



Introduction to Preclerkship: Student Guide

2020-2021

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Rutgers New Jersey Medical School Goals and Objectives Updated 8-21-2020

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) understand 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:

- 1.1h) 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:

- 1.2a) 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 in which they operate on 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:

- 1.3a) 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.
- 1.3f) 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:

- 1.4a) Demonstrate an understanding of various types of health care systems, their role and their impact on health care delivery.
- 1.4b) Participate 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 Perform a comprehensive history and physical including obtaining a complex biopsychosocial history

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

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

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

- 2.1c) a comprehensive history on a patient with multiple presenting symptoms in each of the required clinical disciplines.
- 2.1d) a comprehensive physical 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 perform:

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

Objective #2 Exhibit facility in developing differential diagnoses and therapeutic plans

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

- 2.2a) 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 Present a patient in a comprehensive, logical analytical fashion

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

- 2.3a) 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) confidently 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.

Objective #4 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) describe patient non-adherence to health-care regimens in different cultural groups.
- 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 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 (M and/or F).

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 be able 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:

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

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

- 3.3b) value and maintain confidentiality in patient care peers, and staff.
- 3.3c) document and present information that is truthful and accurate.
- 3.3d) 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:

- 3.4a) 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.
- 3.4c) 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:

- 3.5a) 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.
- 3.5f) demonstrate sensitivity to needs, feelings and wishes of the health care team members.

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

During all phases students should be able to:

- 3.6a) 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) accept 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) value and respect 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:

- 4.1f) 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:

- 4.2a) 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:

- 4.3a) 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 a treatment plan for individuals with disabilities and chronic diseases.

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

- 4.4a) 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:

- 4.4c) 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:

- 4.5a) 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.
- 4.5e) 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 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) learn to 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) learn to locate, 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 read and assess the medical literature.
- 5.1j) demonstrate the ability to assimilate the new information into care for health problems.
- 5.1k) demonstrate the ability to utilize evidence-based medicine methodology to address patient care issues.

Objective #2 Recognize when to seek consultation

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

- 5.2a) identify the major disciplines in medicine.
- 5.2b) 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:

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

Objective #3 Be able to learn from patients and all members of the health care team

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

- 5.3a) function 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 health care 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: 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: Teach patients how to maximize wellness, prevent disease and manage illness

During Phase 1, students should be able to:

- 6.1a) greet the patient appropriately.
- 6.1b) maintain 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).
- 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 2, students should also be able to:

- 6.1g) communicate medical information to a patient appropriate to the patient's ability to understand.
- 6.1h) understand 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) reach a common understanding with the patient on an elementary description of diagnosis, prognosis, and treatment plan.
- 6.1m) support the patient's self-efficacy, such as acknowledging and reinforcing positive patient behavior.

Objective #2: Effectively teach junior students and peers

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

- 6.2a) 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:

- 6.2f) 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:

- 6.2g) serve as a facilitator in case-based small group discussions.
- 6.2h) teach history-taking and physical examination skills to junior students.

Objective #3: Make organized and concise oral presentations

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

- 6.3a) present clear, well-thought out answers in problem-solving recitation sessions.
- 6.3b) critically evaluate an article from the current literature.
- 6.3c) present 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: Be an effective listener

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) maintain eye contact at comfortable intervals throughout interview.

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

- 6.4d) encourage the patient to continue speaking, using appropriate facilitation skills.

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: Communicate with others in a non-judgmental manner

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

- 6.5a) 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:

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

Objective #6: Write articulate, legible and interpretable histories, physicals and progress notes

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

- 6.6a) 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.

Pre-clerkship Years Attendance 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 class or course session for the following reasons:

- severe personal illness;
- mandatory jury duty;
- death of an immediate family member¹;
- residency interviewing;
- or by approval of the Associate Dean for Student Affairs.

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

Unexcused absences are not permitted

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 on Medical Student Duty Hours

Policy on Scheduled Hours for Pre-Clerkship Student Curricular Activities

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.

Medical students in the pre-clerkship years of their education should have, on average, no more than 25 hours of scheduled educational activities per week as indicated on official NJMS calendars (such as the course calendar or block schedule). This expectation includes, whether mandatory or not, all lectures, small groups, PBL, TBL, POPS, labs, dissections, TOSCEs, OSCEs, examinations or other assessments, and any other form of scheduled educational activity. This expectation does not include study undertaken by students, individually or in groups, that is not a scheduled curricular activity. It is understood that an occasional week may entail more than the expected 25 hours, but the schedule of activities should not exceed 28 hours for any given week.

In rare circumstances, moderate exceptions to these limits may be made, when scheduled hours have been assigned for review of administrative processes and procedures, or for presentation of other non-assessed content. Examples might include orientation week, or a week with scheduled wellness activities, presentation of computer software used in learning management or assessment, or other presentations of non-curricular content.

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

Relevant LCME Standard:

8.8 Monitoring Student Time

The medical school faculty committee responsible for the medical curriculum and the program's administration and leadership ensure the development and implementation of effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during clerkships.

Approved by CAP2: June 19, 2019

Responsible for policy: Associate Dean of Education and CA

Overview of the Post Exam Wall Review and Extended Review Sessions

Post exam wall review and extended review are proctored sessions which have the same rules and security as the course examinations. The post wall exam review session provides students an opportunity to review the incorrect/correct answers of the questions and receive feedback on items answered if the content expert faculty is present. Extended review is offered by the Office of Education based on preset dates/times to allow students a detailed review of the exam. It is not an opportunity for students to challenge the validity of the questions.

To protect the security of the examination, students are expected to adhere to the rules described below. Failure to adhere to the procedures will be a violation of the Code of Professional

Conduct(http://njms.rutgers.edu/education/student_affairs/policies/documents2/NJMS_CodeofProfessionalConduct72013.docx) and will result in the following:

- 1) Confiscation of the phone
- 2) Meeting with the Office of Student Affairs
- 3) Professionalism form filed

Post Exam Wall Review Session Rules:

- 1) No pencils, pens, cell phones, electronic/recording devices, papers, books, or book bags allowed.
- 2) Electronic devices MUST BE TURNED OFF and PLACED IN THE BAG before the wall review. If you do not have a bag, staff will have a box in the room to store electronic devices. Electronic devices CANNOT be present on the student, placed in a jacket or pants pocket out of view.
- 3) All personal items must be placed in the designated location by staff before reviewing the exam.
- 4) No discussion of exam questions with students outside the post exam review is allowed.
- 5) No reproduction of exam questions is allowed.
- 6) Be respectful and professional.

Extended Review Session Rules:

- 1) No pencils, pens, cell phones, electronic/recording devices, papers, books, or book bags allowed.
- 2) Electronic devices MUST BE TURNED OFF and PLACED IN THE BAG before the review. If you do not have a bag, staff will have a box in the room to store electronic devices. Electronic devices CANNOT be present on the student, placed in a jacket or pants pocket out of view.
- 3) All personal items must be placed in the designated location by staff before reviewing the exam.
- 4) Students are expected to sign-up for a time slot on the google sheet provided.
- 5) Students are welcome to discuss exam questions with peers during extended review.
- 6) Extended review is limited to only 15 minutes.
- 7) All exam materials provided during extended review must be returned to Office of Education staff.

Office of Education 1.17.19, 1.15.19, 10.2.18

Make Up Exam Procedures

- Any absence for an exam must be approved in advance by course directors and/or Office of Student Affairs with required supporting documents.
- Makeup exam dates will be offered ONCE for each assessment and dates will be scheduled by the Office of Education with consideration of administrative factors such as proctor availability, other student needs etc. in addition to an individual student's needs. These dates will be:
 - One day prior to the original exam date OR
 - Within one week of the original exam date
- If a student is unable to meet the scheduled make-up date, the exam will need to be taken either at the end of the course or during the next curriculum break (times/dates set by the Office of Education).
- Students taking the examination off-schedule are reminded not to discuss content with classmates or others as part of the Honor Code that will be strictly enforced.

POLICY MANUAL

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

I. PURPOSE

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

II. ACCOUNTABILITY

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

III. APPLICABILITY

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

IV. BACKGROUND

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

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



NJMS Standards of Professionalism

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

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

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

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

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

For students in the pre-clerkship years:

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

For students in the clerkship years:

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



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

Student Name

Course/Clerkship Title

Course Director/Clerkship Director/Faculty

Date of incident(s) & location

Course Dir./Clerkship Dir./Faculty Signature

Date

Date this form was discussed with the student

Other staff present _____

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

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

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

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

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

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.
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-
-

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:



Education Integrity and Conflict of Interest Policy

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 situations where a conflict has not been identified by a faculty member, but a student believes 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

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

I. PURPOSE

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

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

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

II. STANDARDS

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

Medical School:

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

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

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

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

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

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

III. EDUCATION AND PREVENTION

- A. To promote an environment respectful of all individuals, the New Jersey Medical School will provide ongoing education to students, residents, fellows, faculty, and other staff that emphasizes the importance of professional and collegial attitudes and behavior. The materials and methods for providing this education will be the responsibility of the Vice Dean, the Associate Dean for Student Affairs and the New Jersey Medical School Office of Education.
- B. Education of the New Jersey Medical School community concerning mistreatment and professional behavior serves to promote a positive learning environment. This is characterized by attitudes of mutual respect and collegiality. Education will alert all members of the New Jersey Medical School community to expected standards of behavior. Education will also inform persons who believe they have been mistreated of the avenues for redress and will inform all concerned parties of the policies and processes for responding to allegations of mistreatment and unprofessional behavior.
- C. The methods for disseminating and providing information and education to the specific groups are described below, subject to annual review by the Vice Dean:
 1. Medical Students
 - a. The policy will be included in the Student Handbook.
 - b. The topic will be addressed at all orientations.
 - c. Each department will be required to include this topic in the course policies for each preclinical course and each clinical rotation.
 2. Resident Physicians and Fellows
 - a. The policy will be included in the Resident Handbook.
 - b. The topic will be addressed at the annual resident physician orientation.
 - c. The clinical department chairs will be encouraged to ensure all their fellows and residents are cognizant of the policy.
 3. Faculty and Graduate Students
 - a. An informative written message will be sent each year from the Dean's Office to all departmental chairs.
 - b. The Dean will direct the chairs to distribute the information to all faculty and graduate students within their respective departments and a member of the Dean's Office will present the policy at departmental meetings on an annual basis.
 - c. Chairs will also direct the course directors, clerkship directors, and program directors to convey this information to all adjunct faculty who participate in the teaching process in order to ensure that all faculty are cognizant of the policy.
 4. Nursing and Other Clinical/Support Staff

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

Affiliation agreements with all training sites will reference the policy and delineate expectations regarding distribution of the information contained in the policy to faculty and staff at the site. An informative written message will be sent each year from the Dean's Office to the Associate Dean or designated educational site director and Chief Medical Officer

at each training site to explain the policy and to request its distribution to all staff interacting with New Jersey Medical School trainees.

- D. The Learning Environment Subcommittee of the Curriculum, Academic Programs and Policies Committee will monitor influences (positive and negative) throughout the learning environment. They will meet quarterly and report to the Curriculum, Academic Programs and Policies Committee. They will review the results of student evaluations of courses and clerkships as it relates to the learning environment and may choose to survey students and other groups to ascertain further information regarding positive and negative influences in this arena. They also will review the AAMC GQ results relating to the learning environment. At these quarterly meetings the Associate Dean for Student Affairs and the Vice Dean will report on incidents that have been brought to them regarding concerns about the learning environment and unprofessional behavior with personal identifiers redacted. Based on these sources of information the Learning Environment Subcommittee will make recommendations regarding the need for interventions (e.g., faculty and staff education and development) to address issues that are leading to a sub-optimal learning environment and these will be presented to the Curriculum, Academic Programs and Policies Committee for consideration. The decision and final recommendations of this committee will be presented to the Faculty Council and Dean for consideration. Feedback on the success of implemented changes and programs is monitored by the Curriculum, Academic Programs and Policies Committee, the Faculty Council and Dean.

IV. COMMUNICATION OF COMPLAINTS AND RESOLUTION MECHANISMS

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

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

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

A. Informal Pathway

1. Addressing the Issue Directly

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

2. Counseling and Guidance

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

3. Consultation with the Associate Dean for Student Affairs

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

B. Formal Resolutions via University Policy

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

Initial Inquiry

1. Inquiry into a violation of these standards of conduct committed by any individual will be initiated after a written complaint is filed with the Vice Dean. The complaint should be filed within 90 (ninety) days of the violation.
2. The complaint must be detailed and specific, and accompanied by appropriate documentation. The Vice Dean has the responsibility to protect the position and reputation of the complainant.
3. Upon receipt of a properly documented complaint, which has been made in good faith, the Vice Dean shall inform the respondent of the nature of the charges and identify the complainant. The Vice Dean shall also appoint an inquiry officer, who may not be a member of the same department as, or collaborator with, the complainant or respondent. The inquiry officer shall have no conflicts of interest or appearance of conflict of interest in the matter and have appropriate background to judge the issues being raised. He/she must be a faculty member of the New Jersey Medical School. An inquiry officer will be appointed within two weeks of the receipt of a properly documented complaint and the complainant and respondent will be notified. The Vice Dean shall also make every effort to protect the identities of both complainant and respondent with respect to the larger community.
4. The inquiry officer shall gather information and determine whether the allegation warrants a formal investigation. He/she shall then submit a written report to the Vice Dean, the complainant, and the respondent. The report shall state what evidence was reviewed, summarize relevant interviews, and include conclusions. This report shall ordinarily be submitted within 30 calendar days of receipt of the written complaint by the Vice Dean. If the inquiry officer finds that a formal investigation is not warranted, the complainant shall be given the opportunity to make a written reply to the officer within 15 calendar days following receipt of the report to the

Vice Dean. If the inquiry officer finds that a formal investigation is warranted, the respondent shall be given the opportunity to make a written reply to the report within 15 calendar days following submission of the report to the Vice Dean. Such replies shall be incorporated as appendices to the report. The entire preliminary inquiry process shall be completed within 60 calendar days of the receipt of a properly documented complaint by the Vice Dean unless circumstances clearly reveal that in the interests of the parties involved the process be expedited or warrant a delay. In such cases the record of inquiry shall detail reasons for the delay.

5. If the report of the inquiry officer finds that a formal investigation is not warranted, the Vice Dean may (i) initiate a formal investigation despite the recommendation of the preliminary inquiry officer, or (ii) not initiate a formal investigation, but take such other action as the circumstances warrant, or (iii) drop the matter. The Vice Dean ordinarily shall complete the review within 10 days of receipt of the report. The Vice Dean shall inform the concerned parties of the decision. In the event the Vice Dean determines not to initiate a formal investigation, the Vice Dean shall, as appropriate, protect the position and reputation of the complainant if the complaint is found to have been made in good faith.
6. If no formal investigation of the respondent is conducted, sufficient documentation shall be kept on file to permit a later assessment of the reasons that a formal investigation was not deemed warranted.
7. If the report of the inquiry officer finds that a formal investigation is warranted or the Vice Dean decides the matter should be pursued through a formal investigation the Vice Dean shall:
 - notify the complainant and respondent;
 - initiate a formal investigation as provided below:

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

At the present time there exist formal University Policies on Prohibiting Discrimination and Harassment, Equal Employment Opportunity and Code of Ethics. There is also an established process for reporting compliance and ethics concerns which outline responsibilities of the student or employee, and the roles of the Office of Human Resources of the respondent, and of the supervisor of the respondent. Any formal investigation and resolution process must comply with the guidance offered in these policies. Appropriate investigatory procedures will be utilized in situations where a formal investigation is deemed necessary. All resolutions, including but not limited to the imposition of discipline, shall be approved by the Dean or his designee and will comply with the procedures set forth in University policies and/or applicable collective bargaining agreements. Student complaints against fellow students are governed by the Student Rights, Responsibilities and Disciplinary Procedures Policy.

Affiliate Sites

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

Procedures

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

False Complaints and Refusal to Cooperate:

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

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

V. PLANS FOR MONITORING AND ASSESSMENT

As indicated above, the Learning Environment Subcommittee of the Curriculum, Academic Programs and Policies Committee will monitor positive and negative influences on the learning environment and make recommendations regarding corrective interventions. These recommendations are considered by the Curriculum, Academic Programs and Policies Committee and voted on and then are presented to the Faculty Council and Dean for consideration. A separate quarterly report will also be provided by the Vice Dean to the Faculty Council and Dean regarding incidents of mistreatment or problems in the learning environment that are reported via the formal channels delineated above.



Student Grade Appeal Procedure

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

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



Section: Office of Student Affairs

Policy Name: NJMS Advancement and Promotion 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 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/**Step 2 CS 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. Periods of leave are excluded from satisfactory academic progress assessment. 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 and CS 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 decelerated 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 4, each student must successfully pass USMLE Step 1, Step 2 CK, and Step 2 CS. 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 not meeting the

standards of satisfactory academic progress or whose good standing is at risk due to course failures or incomplete grades cannot participate in first or second year credit-earning electives. 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. Foundations of Body Systems
- b. Musculoskeletal and Integumentary Systems
- c. Cardiovascular System
- d. Pulmonary System
- e. Renal System

Credit-bearing longitudinal coursework:

- f. Health Equity and Social Justice I

Longitudinal requirements:

- g. Community Engaged Service Learning
- h. 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. 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, 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 will be required to repeat all Year 1, Phase 1 coursework except the Foundations of Body Systems course;
 - 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;
 - 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). 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.
3. 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. 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 (CSA), If a student is unable to satisfy all remediation requirements by 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 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, 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 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. 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:

- a. Community Engaged Service Learning
- b. 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. 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;
 - 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 (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);
 - 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. 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);
 - 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);
 - 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. 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. 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 (CSA). If a student is unable to satisfy all remediation requirements by 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 HESJ 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 & CS 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 43 credits) must pass all of the seven required clerkships and six weeks of electives in order to begin fourth year mandatory or elective courses.
 - 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. 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. 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 Promotions Policy

1. Students enrolled in the standard clinical curriculum during fourth year (i.e., two clerkships, an Acting Internship, 20 weeks of electives, and a 4-week Capstone course, totaling 34 credits) must pass all of these requirements, the EPA OSCE 3a and 3b, plus USMLE Step 2 CK, and USMLE Step 2 CS in order to be eligible to graduate.
2. Students must complete the clinical portion of their training, including USMLE Step 2 CK and USMLE Step 2 CS, 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 both USMLE Step 2 CK and CS exams by the deadlines established for their class by the Associate Dean for Student Affairs. Students will be permitted a maximum of two attempts to pass each component of the USMLE Step 2 (CK and CS.) Deadlines pertaining to re-examination can be found in the NJMS United States Medical Licensing Exam (USMLE) Step 1 and Step 2 CK & CS Policy.

4. Failure to meet these requirements will result in dismissal.

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 & CS 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 Prometics 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 April 2020

Due to the COVID-19 pandemic, members of the class of 2021 will be allowed to start the fourth-year curriculum even though they have outstanding third-year requirements. They will receive final grades for the remaining third-year clerkships once the clinical time is completed in fourth year. These requirements will be spread out so that every third and fourth year student can have an optimal experience.

Modification 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 CS p



Appropriate Use of Passwords and Electronic Medical Records

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

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

Sincerely,

SIGNATURE ON FILE

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



Statement on the Use of Electronic Devices in the Learning Environment

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

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

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

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

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

POLICY MANUAL

SUBJECT:	Student Travel to Affiliate Sites	TITLE:	Expectations for NJMS Students to Travel to Educational Training Sites	
CODING:	40-70:00	ADOPTED:	12/5/06	AMENDED: 6/21/2013

- 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 preclerkship and clerkship directors.
- III. **APPLICABILITY:** This policy shall apply to all students who enroll at Rutgers New Jersey Medical School.
- IV. **REFERENCES:** NJMS Request for Accommodations Procedures;
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 Request for Accommodations process. 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

GUIDELINES FOR STUDENT ATTENDANCE AT CONFERENCES

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.



POLICY MANUAL

SUBJECT:	Student Good Standing	TITLE:	Good Standing and Participation in Academic and Extracurricular Activities		
CODING:	40-60:00	ADOPTED:	12/05	AMENDED:	6/2013

- II. **PURPOSE:** To define the meaning of good standing and establish guidelines for participation in academic and extracurricular activities.
- III. **ACCOUNTABILITY:** Under the Dean, the Associate Dean for Student Affairs shall enforce this policy. When necessary, the Student Affairs Committee may enforce this policy.
- IV. **APPLICABILITY:** All Rutgers New Jersey Medical School enrolled students.
- V. **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 cannot participate in first or second year credit-earning electives.

Furthermore, 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 noncredit electives and/or 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 enrollment in noncredit elective courses and participation in extracurricular activities. Restrictions may be imposed by the Associate Dean for Student Affairs and/or the Student Affairs Committee.

VI. 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



NJMS STUDENT DRESS CODE

GUIDELINES:

Identification Badge:

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

Attire:

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

Examples of appropriate dress:

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

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

University Hospital Dress Code

Hackensack University Medical Center

Saint Barnabas

VA

Newark Beth Israel Medical Center