision to the student, the complainant (other than another student), Hearing Body members and the Dean. Such a decision shall be rendered earlier if the accused student is expected to graduate before the expiration of this thirty working day period.

- H. The School shall retain all records, notices, correspondence, tapes, and transcripts pertaining to any action taken pursuant to this policy for a period of seven (7) years following the conclusion of the action.
- I. The Office of Senior Vice President and General Counsel may advise the Hearing Body and any administrative officer on the interpretation of this policy and any other legal or procedural question at any time, except that no legal counsel shall be present during the taking of testimony by the Hearing Body.
- J. There shall be no action taken to suspend or expel a student from school prior to completion of these disciplinary hearing procedures, unless, in the judgment of the Dean or his/her designee, the continued presence of the student poses a substantial and immediate danger to the welfare or safety of any person or property. The Dean may, in such cases, take action to prevent harm prior to and during the conduct of a hearing; the Hearing Body shall convene as rapidly as possible to render recommendations. A student suspended in this manner shall be given an opportunity to appear personally before the Dean or his/her designee to discuss the alleged misconduct and whether the student's continued presence poses a substantial and immediate danger to himself/herself, to others, and/or to property. Alternatively, action may be taken pursuant to the University policy **Student Involuntary Leave of Absence and Involuntary Withdrawal**.
- K. Delays in any time period requirements in disciplinary procedures may be made by written agreement by the accused and the Dean or his/her designee, and, in the case of a matter before a Hearing Body, by the Chair of the Hearing Body.

II. Specific School Rules for Disciplinary Procedures

- A. Each School shall adopt procedural rules to govern the conduct of disciplinary hearings in conformity with Section V of the University Policy Document governing these procedures and with the specific needs of the School.
 - a. Such rules shall establish the number (which shall be no less than three individuals), term and manner of appointment of Hearing Body members, alternates, and the Chair. The responsibilities of faculty, staff, and student members to make themselves available to participate when needed in the hearing process shall be established upon their appointment.
 - b. Such rules shall, in the case of joint programs between Schools of the University and outside institutions, establish procedures to govern hearings affecting students in those programs. So long as principles of academic fairness are included, the procedure of either institution may be employed at the discretion of the Dean, considering such factors as which School has administrative responsibility for the student and which School awards the degree from the program.
 - c. Such rules may contain a code of student rights and responsibilities, establishing rules of conduct and standards of personal and professional behavior.
- B. Such rules will be available to students when adopted or amended through convenient means such as the Student Handbook.

III. Jurisdiction

- A. Action initiated under either academic or disciplinary procedures does not preclude subsequent or simultaneous action under the other or under the University's research misconduct procedures.

- B. If a complaint alleging a disciplinary infraction is submitted to the Dean, the Dean may determine that the allegation warrants academic action instead of or in addition to the disciplinary procedure and may forward the matter to the appropriate body for recommendations. The Dean may also refer the student for an evaluation pursuant to University policy **Student Essential Functions**.
- C. If a complaint alleging a disciplinary infraction during a student's enrollment or other participation in University activities is submitted after the student has graduated or otherwise terminated the relationship with the University, the complaint may, at the Dean's discretion, be submitted to the Hearing Body in accordance with this policy and procedure. Revocation of a degree or certificate may be recommended by the Hearing Body to the Dean.

RUTGERS UNIVERSITY POLICIES

UNIVERSITY POLICY

Policy Name:	Policy Prohibiting Discrimination and Harassment				
Section #:	60.1.12	Section Title:	Human Resources: Universitywide HR Policies & Procedures	Formerly Book:	6.4.14
Approval Authority:	Senior Vice President for Human Resources and Organizational Effectiveness		Adopted:	07/1980	Reviewed: 08/14/2020
Responsible Executive:	Senior Vice President for Human Resources and Organizational Effectiveness		Revised:	04/27/1997; 06/30/2006; 02/12/2008; 07/24/2008; 12/09/2010; 08/31/2012; 07/01/2013; 02/06/2014; 07/05/2016; 08/14/2020	
Responsible Office:	University Human Resources		Contact:	policies@hr.rutgers.edu	

1. Policy Statement

This Policy discusses the University's prohibitions against discrimination and harassment based upon membership in enumerated protected classes, including certain forms of sexual misconduct. This Policy also discusses the University's prohibitions against retaliation based upon the exercise of rights under this Policy.

The University is committed to responding to all forms of prohibited discrimination, harassment, and retaliation. Reports of misconduct outside the scope of this Policy may be addressed under other University Policies. Additional information concerning reporting options and applicable policies is set forth below.

This Policy does not apply to sexual harassment that is prohibited by Title IX of the Education Amendments Act of 1972 ("Title IX") (including sexual assault, dating violence, domestic violence and stalking). Such conduct is covered by [University Policy 60.1.33: Title IX Policy and Grievance Procedures](#).

2. Reason for Policy

To foster a safe and non-discriminatory University environment, comply with Title VII of the Civil Rights Act, the New Jersey Law Against Discrimination and other applicable laws, and inform all members of the Rutgers community that this Policy applies to all areas of University operations and programs.

3. Who Should Read this Policy

All members of the Rutgers University community.

4. Resources

- [Discrimination, Harassment, Workplace Violence, Sexual Misconduct, and Retaliation Complaint Process: Complaints Against University Employees and Third Parties](#)
- [University Policy 60.1.13: Policy Prohibiting Workplace Violence](#)

- [University Policy 60.1.16: Conscientious Employee Protection Policy](#)
- [University Policy 60.1.33: Title IX Policy and Grievance Procedures](#)
- [University Policy 60.1.32: Policy on Consensual Relationships in Academic Settings](#)
- [Third Parties Resources Supplement](#)
- [Office of Employment Equity Formal Complaint Form](#)
- [University Policy 10.2.11: Code of Student Conduct](#)
- [Rutgers Biomedical and Health Sciences \(RBHS\) Students Rights, Responsibilities and Disciplinary Procedures](#)
- [University Policy 60.1.1: Employment of Relatives](#)
- [University Policy 60.1.8: Equal Employment Opportunity and Affirmative Action Policy](#)
- [University Policy 60.5.1: Academic Freedom Policy](#)
- [Staff and Faculty Guidelines for Disability Accommodations](#)
- [University Student Life Policy Against Verbal Assault, Harassment, Intimidation, Bullying and Defamation](#)
- [Staff and Faculty Guidelines for Religious Accommodations](#)
- [University Human Resources](#): 848-932-3020
- [Office of Employment Equity](#): 848-932-3973; employmentequity@hr.rutgers.edu
- [Office of Student Conduct](#)
 - New Brunswick: 848-932-9414, conduct@echo.rutgers.edu
 - Newark: 973-353-5022
 - Camden: 856-225-6050, deanofstudents@camden.rutgers.edu
 - [RBHS Office of Academic & Student Affairs](#): 973-972-5374
- [Rutgers University Police Departments](#):
 - New Brunswick: 732-932-7211
 - Newark: 973-353-5111
 - Camden: 856-225- 6111
 - Health Sciences-Newark: 973-972-4491

5. Definitions

- A. **Discrimination** is defined as an intentional or unintentional act which adversely affects employment or educational opportunities on the basis of membership in one or more protected classes. Rutgers provides equal employment opportunity to all its employees and applicants for employment regardless of their race, religion, color, national origin, ancestry, age, sex, sexual orientation, pregnancy, gender identity and expression, disability, genetic information, atypical hereditary cellular or blood trait, marital status, civil union status, domestic partnership status, military service, veteran status, and any other category protected by law. Rutgers considers as a basis for selection in employment only those characteristics which are demonstrably related to job performance or requirements.

B. **Harassment** is conduct directed toward an individual or group based on membership in one or more protected classes. Such conduct must be sufficiently severe or pervasive to alter an individual's employment conditions, or a student's educational opportunities¹ which, in turn, creates an unreasonably intimidating, offensive, or hostile environment for employment, education, or participation in University activities.

1. A person does not have to be the direct and immediate target of harassment to complain about it. Harassing behavior toward others may be so offensive, demeaning, or disruptive as to constitute a hostile work or academic environment, though not specifically directed at the observer or individual lodging the complaint. A single, isolated incident of harassment may, based on the facts and circumstances, create a hostile environment. Conduct alleged to constitute harassment will be evaluated according to the objective standard of a reasonable person.
2. **Sexual Harassment** includes any unwelcome sexual advances, requests for sexual favors, or other unwelcome written, verbal, or physical conduct of a sexual nature when:
 - i. submission to such conduct is made, explicitly or implicitly, a term or condition of an individual's education, employment, or participation in a University activity;
 - ii. submission to, or rejection of, such conduct by an individual is used as the basis for decisions affecting that individual's academic standing, employment status, or participation in a University activity; or
 - iii. such conduct is severe or pervasive enough to unreasonably interfere with an individual's academic or work performance or participation in a University activity, or to create an intimidating, hostile, or abusive work or educational environment.

Sexual harassment may be committed by anyone regardless of gender identity and may occur between members of the same or different sexes. Further, harassment based on a person's sex is not limited to instances involving sexual behavior. That is, harassment on the basis of sex may occur without sexual advances or sexual overtones when conduct is directed at individuals or groups because of their sex. This is often referred to as sex or gender harassment, and such conduct violates this Policy.

3. Examples of conduct that may constitute or support a finding of harassment in violation of this Policy include, but are not limited to, the following types of behavior:

PHYSICAL CONDUCT

- a. Unnecessary or unwanted physical contact
- b. Blocking someone's path or impeding movement
- c. Physical interference with work
- d. Physical assault
- e. Deliberate destruction of property

NON-VERBAL CONDUCT

- a. Display of offensive material or objects
- b. Suggestive or insulting gestures, sounds, or whistles

VERBAL CONDUCT

- a. In some instances, innuendo or other suggestive, offensive, or derogatory comments or jokes about sex or a protected group listed in Section I
- b. Extortion, overt threats, or intimidation
- c. Obscene or harassing messages sent via computer or left on an answering machine or voice mail

¹ A student's educational opportunities refer to his or her learning environment (academic performance and/or academic opportunities), living environment (campus housing accommodations), and ability to participate in activities made available by Rutgers.

6. The Policy

I. **POLICY**

Rutgers University is committed to a working and learning environment for all faculty, staff and students that is free from discrimination and harassment. The University strictly prohibits discrimination and harassment based on membership in certain enumerated protected classes (“protected classes”). These classes are race, religion, color, national origin, ancestry, age, sex, sexual orientation, pregnancy, gender identity and expression, disability, genetic information, atypical hereditary cellular or blood trait, marital status, civil union status, domestic partnership status, military service, veteran status, and any other category protected by law. Harassment is a form of discrimination and, therefore, harassment directed toward an individual or group, or experienced by an individual or group, based on membership in a protected class, also violates University policy.

Discrimination and harassment compromise the integrity of the University and unfairly interfere with the opportunity for all persons to fully participate in the academic, work, and living environment at Rutgers. The University recognizes the human dignity of each member of the Rutgers community and believes that each member has a responsibility to promote respect and dignity for others so that all employees and students are free to pursue their educational and work goals in an open environment, participate in the free exchange of ideas, and share equally in the University’s employment and educational opportunities. To achieve this end, the University strives to foster an academic, work, and living environment that is free from discrimination and harassment on the basis of membership in the protected classes referenced above.

At the same time, the University is committed to the principles of academic freedom and believes that vigorous discussion and debate, as well as free inquiry and free expression, are an integral part of the University community.²

II. **SCOPE**

This Policy will apply to complaints of discrimination and harassment including certain forms of sexual misconduct, as defined above, except as specifically excluded below. This Policy applies to all areas of University operations and programs, including the conduct of all University employees and student employees that arises out of their employment status, as well as to the conduct of all interns, volunteers, vendors, contractors, subcontractors, and others who do business with the University.

A. **Sexual Harassment Prohibited by Title IX**

Title IX prohibits discrimination on the basis of sex in education programs and activities. This includes certain forms of sexual harassment and sexual violence that interfere with a person’s equal access to the University’s educational programs and activities. Related federal regulations mandate a specific grievance process that the University must follow in cases in which sexual harassment prohibited by Title IX is alleged.

The [Title IX Policy and Grievance Procedures, Policy 60.1.33](#) the forms of sexual harassment that are prohibited by Title IX (“Covered Sexual Harassment”) and describes the ways in which Rutgers will respond to reported instances of Covered Sexual Harassment, as required by law. As discussed in further detail in the Title IX Policy, Covered Sexual Harassment includes:

²Depending on the nature of the alleged misconduct, claims of sexual harassment made against University employees or third parties may be covered by this Policy or the Title IX Policy.

1. An employee conditioning education benefits on participation in unwelcome sexual conduct (i.e., “quid pro quo” harassment);
2. Unwelcome conduct that a reasonable person would determine is so severe, pervasive and objectively offensive that it effectively denies a person equal access to the University’s education program or activity;
3. Sexual assault;
4. Dating violence;
5. Domestic violence; and
6. Stalking

In order for the Title IX Policy to apply, the alleged conduct must: (i) meet the definition of Covered Sexual Harassment; (ii) have occurred in the United States; and (iii) have occurred in a Rutgers education program or activity (which may include conduct that occurs in the workplace or in the course of performing one’s job duties at Rutgers). The Title IX Policy applies in all cases that meet these parameters, regardless of whether the parties to the complaint are students, employees (faculty and staff) or third parties.

Allegations of sexual harassment that fall within the scope of the Title IX Policy must be handled in accordance with the Title IX Policy and are excluded from the scope of this Policy (the Discrimination Policy). However, this Policy utilizes a broader definition of sexual harassment than the Title IX Policy, set forth above, consistent with other State and federal laws that also prohibit sexual harassment. Therefore, complaints of sexual harassment alleged to have been committed by employees or third parties that do not fall within the scope of the Title IX Policy may still be investigated under this Policy.

All reports and complaints of alleged sexual harassment will be evaluated by the Director of the Office of Employment Equity (the Title IX Coordinator for Employees) to determine whether the alleged conduct falls within the scope of the Title IX Policy. If some or all of the reported conduct falls within the scope of the Title IX Policy, such allegations will be handled in accordance with the Title IX Policy. If not, the Director will determine whether the alleged conduct, if true, would constitute prohibited sexual harassment under this Policy, and, if so, proceed in accordance with the [Discrimination, Harassment, Workplace Violence, and Retaliation Complaint Process: Complaints Against University Employees and Third Parties \(“Complaint Process”\).](#)³

III. DESIGNATION OF UNIVERSITY OFFICES AND EMPLOYEES

Throughout this Policy, the University office and/or employee(s) who will typically perform certain roles or duties are identified. However, the University may designate other University offices or employees to perform any roles or duties described in this Policy where necessary to effectuate this Policy.

IV. ROMANTIC, DATING, INTIMATE AND/OR SEXUAL RELATIONSHIPS

Romantic, dating, intimate, and/or sexual relationships that occur in the student-teacher context or in the context of employment supervision or evaluation present special problems. These types of relationships are especially vulnerable to exploitation due to the difference in power and the respect and trust that are often present between a teacher and a student, a

³Note that if the Complaint is initially filed under the Title IX Policy, but is determined by the Title IX Coordinator not to meet any of the elements set forth above, the dismissal procedures set forth in the Title IX Policy will apply, and the matter may be referred for review under this Policy.

supervisor and a subordinate, or a senior and junior colleague in the same unit. As a result of this power differential, a student or subordinate's "voluntary" participation in a romantic, dating, intimate and/or sexual relationship with an individual in a position of power or authority does not alone demonstrate that the conduct was welcome. The attempts of a teacher to show a romantic interest in a student may constitute sexual harassment. Similarly, a supervisor's display of a romantic interest in a subordinate may constitute sexual harassment.

[University Policy 60.1.32: Policy on Consensual Relationships in Academic Settings](#) prohibits certain consensual relationships involving students and sets forth the required procedures employees must follow to report certain relationships and avoid/eliminate any related conflicts of interest.

In addition, the University also strongly discourages romantic, dating, intimate and/or sexual relationships between University employees where there is an imbalance of power because one individual is in a position to make decisions which may affect the educational opportunities, employment or career of the other. These relationships include supervisor/subordinate relationships and any other relationships between individuals wherein one individual has the power to make decisions that may have an impact, either direct or indirect, on the employment, career or educational opportunities of the other.

Employees in romantic, dating, intimate and/or sexual relationships must recuse themselves from decisions that may have a direct or indirect impact on the employee with whom they are in a relationship. Those who fail to do so and/or abuse their power in such circumstances may be found to have violated this Policy. An abuse of power may be, but is not limited to, promising an employee a promotion, or providing preferential academic or employment opportunities to an individual based on a romantic, dating, intimate and/or sexual relationship.

Any individual who engages in a romantic, dating, intimate and/or sexual relationship with someone over whom he or she has supervisory responsibility must inform his or her immediate supervisor of the relationship, so that the University can take action to make changes that eliminate the conflict of interest. If the University determines it is unable to eliminate the conflict of interest in a relationship between employees, the employees will be provided with the opportunity to decide which of the two will resign their employment. Failure to give proper notice to the appropriate supervisor may result in disciplinary action and/or the denial of legal representation and indemnification in the event that a lawsuit based on the relationship is filed.

V. **ACADEMIC FREEDOM**

The classroom and other instructional settings (e.g., studio, laboratory) present special problems because academic freedom protects the expression of ideas, even when the idea or its expression may be perceived to be offensive, if conduct or statements which are the subject of a complaint are germane to the subject matter taught. The educational process is predicated upon the free exchange of ideas, and this Policy shall not be interpreted to prohibit free expression protected by the First Amendment. The National American Association of University Professor's (AAUP) Statement on Professional Ethics provides that professors should avoid any exploitation, harassment, or discriminatory treatment of students. The 1940 Statement of Principles on Academic Freedom and Tenure provides that Professors should not introduce into their teaching controversial matter which has no relation to their subject. Accordingly, if conduct or statements which are the subject of a complaint occur in an instructional context and are germane to the subject matter being taught, wide latitude is required for professional judgment in determining the appropriate content and presentation of the academic material being taught. Therefore, harassment in violation of this Policy will not be found to exist in an instructional setting unless the conduct or statements which are the subject of a complaint are not germane to the subject matter taught and:

- are directed toward an individual or group based on one or more of the protected classes listed in Section I above;
- are sufficiently severe or pervasive to alter an individual's educational environment;

- create an objectively hostile learning environment; and
- are, in fact, perceived as hostile by the complainant.

VI. **REPORTING DISCRIMINATION AND HARASSMENT**

Any member of the University community alleging discrimination or harassment on the basis of membership in any of the protected classes is encouraged to report it immediately to the Office of Employment Equity.⁴

University supervisors and managers are required to inform the Office of Employment Equity of any reported conduct prohibited by this Policy involving other employees. This means that these individuals are required to report all relevant details, including the names of the individual who made the report, the alleged victim, the alleged Respondent, any witnesses, and other known relevant facts. One does not have to be the direct target of the discrimination or harassment to report it. Complaints against students, arising out of their conduct as students, are addressed by [University Policy 10.2.11: Code of Student Conduct](#) and the [RBHS Students Rights, Responsibilities, and Disciplinary Procedures Policy](#).⁵

Any individual who believes that he or she has been the victim of a crime (including but not limited to forced physical contact and/or sexual violence) also has a right, and is encouraged, to report the incident to the appropriate law enforcement agency. Questions about law enforcement assistance and involvement may be directed to the Chief of Police at Rutgers University–New Brunswick, Rutgers University–Newark, and Rutgers University–Camden.

The University is committed to responding to reports and complaints of discrimination and harassment promptly, fairly, and with sensitivity, as outlined in the [Discrimination, Harassment, Workplace Violence, Sexual Misconduct, and Retaliation Complaint Process: Complaints Against University Employees and Third Parties \(“Complaint Process”\)](#).⁶ Upon completion of the Complaint Process, the University will take appropriate corrective action consistent with the results of the investigation. Sanctions may include discipline up to and including termination of employment, consistent with the terms of all University Policies concerning personnel actions and the terms of all applicable collective negotiations agreements. In addition to any sanction, the University may also recommend training, counseling or other support services to the Respondent.⁷

The University will maintain confidentiality as to discrimination and harassment complaints, and the investigation of those complaints, to the extent possible. Only those who have a need to know will be told the identity of the parties to a complaint.

In some instances, a complainant may choose to take no action (including filing a formal complaint) or to defer action until a later date in order to maintain anonymity. In these instances, the University reserves the right to determine whether it is necessary to initiate a

⁴ The Director of the Office of Employment Equity supervises the operation of the [Discrimination, Harassment, Workplace Violence, Sexual Misconduct, and Retaliation Complaint Process: Complaints Against University Employees and Third Parties](#). The Office is also a resource for all members of the University community, and is responsible for arranging education and training for the community regarding the Policy and the Complaint Process. Contact information for the Director is 848-932-3973 or employmentequity@hr.rutgers.edu.

⁵ Additional information about complaints against students can be found at <http://studentconduct.rutgers.edu/> or by contacting the Office of Student Conduct, which responds to such complaints, and can be reached at 732-932-9414 or conduct@echo.rutgers.edu.

⁶ Available at <https://uhr.rutgers.edu/sites/default/files/userfiles/DiscriminationHarassmentComplaintProcess.pdf>. Information is also available at <http://uhr.rutgers.edu/policies-resources/policies-procedures/policy-and-compliance-guidelines/discrimination-and->

⁷ Complaints of discrimination or harassment against vendors, contractors, subcontractors, and others who do business with the University will be handled by the Director of the Office of Employment Equity.

University Action and investigate the reported conduct in order to protect the University community. The Director of the Office of Employment Equity will consider various factors in this assessment, such as the availability of independent evidence of the allegations, the nature of the allegations and/or whether there have been similar complaints about the same Respondent. If the Director initiates a University Action, the Director will notify the Complainant, but the Complainant will not be required to participate in the process.

VII. RETALIATION

The University prohibits retaliation against individuals who, in good faith, assert their rights to bring a complaint of discrimination or harassment as defined in this Policy, participate in a discrimination or harassment investigation, or protest the alleged discrimination, harassment, or retaliation. No person may intimidate, threaten, coerce or discriminate against any individual for the purpose of interfering with any right or privilege under this Policy.

Retaliation is an offense separate from the original complaint of discrimination, and will be considered independently from the merits of the underlying complaint. Individuals who believe they have been subjected to retaliation should report the conduct to the Office of Employment Equity.

VIII. FALSE STATEMENTS

All parties and witnesses to a complaint and/or investigation are prohibited from knowingly making false statements and from knowingly submitting false information during the complaint and investigation process. Knowingly making a false statement or knowingly submitting false information may subject the party or witness to discipline.

Anyone who believes that he or she has been the subject of a false complaint may meet with the Director of the Office of Employment Equity to discuss the allegations. The filing of a complaint that does not result in a finding of prohibited conduct is not alone evidence of the intent to file a false complaint.

UNIVERSITY POLICY

Policy Name:	Policy Prohibiting Sexual Harassment, Sexual Violence, Relationship Violence, Stalking, and Related Misconduct by Employees and Third Parties				
Section #:	60.1.28	Section Title:	Universitywide HR Policies & Procedures	Formerly Book:	N/A
Approval Authority:	Senior Vice President for Human Resources and Organizational Effectiveness		Adopted:	7/5/2016	Reviewed: 7/5/2016
Responsible Executive:	Senior Vice President for Human Resources and Organizational Effectiveness		Revised:		
Responsible Office:	University Human Resources		Contact:	policies@hr.rutgers.edu	

1. Policy Statement

Rutgers, The State University of New Jersey, is committed to fostering an environment that is safe and secure and free from sexual and gender-based discrimination and harassment, sexual violence, dating and domestic violence, stalking and other related misconduct. The University recognizes its responsibility to increase awareness of such misconduct, prevent its occurrence, support victims, deal fairly and firmly with alleged offenders, and diligently investigate reports of misconduct. In addressing these issues, all members of the University must come together to respect and care for one another in a manner consistent with our deeply held academic and community values. This Policy sets forth how the University defines and addresses sexual and gender-based harassment, sexual violence, stalking and relationship violence and related complaints made against University employees, student employees and third parties doing business with the University.

2. Reason for Policy

To foster a safe and non-discriminatory University environment and comply with Title VII of the Civil Rights Act, Title IX of the Higher Education Amendments of 1972, the Violence Against Women Reauthorization Act of 2013 (“VAWA”) and other applicable laws.

This policy specifically addresses sexual and gender-based discrimination and harassment. The University also prohibits other forms of discrimination and harassment covered by [Policy 60.1.12, the Policy Prohibiting Discrimination and Harassment](#).

Depending on the nature of the allegations, additional University policies may also be implicated. The Office of Employment Equity and/or the Respondent’s Department will determine whether potential violations of other policies will also be investigated based on the allegations contained in a complaint. As a general matter, the Office of Employment Equity will also conduct investigations into violations of the [Policy Prohibiting Discrimination and Harassment, \(60.1.12\)](#) and the [Policy Prohibiting Workplace Violence \(60.1.13\)](#), and, where a complaint or report implicates those policies in addition to this Policy, the Office of Employment Equity may simultaneously investigate whether violations of multiple policies have occurred.

3. Who Should Read this Policy

All members of the Rutgers University community.

4. Resources

- [Policy Prohibiting Sexual Harassment, Sexual Violence, Relationship Violence, Stalking, and Related Misconduct by Employees and Third Parties Resources Supplement](#)

- [Discrimination, Harassment, Workplace Violence, Sexual Misconduct, and Retaliation Complaint Process: Complaints Against University Employees and Third Parties](#)
- [Policy 60.1.12, Policy Prohibiting Discrimination and Harassment](#)
- [Policy 60.1.13, Policy Prohibiting Workplace Violence](#)
- [Policy 60.1.16, Conscientious Employee Protection Policy](#)
- [Office of Employment Equity Formal Complaint Form](#)
- [Policy 10.3.12, Student Policy Prohibiting Sexual Harassment, Sexual Violence, Relationship Violence, Stalking, and Related Misconduct](#)
- [Policy 10.2.11, Code of Student Conduct](#)
- [RBHS Students Rights, Responsibilities and Disciplinary Procedures](#)
- [Student Life Policy Against Verbal Assault, Harassment, Intimidation, Bullying and Defamation](#)
- [University Human Resources](#): 848-932-3020
- [Office of Employment Equity](#): 848-932-3973; employmentequity@hr.rutgers.edu

For Complaints Against University employees (faculty or staff on all campuses) or other non-students:

Lisa Grosskreutz, Director, Office of Employment Equity, Title IX Coordinator
 University Human Resources
 57 US Highway 1, ASB II, Cook Campus
 848-932-3979
Lisa.grosskreutz@rutgers.edu

Title IX Compliance Officer and Central Title IX Coordinator
 Judy Ryan, Enterprise Risk and Institutional Compliance Officer
 1 World's Fair Drive, Suite 3200,
 Somerset, NJ 08873
 732-235-5304
Judy.ryan@rutgers.edu

Additional contacts can be found in the Policy Prohibiting Sexual Harassment, Sexual Violence, Relationship Violence, Stalking, and Related Misconduct by Employees and Third Parties [Resources Supplement](#) ("[Resources Supplement](#)").

- Office of Student Conduct
 - New Brunswick: 848-932-9414, conduct@rci.rutgers.edu
 - Newark: 973-353-2772
 - Camden: 856-225-6050, deanofstudents@camden.rutgers.edu
- Rutgers University Police Departments:
 - New Brunswick: 732-932-7211
 - Newark: 973-353-5581
 - Camden: 856-225-6009
 - Health Sciences-Newark: 973-972-4491

5. The Policy

I. **POLICY**

This policy applies to conduct committed by University employees and third parties and prohibits a broad range of behaviors focused on sex and/or gender that may or may not be sexual in nature. Sexual harassment, sexual violence, sexual exploitation, gender-based harassment, stalking, and relationship violence (including dating and domestic violence) are all forms of misconduct that are prohibited by this Policy and will not be tolerated by the University. The University is committed to fostering an environment that is safe and secure and free from sexual and gender-based discrimination and harassment, sexual violence, dating and domestic violence, stalking and other related misconduct. The University recognizes its responsibility to increase awareness of such misconduct, prevent its occurrence, support victims, deal fairly and firmly with offenders, and diligently investigate reports of misconduct. In addressing these issues, all members of the University must come together to respect and care for one another in a manner consistent with our

deeply held academic and community values.¹

II. **SCOPE**

This Policy governs sexual harassment, sexual assault, sexual exploitation, gender-based harassment, stalking, relationship violence (including dating and domestic violence), and related misconduct allegedly committed by a current Rutgers University employee (including faculty, staff, and student employees) and/or third parties (such as interns, volunteers, vendors, contractors, and subcontractors) that either:

- Occurs on any University campus or property, or in connection with any University program(s) or activity(ies);
- Creates a hostile environment for University employees or University students; or
- Involves a complaint by a University employee or University student arising out of the Respondent's employment status with the University or third party's business or relationship with the University.

A. **Complaint Parties**

Throughout this Policy "Complainant" refers to the person making the allegation(s) of prohibited conduct and "Respondent" refers to the person alleged to have committed the prohibited conduct. When the Complainant is someone other than the victim of the alleged conduct, the victim also will be deemed the Complainant for purposes of the rights and options available under this Policy.

B. **Complaints Against Students**

If the Respondent is a University student, acting in his or her capacity as a student, please refer to the [Student Policy Prohibiting Sexual Harassment, Sexual Violence, Relationship Violence, Stalking, and Related Misconduct](#).

C. **Designation of University Offices and Employees**

Throughout this Policy, the University office and/or employee(s) who will typically perform certain roles or duties are identified. However, the University may designate other University offices or employees to perform any roles or duties described in this Policy where necessary to effectuate this Policy.

III. **PROHIBITED CONDUCT**

This Policy prohibits the following conduct, as well as attempts to commit and/or aiding or inciting others to commit these acts. Please note that these definitions are behavioral definitions, not legal or criminal definitions. Definitions of criminal violations can be found in the University's annual [Safety Matters Report](#).

A. **Sexual Harassment.** Sexual harassment includes any unwelcome sexual advances, requests for sexual favors, or other unwelcome written, verbal, or physical conduct of a sexual nature when:

- submission to such conduct is made, explicitly or implicitly, a term or condition of an individual's education, employment, or participation in a University activity;

¹ For additional information on discrimination and harassment based on other protected categories, see Policy Prohibiting Discrimination and Harassment, 60.1.12; Code of Student Conduct, 10.2.11; Academic Freedom Policy, 60.5.1; Workplace Violence Policy, 60.1.1; RBHS Students Rights, Responsibilities and Disciplinary Procedures. Policies are linked in the Related Documents section on Page 1.

- submission to, or rejection of, such conduct by an individual is used as the basis for decisions affecting that individual's academic standing, employment status, or participation in a University activity; or
- such conduct has the purpose or effect of unreasonably interfering with an individual's academic or work performance or creating an intimidating, hostile, or offensive

environment for that individual's employment, education, or participation in a University activity.

Sexual harassment may be committed by anyone regardless of gender identity and may occur between members of the same or opposite sex.

A "hostile environment" exists when unwelcome conduct of a sexual or gender-based nature has the purpose or effect of unreasonably interfering with an individual's academic or work performance or creating an intimidating, hostile, or offensive environment for that individual's employment, education, living environment or participation in a University activity. A person does not have to be the target of harassment to complain about it. Harassing behavior toward others may be so offensive, demeaning, or disruptive as to constitute a hostile work or academic environment, even if the harassment is not specifically directed at the observer or individual lodging the complaint. Alleged harassment will be evaluated according to the objective standard of a reasonable person. A single, isolated incident of sexual or gender-based harassment may, based on the facts and circumstances, create a hostile environment.

- B. Gender-based Harassment.** Gender-based harassment refers to acts of aggression, intimidation, stalking, or hostility based on gender, gender identity, or gender-stereotyping. Gender-based harassment can occur if individuals are harassed either for exhibiting what is perceived as a stereotypical characteristic of their sex, or for failing to conform to stereotypical notions of masculinity or femininity. To constitute harassment, the conduct must unreasonably interfere with an individual's employment, education, or participation in a University activity, or create an unreasonably intimidating, hostile, demeaning or offensive work, academic, or living environment.
- C. Sexual Intimidation.** Sexual intimidation refers to threatening behavior of a sexual nature directed at another person or group that reasonably leads the target(s) to fear for their physical well-being or to engage in sexual conduct for self-protection. Examples of sexual intimidation are threatening to sexually assault another person or engaging in indecent exposure.
- D. Sexual Exploitation.** Sexual exploitation refers to non-consensual abuse or exploitation of another person's sexuality for the purpose of sexual gratification, financial gain, personal benefit or advantage, or any other non-legitimate purpose. Examples of sexual exploitation include, but are not limited to:
- observing another individual's nudity or sexual activity or allowing another to observe nudity or sexual activity without the knowledge and consent of all participants;
 - non-consensual streaming of images, photography, video or audio recording of sexual activity or nudity, or distribution of such without the knowledge and consent of all participants;
 - exposing one's genitals in non-consensual circumstances; or
 - inducing incapacitation for the purpose of making another person vulnerable to non-consensual sexual activity.
- E. Sexual Assault or Non-Consensual Sexual Contact.** Sexual assault or non-consensual² sexual contact refers to any one or more of the following acts:

² In matters arising under this Policy in which a party's consent to sexual contact is at issue, the definition of "consent" set forth in Policy 10.3.12, Student Policy Prohibiting Sexual Harassment, Sexual Violence, Relationship Violence, Stalking, and Related Misconduct, shall apply.

- Touching of an unwilling or non-consenting person's intimate parts (such as genitalia, groin, breast, buttocks, or mouth under or over a person's clothes).
- Touching an unwilling person or non-consenting person with one's own intimate parts.
- Forcing an unwilling person to touch another's intimate parts.
- Penetrating an unwilling person orally, anally, or vaginally with any object or body part.

This includes, but is not limited to, penetration of a bodily opening without consent, through the use of coercion, or through exploitation of another's inability to give consent.

- Penetrating an unwilling person orally, anally, or vaginally with any object or body part by use of force, threat, and/or intimidation.

F. **Relationship Violence.** Relationship violence refers to any act of physical, sexual, and/or psychological harm against an individual by a current or former intimate or romantic partner, or by a person with whom the victim shares a child in common. Intimate or romantic partners may be dating, cohabitating, married, separated or divorced, and may be of the same or different sex. Dating violence and domestic violence are both considered "relationship violence" under this Policy.

G. **Stalking.** Stalking refers to any course of conduct directed at a specific person that would cause a reasonable person to be fearful of serious harm or danger to themselves or to individuals close to them. Examples of stalking include non-consensual communication and physical contact; following or pursuing the other person; waiting or showing up at locations visited by the other person; spying on a person; trespassing; vandalism; gathering of information about a person from others; or manipulating and controlling behaviors such as threats to harm oneself or threats to harm someone close to the victim.

H. **Retaliation.** Retaliation refers to any act of intimidation against individuals who, in good faith, assert their rights to bring a complaint under this Policy, including individuals who file a third-person report, or participate in an investigation, or protest the alleged conduct or retaliation. Retaliation can take many forms, including sustained abuse or violence, threats, and intimidation. Any individual or group of individuals, not just a Respondent or Complainant, can be responsible for retaliation. Retaliation is considered a separate offense from the original complaint, and will be considered independently from the merits of the underlying complaint. Individuals who believe they have been subjected to retaliation should report the conduct to the Office of Employment Equity.

IV. **ROMANTIC RELATIONSHIPS WITH UNIVERSITY EMPLOYEES**

Sexual relationships that occur in the student-teacher context or in the context of employment supervision or evaluation present special problems. These types of sexual relationships are especially vulnerable to exploitation due to the difference in power and the respect and trust that are often present between a teacher and a student, a supervisor and a subordinate, or a senior and junior colleague in the same unit. Therefore, the University strongly discourages sexual relationships between individuals where there is an imbalance of power where one individual is in a position to make decisions which may affect the educational opportunities or standing or employment or career of the other.

A student or a subordinate's "voluntary" participation in a sexual relationship with an individual in a position of power or authority does not alone demonstrate that the conduct was welcome. Therefore, the attempts of a teacher to show a romantic interest in a student may constitute sexual harassment. Similarly, a supervisor's display of a romantic interest in a subordinate may constitute sexual harassment.

Employees in romantic relationships must recuse themselves from decision making when the decisions at issue may have an impact, either direct or indirect, on the employee or student with whom they are romantically involved. Those who abuse their power in such circumstances may be found to have violated this Policy. An abuse of power may be, but is not limited to, inflating a student's grade, promising an employee a promotion, or providing preferential academic or employment opportunities to an individual based on a romantic or sexual relationship.

Any individual who engages in a consensual romantic or sexual relationship with someone over

whom he or she has supervisory or educational responsibility must inform his or her immediate supervisor of the consensual relationship, so that the University can take action to make changes that eliminate the conflict of interest. In the case of a relationship between two employees in which the University determines it is unable to eliminate the conflict of interest, the employees will be provided with the opportunity to decide which of the two will resign their employment. Failure to give proper notice to the appropriate supervisor may result in the denial of legal representation and indemnification in the event that a lawsuit based on the relationship is filed. In addition, failure to give proper notice to the appropriate supervisor may result in disciplinary action.

V. **ACADEMIC FREEDOM**

The classroom and other instructional settings (e.g., studio, laboratory) present special problems because academic freedom protects the expression of ideas, even when the idea or its expression may be perceived to be offensive, if conduct or statements which are the subject of a complaint are germane to the subject matter taught. The educational process is predicated upon the free exchange of ideas, and this Policy shall not be interpreted to prohibit free expression protected by the First Amendment. The National AAUP's Statement on Professional Ethics provides that professors should avoid any exploitation, harassment, or discriminatory treatment of students. The 1940 Statement of Principles on Academic Freedom and Tenure provides that Professors should not introduce into their teaching controversial matter which has no relation to their subject. Accordingly, if conduct or statements which are the subject of a complaint occurs in an instructional context and are germane to the subject matter being taught, wide latitude is required for professional judgment in determining the appropriate content and presentation of the academic material being taught. Therefore, harassment in violation of this Policy will not be found to exist in an instructional setting unless the conduct or statements which are the subject of a complaint are not germane to the subject matter taught and:

- are directed toward an individual or group based on one or more of the protected classes listed in Section I above;
- are sufficiently severe or pervasive to alter an individual's educational environment;
- create an objectively hostile learning environment; and
- are, in fact, perceived as hostile by the complainant.

VI. **REPORTING PROHIBITED CONDUCT**

The University strongly encourages all members of the University community to report all conduct prohibited by this Policy as promptly as possible so that the University can investigate and respond effectively. **If an administrator, supervisor, or faculty member receives a complaint of conduct allegedly in violation of this Policy, he or she has an affirmative duty to promptly report it to the Office of Employment Equity.** Failure to do so in accordance with this Policy is a violation of University policy and may lead to disciplinary action. Administrators, supervisors, and faculty members should not investigate complaints they receive, nor evaluate whether the complaint rises to the level of a University policy violation.

A. **Options for Reporting**

The Office of Employment Equity

A complaint against a University employee, (including faculty, staff, and student employee) or third party (such as interns, volunteers, vendors, contractors, and others who do business with the University) shall be reported to the Director of the Office of Employment Equity ("Director") who also serves as the Title IX Coordinator for Faculty and Staff.

Lisa Grosskreutz, Director of the Office of Employment Equity,
Title IX Coordinator, Faculty and Staff³

University Human Resources
57 US Highway 1, ASB II, Cook Campus
848-932-3979
Lisa.grosskreutz@rutgers.edu

If a Complainant wishes to commence a formal investigation, he or she may file a Formal Complaint Form with the Office of Employment Equity.⁴ The Director of the Office of Employment Equity or his or her designee is available to answer any questions about commencing a formal investigation. The University encourages all members of the University community to report incidents of prohibited conduct regardless of whether the Complainant or victim has yet decided whether or not to file a formal complaint form.

Complaints Against Students: Information about reporting complaints against University students is contained in the Student Policy. As a general matter, a complaint against a student arising out of his or her conduct as a student (as opposed to his or her conduct as a student employee) should be reported to the Title IX Coordinator for Students.⁵ Questions about the appropriate office to report conduct committed by a University student may be directed to either the Office of Employment Equity or other Title IX Coordinator.

Law Enforcement

Unless otherwise required by law, Complainants may choose to report crimes of sexual violence to the Rutgers University Police Department ("RUPD"), and/or the state or local police department or the county prosecutor's office where the incident(s) occurred.

The RUPD officers are trained to assist victims of sexual assault, dating violence and domestic violence. RUPD personnel are familiar with state and local law enforcement processes and can explain what happens when sexual violence is reported to law enforcement. RUPD personnel can also accompany an individual requesting support to the local police department or prosecutor's office, though they cannot serve as a substitute for legal advice on these matters.

While RUPD may work cooperatively with state or local law enforcement authorities, the criminal justice system is independent of the University's internal investigations. Law enforcement authorities, including the RUPD, do not determine whether a violation of this Policy has occurred.

Additional information on the RUPD intake process can be found in Rutgers' annual security report, [Safety Matters Report](#).

B. Reports by Student Complainants

³ The Director of the Office of Employment Equity serves as the Title IX Coordinator for Faculty and Staff. However, complaints may also be made to another Title IX Coordinator. Title IX Coordinators serve as the central points of contact for complainants of sexual misconduct and oversee the administration of this Policy in a neutral and equitable manner. The Title IX Coordinators are also responsible for overseeing the University's response to all reports and complaints of sexual misconduct, and identifying and addressing any patterns or systemic problems revealed by such reports and complaints. The University's Title IX Compliance Officer and Central Title IX Coordinator is Judy Ryan, Enterprise Risk and Institutional Compliance Officer, and she can be reached at 1 World's Fair Drive, Suite 3200, Somerset, NJ 08873, 732-235-5304, Judy.ryan@rutgers.edu. Contact information for additional Title IX Coordinators can be found in the [Resources Supplement](#).

⁴ Complaint Forms can be returned to the Office of Employment Equity, 57 US Highway 1, ASB II, Cook Campus, 848-932-3973, Fax: 732-932-0049.

⁵ Such complaints are addressed by Policy 10.3.12 the Student Policy Prohibiting Sexual Harassment, Sexual Violence, Relationship Violence, Stalking, and Related Misconduct. Contact information for the Title IX Coordinators for Students can be found in the [Resources Supplement](#).

The University recognizes that student Complainants may be most comfortable disclosing sexual violence and other prohibited conduct to a University employee they know well, such as a faculty member, a supervisor, a coach, or a resident advisor. These “non-confidential” employees will protect and respect Complainants’ privacy to the greatest extent possible and share information only on a need-to-know basis; however, they cannot serve as a confidential resource for Complainants. **Any University employee (other than the confidential resources identified in the [Resources Supplement](#)), who receives a student complaint about conduct prohibited by this Policy or the [Student Policy Prohibiting Sexual Harassment, Sexual Violence, Relationship Violence, Stalking, and Related Misconduct](#), is required to inform the appropriate Title IX Coordinator about the incident.**⁶ Incidents that involve an allegation that an employee or third party has violated this Policy should be directed to the Director of the Office of Employment Equity, who serves as the employee Title IX Coordinator. Incidents that involve an allegation about a student’s conduct should be reported to the appropriate Title IX Coordinator for Students.⁷ Once a report is made, the Title IX Coordinator will work with the alleged victim to assess any request for confidentiality or anonymity, and to determine how to respond to the report in a way that will stop and prevent recurrence of the alleged misconduct and provide remediation to the victim.

C. Confidentiality

The University will reveal information about its investigations of conduct prohibited by this Policy only to those who need to know the information in order to carry out their duties and responsibilities. Individuals with questions about who may receive such information should contact the Office of Employment Equity (“OEE”).

OEE expects that all parties, witnesses and support persons involved in an investigation will respect the integrity of the procedures and the legitimate privacy interests of the parties and witnesses. This does not prohibit either a Complainant or Respondent from obtaining the assistance of family members, counselors, therapists, clergy, doctors, attorneys, union representative or similar resources.

D. Confidential Resources

There are various “confidential” resources available throughout the University, including advocates, counselors, clergy and healthcare providers. These are people that, in general, are not obligated to share any personally identifying information about a report of prohibited conduct (such as the Complainant, victim or Respondent’s name) with the Office of Employment Equity, a Title IX Coordinator, law enforcement, or other University administrator. A report to a confidential resource will not trigger an investigation or disciplinary action under this Policy. Confidential resources can offer the following assistance:

- Provide information about how to file a complaint with the University or law enforcement;
- Direct the individual to other forms of protection and support, such as victim advocacy, accommodations, and/or health or counseling services;
- Arrange for medical care and accompany the individual, or arrange for someone to accompany the individual, to seek such care; and
- Provide individuals with immediate and long-term help.

⁶ Certain employees designated “Responsible Employees” are required to report all potential incidents of sexual misconduct. Responsible employees include those who have the authority to take action to redress sexual misconduct,

those given the duty of reporting incidents of sexual misconduct to the Title IX Coordinator, or anyone a student would reasonably believe to have that duty. This Policy requires that all faculty and staff not designated as a Confidential Resource relay such reports to the Title IX Coordinator.

⁷ Camden, New Brunswick, Newark and RBHS each have an assigned Title IX Coordinator. Contact information is available in the Policy Prohibiting Sexual Harassment, Sexual Violence, Relationship Violence, Stalking, and Related Misconduct by Employees and Third Parties [Resources Supplement](#) ("[Resources Supplement](#)").

The [Resources Supplement](#) contains a complete list of the confidential resources at Rutgers University–New Brunswick, Rutgers Biomedical and Health Sciences, Rutgers University–Newark and Rutgers University–Camden. University employees and students may use these confidential resources whether or not they make a report to a Title IX Coordinator or participate in the University investigation proceedings, disciplinary process, or criminal process.

E. Requests not to Disclose the Complainant’s Identity in Connection with a Report to the University

The Director of the Office of Employment Equity is responsible for assessing requests by Complainants and/or victims not to disclose their identity to anyone else, including the person who allegedly committed the prohibited conduct. While such a request may limit the University’s ability to investigate and respond to a report, the Director of the Office of Employment Equity, in consultation with the RUPD, victim advocates, or other relevant University administrators (as appropriate), will consider the request in light of the University’s commitment to provide a safe and non-discriminatory environment for all University members, and will honor the request whenever possible. Similarly, a Complainant and/or victim may request that the Office of Employment Equity not commence an investigation at all. In either case, the Office of Employment Equity will promptly notify the individual making the request whether the University will be able to honor it.

Whether or not the University is able to grant a request to keep the Complainant’s and/or victim’s identity confidential, University personnel will reveal information about investigations and disciplinary proceedings pursuant to this Policy only to those who need to know in order to carry out their duties and responsibilities. This means that the Director of the Office of Employment Equity, or his or her designee, may disclose the identity of the Complainant/victim to, for example, the investigators assigned to the case, potential witnesses, and University administrators involved in the disciplinary process and/or any requests for interim measures or accommodations.

F. Reports from Third Parties and Anonymous Reports

In cases where an incident is reported to the Office of Employment Equity or the RUPD by someone other than the alleged victim (by a coworker, faculty member, resident advisor, friend or roommate, or witness, for example), the Office of Employment Equity will promptly notify the alleged victim that a report has been received. This Policy will apply in the same manner as if the victim had made the initial report and that individual will be considered the Complainant for purposes of this Policy, even though the initial report did not originate with that individual. The Office of Employment Equity will make every effort to meet with the alleged victim to discuss available options and on-campus and off-campus resources. Reports from an anonymous source otherwise will be treated in the same manner as a report from the alleged victim. As always, the victim/Complainant is not required to participate in any resulting investigation or disciplinary process and the Director of the Office of Employment Equity will assess any requests to keep the identity of the Complainant/victim confidential, or not to commence an investigation.

G. Unknown/Non-University Offenders

The University will investigate reports of incidents affecting University employees or students that are committed by individuals who are not members of the University community or whose identity is not known to the extent it is able. The University will take appropriate actions

designed to protect affected students and others in the University community, and to remediate the impact of the incident for the Complainant/victim.

VII. **INTERIM REMEDIAL MEASURES**

In all cases, the University will take appropriate steps designed to mitigate the effects of the alleged prohibited conduct, prevent its recurrence, and make accommodations for the Complainants involved. Such interim measures may include, but are not limited to, academic, residential, and work accommodations; increased monitoring, supervision, or security at locations or in connection with activities where the alleged incident occurred; training and educational materials for the campus community; and/or other protective measures to separate the Respondent from the community, if appropriate. Under appropriate circumstances, available academic, residential and work-related accommodations may include:

- No Contact Order. A no contact order is an official University directive that serves as notice to an individual that they must not have verbal, electronic, written or third party communications with another individual. Violations of a no contact order may be subject to discipline.
- Academic accommodations such as tutoring, assistance in transferring to another section of a lecture or laboratory, assistance in arranging for incompletes, leaves or withdrawal from campus, or rearranging class schedules, and
- Housing accommodations such as facilitating changes in on-campus housing or assistance in exploring alternative housing off-campus.
- Employment accommodations such as arranging for temporary or permanent alternate University employment, different work shifts, etc., to the extent feasible and/or permitted by respective labor agreements.
- Transportation and parking accommodations.
- Both parties may request a temporary reassignment, if appropriate, to other work duties and responsibilities, other work locations, other work groups/teams, or alternative supervision/management.

Complainants can make a request for interim protective measures with the Director of the Office of Employment Equity ("Director") in the course of reporting conduct prohibited by this Policy. Interim protective measures may be taken in the immediate aftermath of an incident and/or while an investigation or a disciplinary action is pending. It is not necessary to file a complaint under this Policy, participate in the adjudication process, or file a criminal complaint in order to request services or accommodations from the University.

The Director will work with other University offices, such as Title IX Coordinators, Academic Affairs, Student Affairs, individual University supervisors, Disability Services, Public Safety, etc., to arrange interim protective measures or accommodations for Complainants in light of the circumstances and information available at the time. The Director will seek to minimize unreasonable burdens on either party; however, every reasonable effort will be made to allow the Complainant to continue in his or her academic, University housing, and/or University employment arrangements.

Following a report of an incident, the Complainant will be provided written notice of the interim measures and accommodations that may be available. The Respondent will be provided such notice if and when it is determined that an investigation or informal resolution will proceed. Whatever the outcome of the hearing process, a Complainant may request ongoing or additional accommodations and the Director, in consultation with appropriate University officials, will determine whether such measures are appropriate.

The University will provide information about interim measures and accommodations only to those who need to know in order to make them effective.

Complainants also should refer to the [Resources Supplement](#) for additional assistance both on and off campus.

Failure to comply with interim measures or accommodations is a violation of University policy and may lead to additional disciplinary action.

VIII. INVESTIGATIVE PROCEDURES

Complaints against University employees will be reviewed in accordance with the procedures set forth in the [Discrimination, Harassment, Workplace Violence, Sexual Misconduct, and Retaliation Complaint Process: Complaints Against University Employees and Third Parties \("Complaint Process"\)](#). Additional information specifically pertaining to violations of this Policy is outlined below:

- A. **Timely Investigation** - Every effort will be made to conclude the investigative process within 60 calendar days from the time the investigation commences, not counting any appeal. Given the many variables and factors that may arise in such cases, additional time may be needed in some cases. The Office of Employment Equity may extend any time frame for good cause, and will communicate any deviation from the 60-day time frame in writing to both the Complainant and the Respondent simultaneously, along with a new timeline and explanation of the reason for the extension of time.

The investigative process for investigating and responding to reports under this Policy will continue during any law enforcement proceeding or civil proceeding. The investigation may need to be temporarily delayed while the police are gathering evidence but the investigation will be resumed once the police department has completed its evidence-gathering and generally will not wait for the conclusion of any related criminal proceeding.

- B. **Standard of Proof** – Allegations of conduct prohibited by this Policy will be evaluated under a “preponderance of the evidence” standard, reached when a reasonable person, after a careful balancing of available information, would conclude that it is more likely than not that a violation has occurred and the individual/organization charged is responsible for the violation.

IX. FALSE ACCUSATIONS

Knowingly making a material misstatement of fact may subject the complainant to discipline. Anyone who believes that he or she has been the subject of a false complaint may meet with the Director of the Office of Employment Equity to discuss the allegations. The filing of a complaint that does not result in a finding of prohibited conduct is not alone evidence of the intent to file a false complaint.

X. TRAINING AND EDUCATION

To learn more about various resources, on-going training initiatives, and education programs for faculty and staff, please consult the Office of Employment Equity's [website](#).



UNIVERSITY POLICY

Policy Name:	Academic Integrity Policy				
Section #:	10.2.13	Section Title:	Academic: Student Academic Regulations & Policies	Formerly Book:	N/A
Approval Authority:	Senior Vice President for Academic Affairs		Adopted:	09/02/2008	Reviewed: 06/02/2020
Responsible Executive:	Senior Vice President for Academic Affairs		Revised:	04/01/2010 Updated administrative offices; 09/01/2011; 09/01/2013; 06/02/2020	
Responsible Office:	Office of the Senior Vice President for Academic Affairs		Contact:	svpaa@rutgers.edu	

1. Policy Statement

This Policy defines violations of academic integrity and outlines the potential penalties for such violations and the process for adjudicating alleged violations. This Academic Integrity Policy applies to all schools and academic units of Rutgers, The State University of New Jersey.

2. Reason for Policy

To inform faculty, staff, and students of the University community's standards of academic integrity and the process for adjudicating alleged violations of those standards.

3. Who Should Read This Policy

All members of the Rutgers University community.

4. Resources

[University Policy 10.2.11: Code of Student Conduct](#)

[Procedures for Adjudicating Alleged Academic Integrity Violations](#)

[Procedures for Adjudicating Alleged Violations of Academic Integrity for Rutgers Biomedical and Health Sciences \(RBHS\) Schools](#)

[Academic Integrity Education Recommendations](#)

5. Definitions

Academic Sabotage - deliberately impeding the academic progress of others.

Cheating - the use or possession of inappropriate or prohibited materials, information, sources, or aids in any academic exercise. Cheating also includes submitting papers, research results or reports, analyses, and other textual or visual material and media as one's own work when others prepared them.

Fabrication - the invention or falsification of sources, citations, data, or results, and recording or reporting them in any academic exercise.

Facilitation of Dishonesty - deliberately or carelessly allowing one's work to be used by other students without prior approval of the instructor or otherwise aiding others in committing violations of academic integrity.

Plagiarism - the use of another person's words, ideas, images, or results, no matter the form or media, without giving that person appropriate credit.

Violations Involving Potentially Criminal Activity - Violations in this category include theft, fraud, forgery, or distribution of illicitly obtained materials committed as part of an act of academic dishonesty.

6. The Policy

I. Academic Integrity

As an academic community dedicated to the creation, dissemination, and application of knowledge, Rutgers University is committed to fostering an intellectual and ethical environment based on the principles of academic integrity. Academic integrity is essential to the success of the University's educational, research, and clinical missions, and violations of academic integrity constitute serious offenses against the entire academic community.

The principles of academic integrity require that a student:

- make sure that all work submitted in a course, academic research, or other activity is the student's own and created without the aid of impermissible technologies, materials, or collaborations.
- properly acknowledge and cite all use of the ideas, results, images, or words of others.
- properly acknowledge all contributors to a given piece of work.
- obtain all data or results by ethical means and report them accurately without suppressing any results inconsistent with the student's interpretation or conclusions.
- treat all other students ethically, respecting their integrity and right to pursue their educational goals without interference. This principle requires that a student neither facilitate academic dishonesty by others nor obstruct their academic progress.
- uphold the ethical standards and professional code of conduct in the field for which the student is preparing.

Adherence to these principles is necessary to ensure that:

- proper credit for ideas, words, images, results, and other scholarly work, no matter the form or media, is attributed to the appropriate individual(s).
- all student research and work are fairly evaluated, and no student has an inappropriate advantage over others.
- the academic and ethical development of all students is fostered.
- the reputation of the University for integrity, ethics, scholarship, and professionalism is maintained and enhanced.

Failure to uphold these principles of academic integrity threatens both the reputation of the University and the value of the degrees awarded to its students. Every member of the University community, therefore, bears a responsibility for ensuring that the highest standards of academic integrity are upheld.

To uphold these principles, the University administration is responsible for:

- working with faculty, staff, and students to foster a strong institutional culture of academic integrity,
- providing effective educational programs that create an understanding of and commitment to academic integrity, and
- establishing equitable and effective procedures to deal with allegations of violations of academic integrity.

All members of the University share the collegial responsibility for educating students about the importance and principles of academic integrity. Faculty members are expected to inform students of the particular requirements regarding academic integrity within their specific courses, to make reasonable efforts to minimize academic dishonesty, and to respond appropriately to violations of academic integrity. Additionally, faculty members are strongly encouraged to provide a statement concerning academic integrity and a link to the Academic Integrity Policy on their course syllabi.

Students are responsible for understanding the principles of academic integrity and abiding by them in all aspects of their work at the University. Students are also encouraged to help educate fellow students about academic integrity and to bring all alleged violations of academic integrity they encounter to the attention of the appropriate authorities.

To create a strong culture that promotes academic integrity, Rutgers has adopted the following honor pledge to be written and signed on examinations and major course assignments submitted for grading: ***On my honor, I have neither received nor given any unauthorized assistance on this examination (assignment).***

Some professional schools may have codes of professional conduct that impose additional requirements such as requiring students to report observed violations of academic integrity by others and to self-report such violations.

The University may require that students:

- write and sign this pledge on examinations and major assignments submitted for grading;
- take an online academic integrity tutorial and pass an online examination on academic integrity in their first semester at Rutgers; and
- affirm that they understand the Rutgers Academic Integrity Policy and will abide by it in all of their academic work.

II. **Applicability of the Policy**

This Academic Integrity Policy applies to all schools and academic units of Rutgers, The State University of New Jersey. Also, most professional schools have codes of professional conduct that students are required to follow. The code of professional conduct for a particular professional school can be found in the student handbook or equivalent document of that school. Each professional school has the responsibility to educate its students about its code of professional conduct and the penalties for violations. Students are responsible for understanding and adhering to the requirements of this policy and the code of professional conduct for the particular professional school in which they are enrolled.

III. Academic Integrity Violations

A. Types of Violations

This section describes various ways in which the principles of academic integrity can be violated. Examples of each type of violation are provided in this policy. However, neither the types of violations nor the lists of examples are exhaustive.

Plagiarism: Plagiarism is the use of another person's words, ideas, images, or results, no matter the form or media, without giving that person appropriate credit. To avoid plagiarism, a student must identify every direct quotation using quotation marks or appropriate indentation and cite both direct quotation and paraphrasing properly according to the accepted format for the particular discipline or as required by the instructor in a course. Some common examples of plagiarism are:

- Copying word for word (i.e. quoting directly) from an oral, printed, or electronic source without proper attribution.
- Paraphrasing without proper attribution, i.e., presenting in one's own words another person's written words or ideas as if they were one's own, regardless of the nature of the assignment.
- Incorporating into one's work graphs, drawings, photographs, diagrams, tables, spreadsheets, computer programs, or other non-textual material from other sources, regardless of format, without proper attribution.

Cheating: Cheating is the use or possession of inappropriate or prohibited materials, information, sources, or aids in any academic exercise. Cheating also includes submitting papers, research results or reports, analyses, and other textual or visual material and media as one's own work when others prepared them. Some common examples are:

- Prohibited collaboration: receiving research, programming, data collection, or analytical assistance from others or working with another student on an assignment where such help is not permitted.
- Copying another student's work or answers on a quiz or examination.
- Using or having access to books, notes, calculators, cell phones, technology, or other prohibited devices or materials during a quiz or examination.
- Submitting the same work or major portions thereof to satisfy the requirements of more than one course without permission from the instructors involved.
- Preprogramming a calculator or other device to contain answers, formulas, or other unauthorized information for use during a quiz or examination.
- Acquiring a copy of an examination from an unauthorized source before the examination.
- Having a substitute take an examination in one's place.
- Submitting a purchased or downloaded term paper or other materials to satisfy a course requirement.
- Submitting as one's own work a term paper or other assignment prepared, in whole or in part, by someone else.

Fabrication: Fabrication is the invention or falsification of sources, citations, data, or results, and recording or reporting them in any academic exercise. Some examples include the following:

- Citing a source that does not exist.
- Making up or falsifying evidence or data or other source materials.
- Falsifying research papers, reports, or other documents by selectively omitting or altering data that do not support one's conclusions or claimed experimental precision.

- Falsifying patient or client records.
- Falsely documenting experiential and/or internship opportunities that did not occur.
- Providing falsified excuses, documents, or other information to excuse late or missed assignments, or to justify regrading.

Facilitation of Dishonesty: Facilitation of dishonesty is deliberately or carelessly allowing one's work to be used by other students without prior approval of the instructor or otherwise aiding others in committing violations of academic integrity. A student who deliberately facilitates a violation of academic integrity can be subject to the same sanctions as the student who receives the impermissible assistance, even if the facilitator does not benefit personally from the violation. Some examples are:

- Collaborating before a quiz or examination to develop methods of exchanging information.
- Knowingly allowing others to copy answers to complete a quiz or examination or assisting others to do so.
- Distributing an examination from an unauthorized source before the examination.
- Distributing or selling a term paper to other students.
- Taking an examination for another student.
- Allowing other students access to your work in violation of course policies.

Academic Sabotage: Academic sabotage is deliberately impeding the academic progress of others. Some examples are:

- Intentionally destroying or obstructing another student's work.
- Stealing or defacing books, journals, or other library or University materials.
- Altering computer files that contain data, reports, or assignments belonging to another student.
- Removing posted or reserve material or otherwise preventing other students' access to it.
- Misrepresenting the contributions of others in the group to give more credit to one particular student for one's gain.

Violation of Research or Professional Ethics: Violations in this category include both violations of the code of ethics specific to a particular profession and violations of more generally applicable ethical requirements for the acquisition, analysis, and reporting of research data and the preparation and submission of scholarly work for publication. Some examples are:

- Violating a canon of the ethical code of the profession for which a student is preparing.
- Using unethical or improper means of acquiring, analyzing, or reporting data in a course research project, a senior thesis project, a master's or doctoral research project, grant-funded research, or research submitted for publication.
- Misuse of grant or institutional funds.
- Violating professional ethics in performing one's duties as a Teaching Assistant or Graduate Assistant.

Violations Involving Potentially Criminal Activity: Violations in this category include theft, fraud, forgery, or distribution of illicitly obtained materials committed as part of an act of academic dishonesty. Some examples are:

- Unauthorized acquisition of an examination from a faculty member or electronic files.
- Selling, buying, or distributing an examination.
- Forging a change-of-grade form.
- Falsifying a University transcript.

B. Levels of Violations

Violations of academic integrity are generally divided into three categories: Level 1, Level 2, and Level 3.

- Level 1 violations may occur as a result of inexperience or lack of malicious intent by the person committing the violation.
- Level 2 violations include misconduct of a more serious character or misconduct that affects a major, significant, or essential portion of work done to meet course requirements. These violations demonstrate premeditation or may have posed harm to others. The student alleged to have committed the violation may have one or more previous violations.
- Level 3 violations represent the most serious breaches of conduct. They may involve a serious violation of a professional code of conduct; may include extreme cases of dishonesty and maliciousness or violations of law; and/or are likely to cause direct harm to others.

The procedures for adjudicating alleged violations of academic integrity are different for Level 1, Level 2, and Level 3 violations. The following examples of violations are not exhaustive. Classification of a given violation is heavily dependent on the exact facts and circumstances of the violation as determined by the Academic Integrity Facilitator (who is appointed in each School to investigate and adjudicate alleged academic integrity) in consultation with the campus Office of Student Conduct or equivalent.

1. Level 1 Violations

Level 1 violations are less serious violations of academic integrity. They may occur because of inexperience or lack of understanding of the principles of academic integrity and are often characterized by a relatively low degree of premeditation or planning on the part of the student committing the violation. These violations are generally quite limited in extent, occur on a minor assignment or quiz, or constitute a small portion of a major assignment and/or represent a small percentage of the total course work. Below are a few examples of violations that are most often considered Level 1, at least when committed by an undergraduate student as a first-time offense.

- Plagiarism on a minor assignment or a very limited portion of a major assignment.
- Unpremeditated cheating on a quiz or minor examination.
- Prohibited collaboration with another student on a homework assignment.
- Unauthorized sharing of course materials.
- Citing a source that does not exist or that one has not read on a minor assignment.
- Signing in for another student via attendance sheet or clicker in a course where attendance is graded.

2. Level 2 Violations

Level 2 violations are serious violations of academic integrity that affect a more significant portion of the course work compared to Level 1 violations or are an alleged second violation of this policy. Level 2 violations are often characterized by substantial premeditation or planning and clearly dishonest or malicious intent on the part of the student committing the violation. Below are some examples of violations that are most often considered Level 2.

- A second violation.
- Substantial plagiarism on a major assignment.
- Copying or using unauthorized materials, devices, or collaboration on a major exam.
- Making up or falsifying evidence or data or other source materials for a major assignment, including falsification by selectively omitting or altering data that do not support one's claims or conclusions.
- Distribution of course materials for financial gain.
- Facilitating dishonesty by another student on a major exam or assignment.
- Intentionally obstructing another student's work.
- Participating in an organized cheating scheme.

3. Level 3 Violations

Level 3 violations are serious breaches of conduct, may involve a serious violation of a professional code of conduct, may include extreme cases of dishonesty and maliciousness, violation of law, and/or are likely to cause direct harm to others. Below are some examples of violations that are most often considered Level 3.

- Any violation involving potentially criminal activity.
- Coordinating an organized cheating scheme.
- Having a substitute take an examination.
- Cheating and/or plagiarism on a capstone project, thesis, or dissertation.
- Intentionally destroying another student's work.
- Falsifying patient or client records.

When a student is accused of one or more Level 3 violations that include alleged violations of law or a professional code of conduct, or when it is reasonable to believe that the student is likely to cause direct harm to others, they may be removed from a course, clinical, or internship setting on an interim basis, with the approval of the dean of the school. The student shall be immediately informed in writing of any interim removal and has the right to appeal to the campus Chief Academic Integrity Officer (who is responsible for administering the Academic Integrity Policy on each campus).

IV. Sanctions

Any violation of academic integrity is a serious offense subject to appropriate sanctions or penalties. Violations of academic integrity may result in academic penalties, educational sanctions, and/or disciplinary sanctions, and are not limited to the examples below.

A. Academic Penalties

- Requirement to re-submit the assignment or complete an alternate assignment.
- A grade reduction for assignment or course.
- A failing grade for the assignment.
- A grade of F in the course.
- A grade of XF in the course, where applicable.

B. Educational Sanctions

- An assigned paper or research project related to ethics or academic integrity.

- Participation in a workshop or seminar.
- Service to the University community.

C. Disciplinary Sanctions

- Disciplinary reprimand.
- Disciplinary probation.
- Dismissal from a departmental or school program.
- Denial of access to internships or research programs.
- Loss of appointment to academic positions.
- Loss of departmental/graduate program/school endorsements for internal and external fellowship support and employment opportunities.
- Removal of fellowship or assistantship support.
- Suspension for one or more semesters.
- Requiring a delay in the completion of a professional program.
- Dismissal from a graduate or professional program.
- Expulsion from the University with a permanent notation of disciplinary expulsion on the student's transcript.
- Degree or certificate revocation.

Note: Any of these sanctions may have an impact on financial aid, scholarship, or fellowship eligibility, or scholastic standing.

V. Policies for Addressing Alleged Violations of Academic Integrity

A. Standard of Proof

The standard of proof in academic integrity cases is by the preponderance of the evidence, which means that the person or hearing panel deciding the case finds that it is more likely than not that the accused student is responsible for the alleged violation.

B. Reporting and Adjudicating Alleged Violations

Procedures for adjudicating alleged violations of academic integrity are described at academicintegrity.rutgers.edu.

C. Withdrawal and Assignment of Grades during the Disciplinary Process

Once a student has been notified of an alleged violation of academic integrity related to a course, the student may not drop the course until the disciplinary process is completed. Students may request permission to withdraw retroactively from the course after the disciplinary process is completed unless the sanction issued includes an F or XF grade in the course, or a C grade for graduate students.

If the student wishes to withdraw from all courses while a case is pending, that request must be approved by the Dean of the school in which the student is enrolled, in consultation with the Academic Integrity Facilitator.

If a faculty member must submit a final course grade before the disciplinary process for an alleged violation of academic integrity is completed, the accused student shall be given a TZ grade or similar (e.g., Incomplete) until the disciplinary process is completed.

D. Removal of an XF Grade

Requests for removal of the X from an XF grade must be submitted in writing to the

appropriate Campus Appeals Committee. Such requests will not be considered until at least 18 months from the time of the violation that resulted in the XF. In order for the request to be granted, the student, at a minimum, following the original violation, must have an exemplary record with respect to academic integrity, must have completed a Rutgers academic integrity workshop or seminar, and must satisfactorily answer a required series of essay questions on why the X should be removed. The Campus Appeals Committee shall make the final decision concerning the request. If the request is denied, the student must wait another year to submit another request.

The [Procedures for Adjudicating Alleged Academic Integrity Violations](#), the [Procedures for Adjudicating Alleged Violations of Academic Integrity for RBHS Schools](#), and the [Academic Integrity Education Recommendations](#) can be found at <https://academicaffairs.rutgers.edu/academic-integrity-policy-and-procedures>.

GUIDANCE



Appropriate Use of Passwords and Electronic Medical Records

This refers to 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. You should document only the history and/or physical exam which you performed within the medical record under the appropriate note section. The overall goal is to ensure that we adhere to applicable University, State, and federal policies/regulations.

Sincerely,

SIGNATURE ON FILE

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

Revised 9/10/2020



Section: Office of Student Affairs

Policy Name: NJMS Statement on the Use of Electronic Devices in the Learning Environment Policy

Prepared and Approved by: Committee on Student Affairs **Date:** 08/03/2020

Approved by: Faculty Council **Date:** 08/21/2020

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 of, or with, patients are NOT permitted. If a picture is taken for its medical relevance, permission from the course/clerkship director and a patient consent form MUST be obtained PRIOR to taking the picture.